

STEWART BRIAN D
Form 3
February 13, 2003

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| FORM 3 | <p>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</p> <p>Washington, D.C. 20549</p> <p>INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES</p> <p>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940</p> | <p>OMB APPROVAL</p> <hr/> <p>OMB Number: 3235-0104 Expires: December 31, 2001 Estimated average burden hours per response. 0.5</p> |
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|--|---|---|--|
| <p>1. Name and Address of Reporting Person* Stewart, Brian</p> <hr/> <p>(Last) (First) (Middle)</p> <p>c/o Fund Asset Management P.O. Box 9011</p> <hr/> <p>(Street)</p> <p>Princeton, NJ 08543-9011</p> <hr/> <p>(City) (State) (Zip)</p> | <p>2. Date of Event Requiring Statement (Month/Day/Year)</p> <p style="text-align: center;">December 04, 2002</p> <hr/> <p>3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)</p> | <p>4. Issuer Name and Ticker or Trading Symbol MuniHoldings New York Insured Fund MHN</p> <hr/> <p>5. Relationship of Reporting Person(s) to Issuer (Check all applicable)</p> <p style="text-align: right;">_____ Director _____</p> <p>10% Owner _____</p> <p style="text-align: right;">_____ Officer X _____</p> <p>Other _____</p> <p>Officer/Other Description Secretary to the Issuer</p> | <p>6. If Amendment, Date of Original (Month/Day/Year)</p> <hr/> <p>7. Individual or Joint/Group Filing (Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Individual Filing</p> <p><input type="checkbox"/> Joint/Group Filing</p> |
|--|---|---|--|

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form : (D) Direct (I) Indirect (Instr. 5) | 4. Nature of Beneficial Ownership (Instr. 5) |
|---------------------------------|---|--|--|
| Common | 0.00 | D | |
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(over)
SEC 1473 (3-99)

Stewart, Brian - December 2002

Form 3 (continued)

| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | |
|--|---|--|---------------------------------|---|---|
| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable(DE) and Expiration Date(ED) | 3. Title and Amount of of Underlying Security (Instr. 4) | 4. Conversion or Exercise Price | 5. Ownership Form (D) Direct or (I) Indirect (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
| | _____ | | | | |
| | (DE) (ED) | | | | |

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Explanation of Responses :

** Intentional misstatements or omissions of facts _____
constitute Federal Criminal Violations.

See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a). ** Signature of Reporting Person
Date

Note: File three copies of this Form, one of
which must be manually signed. If space is
insufficient,

Catherine A. Johnston, Power of Attorney
Brian Stewart

See Instruction 6 for procedure.

Potential persons who are to respond to the
collection of information contained in this form
are not

required to respond unless the form displays a
currently valid OMB number.

Page 2
SEC 1473 (3-99)