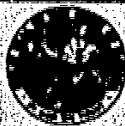


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morcharn
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 19 AM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 804884 (5)

1. Corporation Name

AMERICAN CASUALTY COMPANY OF READING PENNSYLVANIA

Principal Place of Business

ONE PLAZA
CHICAGO IL 60685

Mailing Address

ONE PLAZA
CHICAGO IL 60685

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1938

3a. Date of Last Report

05/01/1994

4. FEI Number

23-0342560

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip Country

28

9. Name and Address of Current Registered Agent

FOLEY, WILLIAM E.
2303 N. SEMORAN BLVD.
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME CHOOKASZIAN, DENNIS H
STREET ADDRESS 1235 WHITEBRIDGE LANE
CITY - ST - ZIP WINNETKA IL

TITLE V
NAME ADAMSON, WILLIAM J.
STREET ADDRESS 912 SAVANNAH CIRCLE
CITY - ST - ZIP NAPERVILLE IL

TITLE V
NAME BOYLE, CAROLYN ANNE
STREET ADDRESS 425 KIMBERLY ROAD
CITY - ST - ZIP N BARRINGTON IL

TITLE SDV
NAME LOWRY, DONALD M
STREET ADDRESS 79 MARK DRIVE
CITY - ST - ZIP HAWTHORN WOODS IL

TITLE S
NAME RUSTON, RICHARD E. (ASST)
STREET ADDRESS 920 S. MITCHELL
CITY - ST - ZIP ARLINGTON HEIGHTS IL

TITLE V
NAME CONWAY, P.P. JR.
STREET ADDRESS 1730 QUARTER HORSE CT.
CITY - ST - ZIP WHEATON IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

S ROHAN, DANIEL J. (ASST.)
17017 AMHERST LANE
TINLEY PARK, IL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Daniel J. Rohan

DANIEL J. ROHAN

3/28/95

(312) 822-5105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #