FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 PENNSYLVANI A

Principal Place of Business	Mailing Address
CNA PLAZA CHICAGO IL 60685	CNA 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 23-0342560 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating!

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE		☐ Change ☐ Addition
NAME	CHOOKASZIAN, DENNIS H	1.2 NAME		
STREET ADDRESS	1235 WHITEBRIDGE LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINNETKA IL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	ADAMSON, WILLIAM J.	2.2 NAME		
STREET ADDRESS	912 SAVANNAH CIRCLE	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPERVILLE IL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	BOYLE, CAROLYN ANNE	3.2 NAME		
STREET ADDRESS	425 KIMBERLY ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	N BARRINGTON IL	3.4 CITY-ST-ZIP		
TITLE	SDV	4.1 TITLE		☐ Change ☐ Addition
NAME	LOWRY, DONALD M	4.2 NAME		
STREET ADDRESS	79 MARK DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	HAWTHORN WOODS IL	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE	S	☒ Change ☐ Addition
NAME	RUSTON, RICHARD E.(ASST)	5.2 NAME	ROHAN, DANIEL J. (ASST.)	
STREET ADDRESS	920 S. MITCHELL	5.3 STREET ADDRESS	17017 AMHERST LANE	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL	5.4 CITY-ST-ZIP	TINLEY PARK, IL	
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	CONWAY,P.P.JR.	6.2 NAME		
STREET ADDRESS	1730 QUARTER HORSE CT.	6.3 STREET ADDRESS		
CITY-ST-ZIP	WHEATON ILL	6.4 CITY-ST-ZIP		

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 119.07(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 3/20/95 (312) 822-5105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477415 PP