

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **804884** (5)

1. Corporation Name
AMERICAN CASUALTY COMPANY OF READING PENNSYLVANIA



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

3. Date Incorporated or Qualified: **03/28/1938**
3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **23-0342560**
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 (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	Assistant V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHAN, DANIEL J.	5.2 NAME	
STREET ADDRESS	17017 AMHERST LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TINLEY PARK IL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 4/4/96 (312) 822-5105

CR2E034 (12/95)