

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 804884 (5)

1. Corporation Name

AMERICAN CASUALTY COMPANY OF READING PENNSYLVANIA



Principal Place of Business

Mailing Address

**CNA PLAZA
CHICAGO IL 60685**

**CNA PLAZA
CHICAGO IL 60685**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

TITLE **S** ☐ DELETE
NAME **ROHAN, DANIEL J.**
STREET ADDRESS **17017 AMHERST LANE**
CITY-ST-ZIP **TINLEY PARK IL**

TITLE **V** ☐ DELETE
NAME **CONWAY, P.P. JR.**
STREET ADDRESS **1730 QUARTER HORSE CT.**
CITY-ST-ZIP **WHEATON ILL**

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 **Assistant V** ☒ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel J. Rohan

4/4/96

(312) 822-5105

Date

Daytime Phone

CR2E034 (12/95)