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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90059 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 804884

1. Corporation Name
AMERICAN CASUALTY COMPANY OF READING PENNSYLVANIA



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
03/28/1938

2. Principal Place of Business: 21
 2a. Mailing Address: 26

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

Suite, Apt. #, etc.: 22
 Suite, Apt. #, etc.: 27

5. Certificate of Status Desired:
\$8.75 Additional Fee Required

City & State: 23
 City & State: 28

6. Election Campaign Financing Trust Fund Contribution:
\$5.00 May Be Added to Fees

Zip: 24
 Country: 25
 Zip: 29
 Country: 30

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
 THE CAPITOL BUILDING
 TALLAHASSEE FL 32399**

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	PD	1.1 TITLE	P/D
NAME	ENGEL, PHILIP L	1.2 NAME	Engel, Philip L
STREET ADDRESS	10 EAST SCHILLER STREET	1.3 STREET ADDRESS	333 S. Wabash
CITY-ST-ZIP	CHICAGO IL 60610	1.4 CITY-ST-ZIP	Chicago, IL 60685
TITLE	SVP	2.1 TITLE	SVP/D
NAME	ADAMSON, WILLIAM J.	2.2 NAME	MacGinnitie, W James
STREET ADDRESS	912 SAVANNAH CIRCLE	2.3 STREET ADDRESS	333 S. Wabash
CITY-ST-ZIP	NAPERVILLE IL 60540	2.4 CITY-ST-ZIP	Chicago, IL 60685
TITLE	SVP	3.1 TITLE	C/D
NAME	JOKIEL, PETER E	3.2 NAME	Hengesbaugh, Bernard L
STREET ADDRESS	11N160 LAMONT CIRCLE	3.3 STREET ADDRESS	333 S. Wabash
CITY-ST-ZIP	ELGIN IL 60123	3.4 CITY-ST-ZIP	Chicago, IL 60685
TITLE	VD	4.1 TITLE	T/GVP (Group Vice President)
NAME	JOKIEL, PETER E	4.2 NAME	Dempsey, Pamela S
STREET ADDRESS	11N160 LAMONT COURT	4.3 STREET ADDRESS	333 S. Wabash
CITY-ST-ZIP	ELGIN IL	4.4 CITY-ST-ZIP	Chicago, IL 60685
TITLE	AVP	5.1 TITLE	S/SVP/D
NAME	ROHAN, DANIEL J.	5.2 NAME	Kantor, Jonathan D
STREET ADDRESS	17017 AMHERST LANE	5.3 STREET ADDRESS	333 S. Wabash
CITY-ST-ZIP	TINLEY PARK IL	5.4 CITY-ST-ZIP	Chicago, IL 60685
TITLE	AVP	6.1 TITLE	AS
NAME	PIERCE, CATHY J	6.2 NAME	Alton, Jeffery C
STREET ADDRESS	467 E. HIAWATHA, #409	6.3 STREET ADDRESS	333 S. Wabash
CITY-ST-ZIP	WOOD DALE IL	6.4 CITY-ST-ZIP	Chicago, IL 60685

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Jeffery C. Alton* **Jeffery C. Alton** 4/23/99 312-822-7901
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)