

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **811381** (3)

1. Corporation Name
ALLEGHENY MUTUAL CASUALTY COMPANY



Principal Place of Business: **485 CHESTNUT STREET MEADVILLE PENNSYLVANIA 16335**
Mailing Address: **485 CHESTNUT STREET MEADVILLE PENNSYLVANIA 16335**

3. Date Incorporated or Qualified 10/18/1956	3a. Date of Last Report 02/08/1995
4. FEI Number 25-0315340	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITAL BLDG. TALLAHASSEE FL	10. Name and Address of New Registered Agent	
	81 Name	
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	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 of the Current Registered Agent (Print Name) _____ Signature of New Registered Agent (Print Name) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 NAME CLOUGH, WILLIAM H		1.2 NAME	
11.3 STREET ADDRESS R D 6		1.3 STREET ADDRESS	
11.4 CITY-STATE-ZIP MEADVILLE, PA 0		1.4 CITY-STATE-ZIP	
11.5 TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11.6 NAME KIRKPATRICK, MARY A.		2.2 NAME Kirkpatrick, Mary A.	
11.7 STREET ADDRESS 502 JEFFERSON STREET		2.3 STREET ADDRESS R D #1, Box 237C	
11.8 CITY-STATE-ZIP MEADVILLE, PA 0		2.4 CITY-STATE-ZIP Cambridge Springs, PA	
11.9 TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.10 NAME RITCHEY, THOMAS F		3.2 NAME	
11.11 STREET ADDRESS 491 JACKSON PARK DRIVE		3.3 STREET ADDRESS	
11.12 CITY-STATE-ZIP MEADVILLE PA		3.4 CITY-STATE-ZIP	
11.13 TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.14 NAME PERRICONE, MARIE A		4.2 NAME	
11.15 STREET ADDRESS 1187 WATER ST		4.3 STREET ADDRESS	
11.16 CITY-STATE-ZIP MEADVILLE PA		4.4 CITY-STATE-ZIP	
11.17 TITLE VTD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.18 NAME TERRY, CARL E.		5.2 NAME	
11.19 STREET ADDRESS RD 3 BOX 450 WAGNER DRIVE		5.3 STREET ADDRESS	
11.20 CITY-STATE-ZIP MEADVILLE PA		5.4 CITY-STATE-ZIP	
11.21 TITLE VD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.22 NAME STULLER, BLANCHE H		6.2 NAME	
11.23 STREET ADDRESS 795 DOGWOOD DRIVE		6.3 STREET ADDRESS	
11.24 CITY-STATE-ZIP MEADVILLE, PA 0		6.4 CITY-STATE-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: *Carl E. Terry* Carl E. Terry 2/5/96 814/336-2521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)