

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Feb 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 16335-4407
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/18/1956	3a. Date of Last Report 02/27/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 25-0315340	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25 Country	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**INSURANCE COMMISSIONER
THE CAPITAL BLDG.
TALLAHASSEE FL**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
				FL

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) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	CLOUGH, WILLIAM H
STREET ADDRESS	R D 6
CITY-ST-ZIP	MEADVILLE, PA 0
TITLE	D <input type="checkbox"/> DELETE
NAME	KIRKPATRICK, MARY A.
STREET ADDRESS	R D #1, BOX 237C
CITY-ST-ZIP	CAMBRIDGE SPRINGS PA
TITLE	PD <input type="checkbox"/> DELETE
NAME	RITCHEY, THOMAS F
STREET ADDRESS	491 JACKSON PARK DRIVE
CITY-ST-ZIP	MEADVILLE PA
TITLE	SD <input type="checkbox"/> DELETE
NAME	PERRICONE, MARIE A
STREET ADDRESS	1187 WATER ST
CITY-ST-ZIP	MEADVILLE PA
TITLE	VD <input type="checkbox"/> DELETE
NAME	TERRY, CARL E.
STREET ADDRESS	RD 3 BOX 450 WAGNER DRIVE
CITY-ST-ZIP	MEADVILLE PA
TITLE	VD <input type="checkbox"/> DELETE
NAME	STULLER, BLANCHE H
STREET ADDRESS	795 DOGWOOD DRIVE
CITY-ST-ZIP	MEADVILLE, PA 0

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *Thomas Ritchey* **REQUIRED** **1/21/97** **814/336-2521**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)