

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/18/1956	
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	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOUGH, WILLIAM H	1.2 NAME	
STREET ADDRESS	R D 6	1.3 STREET ADDRESS	22611 Freyermuth Road
CITY-ST-ZIP	MEADVILLE, PA 0	1.4 CITY-ST-ZIP	Meadville, PA 16335
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKPATRICK, MARY A.	2.2 NAME	
STREET ADDRESS	R D #1, BOX 237C	2.3 STREET ADDRESS	29571 White Hill Road
CITY-ST-ZIP	CAMBRIDGE SPRINGS PA	2.4 CITY-ST-ZIP	Cambridge Springs, PA 16403
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITCHEY, THOMAS F	3.2 NAME	
STREET ADDRESS	401 JACKSON PARK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEADVILLE PA	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRICONE, MARIE A	4.2 NAME	
STREET ADDRESS	1187 WATER ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEADVILLE PA	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY, CARL E.	5.2 NAME	
STREET ADDRESS	RD 3 BOX 450 WAGNER DRIVE	5.3 STREET ADDRESS	15717 Wagner Drive
CITY-ST-ZIP	MEADVILLE PA	5.4 CITY-ST-ZIP	Meadville, PA 16335
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STULLER, BLANCHE H	6.2 NAME	
STREET ADDRESS	705 DOGWOOD DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MEADVILLE, PA 0	6.4 CITY-ST-ZIP	

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.

SIGNATURE _____ DATE **3/24/98**

CR2E034 (10/97)