


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90043 031 ***150.00

DOCUMENT # 811381
 1. Entity Name
ALLEGHENY CASUALTY COMPANY



Principal Place of Business Mailing Address
485 CHESTNUT STREET 485 CHESTNUT STREET
MEADVILLE, PN 16335 MEADVILLE, PN 16335

44006770



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01072004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
25-0315340 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Handwritten Signature* DATE

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | SOFF, JOHN C | |
| STREET ADDRESS | 267 JEFFERSON ST | |
| CITY-ST-ZIP | MEADVILLE, PA 16335 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KIRKPATRICK, MARY A. | |
| STREET ADDRESS | 29571 WHITE HILL RD | |
| CITY-ST-ZIP | CAMBRIDGE SPRINGS, PA 16403 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | RITCHEY, THOMAS F | |
| STREET ADDRESS | 491 JACKSON PARK DRIVE | |
| CITY-ST-ZIP | MEADVILLE, PA 16335 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | PERRICONE, MARIE A | |
| STREET ADDRESS | 1187 WATER ST | |
| CITY-ST-ZIP | MEADVILLE, PA 16335 | |
| TITLE | VTD | <input type="checkbox"/> Delete |
| NAME | TERRY, CARL E. | |
| STREET ADDRESS | 15717 WAGNER DR | |
| CITY-ST-ZIP | MEADVILLE, PA 16335 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STULLER, BLANCHE H | |
| STREET ADDRESS | 795 DOGWOOD DRIVE | |
| CITY-ST-ZIP | MEADVILLE, PA 16335 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 15771 Meadow Drive | |
| CITY-ST-ZIP | Saegertown, PA 16433 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carl E. Terry* **Carl E. Terry, VP** 1-29-04 814-336-2521
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #