

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # 811381 1. Entity Name ALLEGHENY CASUALTY COMPANY	
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Principal Place of Business 485 CHESTNUT STREET MEADVILLE, PN 16335	Mailing Address 485 CHESTNUT STREET MEADVILLE, PN 16335
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DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number 25-0315340	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00


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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SOFF, JOHN C 267 JEFFERSON ST MEADVILLE, PA 16335
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIRKPATRICK, MARY A. 29571 WHITE HILL RD CAMBRIDGE SPRINGS, PA 16403
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RITCHEY, THOMAS F 491 JACKSON PARK DRIVE MEADVILLE, PA 16335
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PERRICONE, MARIE A 1187 WATER ST MEADVILLE, PA 16335
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD TERRY, CARL E. 15771 MEADOW DR. SAEGERTOWN, PA 16433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STULLER, BLANCHE H 795 DOGWOOD DRIVE MEADVILLE, PA 16335

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01/31/05-80044-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, VP 01/28/05 814.336.2521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #