

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811381

FILED
Jan 25, 2007
Secretary of State

Entity Name: ALLEGHENY CASUALTY COMPANY

Current Principal Place of Business:

485 CHESTNUT STREET
MEADVILLE, PN 16335

New Principal Place of Business:

485 CHESTNUT STREET
MEADVILLE, PA 16335

Current Mailing Address:

485 CHESTNUT STREET
MEADVILLE, PN 16335

New Mailing Address:

485 CHESTNUT STREET
MEADVILLE, PA 16335

FEI Number: 25-0315340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: SOFF, JOHN C
Address: 267 JEFFERSON ST
City-St-Zip: MEADVILLE, PA 16335

Title: D () Delete
Name: KIRKPATRICK, MARY A.,
Address: 29571 WHITE HILL RD
City-St-Zip: CAMBRIDGE SPRINGS, PA 16403

Title: PD () Delete
Name: RITCHEY, THOMAS F,
Address: 491 JACKSON PARK DRIVE
City-St-Zip: MEADVILLE, PA 16335

Title: SD () Delete
Name: PERRICONE, MARIE A,
Address: 1187 WATER ST
City-St-Zip: MEADVILLE, PA 16335

Title: VTD () Delete
Name: TERRY, CARL E.,
Address: 15771 MEADOW DR.
City-St-Zip: SAEGERTOWN, PA 16433

Title: D () Delete
Name: GORSKE, RANDY L.,
Address: 241 THOMAS STREET
City-St-Zip: CAMBRIDGE SPRINGS, PA 16403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL E. TERRY

VP

01/25/2007

Electronic Signature of Signing Officer or Director

Date