

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811381

FILED
Feb 21, 2011
Secretary of State

Entity Name: ALLEGHENY CASUALTY COMPANY

Current Principal Place of Business:

485 CHESTNUT STREET
MEADVILLE, PA 16335

New Principal Place of Business:

16285 CONNEAUT LAKE ROAD
SUITE 101
MEADVILLE, PA 16335

Current Mailing Address:

ONE NEWARK CENTER
20TH FLOOR
NEWARK, NJ 07102

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: S
Name: RICCORDELLA, VINCENT M
Address: ONE NEWARK CENTER, 20TH FL
City-St-Zip: NEWARK, NJ 07102

Title: VP
Name: NAIRIN, BRIAN N
Address: ONE NEWARK CENTER 19TH FLOOR
City-St-Zip: NEWARK, NJ 07102

Title: P
Name: MINSTER, ROBERT W PRESIDE
Address: ONE NEWARK CENTER
City-St-Zip: NEWARK, NJ 07102

Title: D
Name: WATSON, JERRY W
Address: ONE NEWARK CENTER 19TH FLOOR
City-St-Zip: NEWARK, NJ 07102

Title: VP
Name: MITTERHOFF, FRANCIS L
Address: ONE NEWARK CENTER 20TH FLOOR
City-St-Zip: NEWARK, NJ 07102

Title: T
Name: COSTA, MARIA D
Address: ONE NEWARK CENTER, 20TH FL
City-St-Zip: NEWARK, NJ 07102

I hereby 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 all other like empowered.

SIGNATURE: MARIA D. COSTA

T

02/21/2011

Electronic Signature of Signing Officer or Director

_____ Date