## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#811381** 

Entity Name: ALLEGHENY CASUALTY COMPANY

FILED Feb 24, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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16285 CONNEAUT LAKE ROAD SUITE 101

MEADVILLE, PA 16335

Current Mailing Address: New Mailing Address:

ONE NEWARK CENTER 20TH FLOOR NEWARK, NJ 07102

FEI Number: 25-0315340 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: 5

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:

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:

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: V. MARK RICCORDELLA S 02/24/2012