

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811381

**FILED
Feb 28, 2021
Secretary of State
2835301268CC**

Entity Name: ALLEGHENY CASUALTY COMPANY

Current Principal Place of Business:

ONE NEWARK CENTER
20TH FLOOR
NEWARK, NJ 07102

Current Mailing Address:

ONE NEWARK CENTER
20TH FLOOR
NEWARK, NJ 07102 US

FEI Number: 25-0315340

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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

Officer/Director Detail :

Title SECRETARY, DIRECTOR
Name BLINSON, MICHAEL
Address 4200 SIX FORKS ROAD
SUITE 1400
City-State-Zip: RALEIGH NC 27609

Title DIRECTOR, PRESIDENT
Name PIRRUNG, DAVID
Address 4200 SIX FORKS ROAD
SUITE 1400
City-State-Zip: RALEIGH NC 27609

Title TREASURER
Name MRUK, JOHN
Address 4200 SIX FORKS ROAD
SUITE 1400
City-State-Zip: RALEIGH NC 27609

Title VP
Name ODDI, ADRIAN
Address ONE NEWARK CENTER 20TH FLOOR
City-State-Zip: NEWARK NJ 07102

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

Title VP
Name JAMES, GEORGE
Address ONE NEWARK CENTER
20TH FLOOR
City-State-Zip: NEWARK NJ 07102

Title DIRECTOR
Name BATESON, TODD E
Address 3780 MANSELL ROAD
SUITE 150
City-State-Zip: ALPHARETTA GA 30022

Title DIRECTOR
Name MILLER, JAMES
Address 4200 SIX FORKS ROAD
SUITE 1400
City-State-Zip: RALEIGH NC 27609

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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: MICHAEL BLINSON

SECRETARY

02/28/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CUNNINGHAM, WILLIAM
Address 4200 SIX FORKS ROAD
SUITE 1400
City-State-Zip: RALEIGH NC 27609

Title DIRECTOR
Name COON, KENNETH
Address 4200 SIX FORKS ROAD
SUITE 1400
City-State-Zip: RALEIGH NC 27609

Title DIRECTOR
Name MILLER, ALISA
Address 4200 SIX FORKS ROAD
SUITE 1400
City-State-Zip: RALEIGH NC 27609

Title VP
Name TANZOLA, FRANK
Address ONE NEWARK CENTER
20TH FLOOR
City-State-Zip: NEWARK NJ 07102