

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 811381

**FILED**  
**Feb 17, 2018**  
**Secretary of State**  
**CC9207372864**

**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, VP, DIRECTOR  
Name MITTERHOFF, FRANCIS L  
Address ONE NEWARK CENTER  
20TH FLOOR  
City-State-Zip: NEWARK NJ 07102

Title VP, DIRECTOR  
Name KONVITZ, NORMAN N  
Address ONE NEWARK CENTER 19TH FLOOR  
City-State-Zip: NEWARK NJ 07102

Title PRESIDENT, DIRECTOR  
Name SMITH, DAVID J  
Address ONE NEWARK CENTER  
City-State-Zip: NEWARK NJ 07102

Title VP  
Name ODDI, ADRIAN  
Address ONE NEWARK CENTER 19TH FLOOR  
City-State-Zip: NEWARK NJ 07102

Title T  
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 KAGAN, ELLEN  
Address ONE NEWARK CENTER  
20TH FLOOR  
City-State-Zip: NEWARK NJ 07102

Title DIRECTOR  
Name SHEFFIELD, MARTIN  
Address ONE NEWARK CENTER  
20TH FLOOR  
City-State-Zip: NEWARK NJ 07102

**Continues on page 2**

*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

**TREASURER**

**02/17/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BUTLER, JEFFREY  
Address ONE NEWARK CENTER  
20TH FLOOR  
City-State-Zip: NEWARK NJ 07102

Title DIRECTOR  
Name SIGELBAUM, HARVEY  
Address ONE NEWARK CENTER  
20TH FLOOR  
City-State-Zip: NEWARK NJ 07102

Title VP  
Name NAIRIN, BRIAN N  
Address ONE NEWARK CENTER  
20TH FLOOR  
City-State-Zip: NEWARK NJ 07102