

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 811381

**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 702 OBERLIN ROAD  
City-State-Zip: RALEIGH NC 27602

Title DIRECTOR, PRESIDENT  
Name PIRRUNG, DAVID  
Address 702 OBERLIN ROAD  
City-State-Zip: RALEIGH NC 27605

Title TREASURER  
Name MRUK, JOHN  
Address 702 OBERLIN ROAD  
City-State-Zip: RALEIGH NC 27605

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  
Address 702 OBERLIN ROAD  
City-State-Zip: RALEIGH NC 27605

Title DIRECTOR  
Name MILLER, JAMES  
Address 702 OBERLIN ROAD  
City-State-Zip: RALEIGH NC 27605

**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

**VICE PRESIDENT**

**02/23/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CUNNINGHAM, WILLIAM  
Address 702 OBERLIN ROAD  
City-State-Zip: RALEIGH NC 27605

Title DIRECTOR  
Name COON, KENNETH  
Address 702 OBERLIN ROAD  
City-State-Zip: RALEIGH NC 27605

Title DIRECTOR  
Name MILLER, ALISA  
Address 702 OBERLIN ROAD  
City-State-Zip: RALEIGH NC 27605

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