

2016 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

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

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

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

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

Title VP
Name MITTERHOFF, FRANCIS L
Address ONE NEWARK CENTER 20TH 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

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

04/22/2016

Electronic Signature of Signing Officer/Director Detail

Date