

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 811381

**Entity Name:** ALLEGHENY CASUALTY COMPANY**Current Principal Place of Business:**2570 BOULEVARD OF THE GENERALS  
NORRISTOWN, PA 19403**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	P
Name	MINSTER, ROBERT W
Address	ONE NEWARK CENTER
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	VP
Name	NAIRIN, BRIAN N
Address	ONE NEWARK CENTER 19TH FLOOR
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	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****02/25/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date