

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811381

FILED
Feb 09, 2009
Secretary of State

Entity Name: ALLEGHENY CASUALTY COMPANY

Current Principal Place of Business:

485 CHESTNUT STREET
MEADVILLE, PA 16335

New Principal Place of Business:

Current Mailing Address:

485 CHESTNUT STREET
MEADVILLE, PA 16335

New Mailing Address:

FEI Number: 25-0315340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VSD () Delete
Name: SOFF, JOHN C
Address: 267 JEFFERSON ST
City-St-Zip: MEADVILLE, PA 16335

Title: CD () Delete
Name: NAIRIN, BRIAN N
Address: 25039 LOUIS AND CLARK RD
City-St-Zip: CALABASAS, CA 91302

Title: PD () Delete
Name: RITCHEY, THOMAS F,
Address: 491 JACKSON PARK DRIVE
City-St-Zip: MEADVILLE, PA 16335

Title: D () Delete
Name: WATSON, JERRY W
Address: 24767 CALLE SERRANONA
City-St-Zip: CALABASAS, CA 91302

Title: VTD () Delete
Name: TERRY, CARL E.,
Address: 15771 MEADOW DR.
City-St-Zip: SAEGERTOWN, PA 16433

Title: D () Delete
Name: MITTERHOFF, FRANCIS L
Address: 250-3 BROOK HOLLOW LN
City-St-Zip: BERNARDSVILLE, NJ 07924

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CARL E. TERRY

VP

02/09/2009

Electronic Signature of Signing Officer or Director

Date