### 2023 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

### 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

### **Officer/Director Detail :**

	Onicendirec			
	Title	SECRETARY, DIRECTOR	Title	DIRECTOR, PRESIDENT
	Name	BLINSON, MICHAEL	Name	PIRRUNG, DAVID
	Address	4200 SIX FORKS ROAD SUITE 1400	Address	4200 SIX FORKS ROAD SUITE 1400
	City-State-Zip:	RALEIGH NC 27609	City-State-Zip:	RALEIGH NC 27609
	Title	TREASURER	Title	VP
	Name	MRUK, JOHN	Name	ODDI, ADRIAN
	Address	4200 SIX FORKS ROAD	Address	ONE NEWARK CENTER 20TH FLOOR
	City-State-Zip:	SUITE 1400 RALEIGH NC 27609	City-State-Zip:	NEWARK NJ 07102
	Title	VP	Title	VP
	Name	COSTA, MARIA D	Name	JAMES, GEORGE
	Address	ONE NEWARK CENTER, 20TH FL	Address	ONE NEWARK CENTER 20TH FLOOR
	City-State-Zip:	NEWARK NJ 07102	City-State-Zip:	NEWARK NJ 07102
	Title	DIRECTOR	Title	DIRECTOR
	Name	BATESON, TODD E	Name	MILLER, JAMES
	Address	3780 MANSELL ROAD SUITE 150	Address	4200 SIX FORKS ROAD SUITE 1400
	City-State-Zip:	ALPHARETTA GA 30022	City-State-Zip:	RALEIGH NC 27609
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SECRETARY

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: MICHAEL BLINSON

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 27, 2023 Secretary of State 7536099128CC

Certificate of Status Desired: No

Date

#### **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	CUNNINGHAM, WILLIAM	Name	MILLER, ALISA
Address	4200 SIX FORKS ROAD SUITE 1400	Address	4200 SIX FORKS ROAD SUITE 1400
City-State-Zip:	RALEIGH NC 27609	City-State-Zip:	RALEIGH NC 27609
Title	DIRECTOR	Title	VP
Title Name	DIRECTOR COON, KENNETH	Title Name	VP TANZOLA, FRANK