

1.) CORPORATION NAME:

**AMERICAN CASUALTY COMPANY OF READING,
PENNSYLVANIA**

DUE DATE: **1/31/2011**

SCC ID NO: **F0052169**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 2,000,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 333 S WABASH AVE

CITY/ST/ZIP: CHICAGO, IL 60604-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | | |
|-----------------|--------------------|---|--|
| NAME: | THOMAS F. MOTAMED | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CEO/CHAIR/PRES | | |
| ADDRESS: | 333 S WABASH AVE | | |
| CITY/ST/ZIP/CO: | CHICAGO, IL 60604- | | |
| NAME: | D CRAIG MENSE | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | EVP/CFO | | |
| ADDRESS: | 333 S WABASH AVE | | |
| CITY/ST/ZIP/CO: | CHICAGO, IL 60604- | | |
| NAME: | JONATHAN D. KANTOR | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | EX VP/GC/S | | |
| ADDRESS: | 333 S WABASH AVE | | |
| CITY/ST/ZIP/CO: | CHICAGO, IL 60604- | | |
| NAME: | STATHY DARCY | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SVP/DEP GEN COU | | |
| ADDRESS: | 333 S WABASH AVE | | |
| CITY/ST/ZIP/CO: | CHICAGO, IL 60604- | | |
| NAME: | GEORGE R. FAY | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | EVP | | |
| ADDRESS: | 333 S WABASH AVE | | |
| CITY/ST/ZIP/CO: | CHICAGO, IL 60604- | | |

| | |
|--|--|
| NAME: LARRY A. HAEFNER TITLE: EVP ADDRESS: 333 S WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604- | <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ROBERT A. LINDEMANN TITLE: PRES/COO ADDRESS: 333 S WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604- | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: THOMAS PONTARELLI TITLE: EVP/CAO ADDRESS: 333 S WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604- | <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TIMOTHY J. SZERLONG TITLE: PRESIDENT ADDRESS: 333 S WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604- | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: DENNIS R. HEMME TITLE: SVP/TREAS ADDRESS: 333 S WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604- | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: PETER W. WILSON TITLE: PRES/COO ADDRESS: 333 S WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604- | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |
| NAME: LAWRENCE J. BOYSEN TITLE: SVP ADDRESS: 333 S WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | |
| /s/ STATHY DARCY _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | STATHY DARCY, SVP/DEP GEN _____ COU PRINTED NAME AND CORPORATE TITLE |
| 1/18/2011 _____ DATE | |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | |