

1.) CORPORATION NAME:

Allegheny Casualty Company

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PARACORP INCORPORATED
12610 LAKE NORMANDY LANE
FAIRFAX, VA**

SCC ID NO: **F1376591**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE NEWARK CENTER, 20TH FLOOR
ATTN. JOSE MARQUEZ

CITY/ST/ZIP: NEWARK, NJ 07102

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:	NORMAN R KONVITZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	ONE NEWARK CENTER		
CITY/ST/ZIP/CO:	20TH FLOOR NEWARK, NJ 07102		
NAME:	ROBERT WILLIAM MINSTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/DIR		
ADDRESS:	ONE NEWARK CENTER		
CITY/ST/ZIP/CO:	20TH FLOOR NEWARK, NJ 07102		
NAME:	VINCENT MARK RICCORDELLA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	ONE NEWARK CENTER		
CITY/ST/ZIP/CO:	20TH FLOOR NEWARK, NJ 07102		
NAME:	FRANCIS L MITTERHOFF	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/DIR		
ADDRESS:	ONE NEWARK CENTER		
CITY/ST/ZIP/CO:	20TH FLOOR NEWARK, NJ 07102		
NAME:	MARIA DULCE COSTA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	ONE NEWARK CENTER		
CITY/ST/ZIP/CO:	20TH FLOOR NEWARK, NJ 07102		

NAME:	BRIAN N NAIRIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE NEWARK CENTER 20TH FLOOR		
CITY/ST/ZIP/CO:	NEWARK, NJ 07102		

NAME:	JERRY W WATSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE NEWARK CENTER 20TH FLOOR		
CITY/ST/ZIP/CO:	NEWARK, NJ 07102		

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/ MARIA DULCE COSTA	MARIA DULCE COSTA,	5/30/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER PRINTED NAME AND CORPORATE TITLE	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.