

1.) CORPORATION NAME:

DUE DATE: **4/30/2014**

**Allegheny Casualty Company**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1376591**

**PARACORP INCORPORATED  
7288 HANOVER GREEN DRIVE  
MECHANICSVILLE, VA**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|-------|------------|
| COMAV | 30,000     |
| COMBV | 2,500,000  |
| OTH   | 47,000     |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HANOVER 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.

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

|                 |                                 |                                  |  |
|-----------------|---------------------------------|----------------------------------|--|
| NAME:           | BRIAN N NAIRIN                  | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                        |                                  |  |
| ADDRESS:        | ONE NEWARK CENTER<br>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<br>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,                            | 3/11/2014 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | TREASURER<br>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.