

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 29 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 812933 (0)**

1. Corporation Name  
**THE CINCINNATI INSURANCE COMPANY**



Principal Place of Business <b>6200 SOUTH GILMORE ROAD                  FAIRFIELD OH 45014-5141                  US</b>	Mailing Address <b>P.O. BOX 145496                  CINCINNATI OH 45250-5496                  US</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>07/15/1958</b>	3a. Date of Last Report <b>03/05/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>31-0542366</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER                  CAPITOL BLDG                  TALLAHASSEE FL 32301</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's Signature Required when registration) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ELCHYNSKI, THEODORE F</b>	1.2 NAME	<b>Mathews, Eric N.</b>
STREET ADDRESS	<b>8366 CHARITY LANE</b>	1.3 STREET ADDRESS	<b>5159 Dry Ridge Road</b>
CITY-ST-ZIP	<b>CINCINNATI OH</b>	1.4 CITY-ST-ZIP	<b>Cincinnati, OH</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHIFF, JOHN J</b>	2.2 NAME	<b>VD</b>
STREET ADDRESS	<b>1926 BEECH GROVE DR</b>	2.3 STREET ADDRESS	<b>Benoski, James E.</b>
CITY-ST-ZIP	<b>CINCINNATI OH</b>	2.4 CITY-ST-ZIP	<b>6080 Price Road</b>
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORGAN, ROBERT B</b>	3.2 NAME	
STREET ADDRESS	<b>8821 CHEVIOT RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CINCINNATI OH</b>	3.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DREIHAUS, ROBERT</b>	4.2 NAME	<b>Elchynski, Theodore F.</b>
STREET ADDRESS	<b>3232 FERNCROFT DR</b>	4.3 STREET ADDRESS	<b>6366 Charity Drive</b>
CITY-ST-ZIP	<b>CINCINNATI OH</b>	4.4 CITY-ST-ZIP	<b>Cincinnati, OH</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>Scherer, J.F.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>11669 Symmes Valley Drive</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Loveland, OH</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* Vice President 4/22/97 (513) 870-2000

CR2E034 (9/96)