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FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 812933 (0)

1. Corporation Name

THE CINCINNATI INSURANCE COMPANY

Principal Place of Business

6300 SOUTH GILMORE ROAD
FAIRFIELD OH 43014-5141
US

Mailing Address

P.O. BOX 145496
CINCINNATI OH 45250-5496
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1958

4. FEI Number

31-0542366

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

V

☐ DELETE

NAME

ELCHYNSKI, THEODORE F

STREET ADDRESS

6366 CHARITY LANE

CITY-ST-ZIP

CINCINNATI OH

TITLE

V

☐ DELETE

NAME

MATHEWS, ERIC N

STREET ADDRESS

5150 DRY RIDGE RD.

CITY-ST-ZIP

CINCINNATI OH

TITLE

P

☐ DELETE

NAME

MORGAN, ROBERT B

STREET ADDRESS

8821 CHEVOT RD

CITY-ST-ZIP

CINCINNATI OH

TITLE

STD

☐ DELETE

NAME

ELCHYNSKI, THEODORE F

STREET ADDRESS

6366 CHARITY DRIVE

CITY-ST-ZIP

CINCINNATI OH

TITLE

VD

☐ DELETE

NAME

BENOSKI, JAMES E

STREET ADDRESS

6080 PRICE RD

CITY-ST-ZIP

LOVELAND OH

TITLE

V

☐ DELETE

NAME

SCHERER, J.F.

STREET ADDRESS

11660 SYMMES VALLEY DRIVE

CITY-ST-ZIP

LOVELAND OH

TITLE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

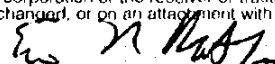
62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I 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:

 VICE PRESIDENT

5/22/98

(513)870-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0630567

CR2E034 (10/97)