

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90277 033 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 812933

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



Principal Place of Business 6200 SOUTH GILMORE ROAD FAIRFIELD OH 45014-5141 US	Mailing Address P.O. BOX 145496 CINCINNATI OH 45250-5496 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/15/1958	
21		26		4. FEI Number 31-0542366	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country		30. Country			

9. 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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELCHYNSKI, THEODORE F			1.2 NAME			
STREET ADDRESS	6366 CHARITY LANE			1.3 STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI OH			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATHEWS, ERIC N			2.2 NAME			
STREET ADDRESS	5159 DRY RIDGE RD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI OH			2.4 CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MORGAN, ROBERT B			3.2 NAME	John J. SchiFF Jr.		
STREET ADDRESS	8821 CHEVIOT RD			3.3 STREET ADDRESS	8780 Camargo Road		
CITY-ST-ZIP	CINCINNATI OH			3.4 CITY-ST-ZIP	Cincinnati, OH 45243-1412		
TITLE	STD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELCHYNSKI, THEODORE F			4.2 NAME			
STREET ADDRESS	6366 CHARITY DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI OH			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENOSKI, JAMES E			5.2 NAME			
STREET ADDRESS	6080 PRICE RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	LOVELAND OH			5.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHERER, J.F.			6.2 NAME			
STREET ADDRESS	11669 SYMMES VALLEY DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	LOVELAND OH			6.4 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, with all other like empowered.

SIGNATURE: *[Signature]* Theresa A. Hoffner 4/28/99 (518) 870-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)