


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 812933 1. Entity Name THE CINCINNATI INSURANCE COMPANY	
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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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04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-0542366	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution... ☐ **\$5.00** May Be Added to Fees.

U000000151285
05/04/04-80039-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSVP STECHER, KENNETH 5336 PINECLIFF LANE CINCINNATI, OH 45247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSVP MATHEWS, ERIC N 5159 DRY RIDGE RD. CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHIFF, JOHN J JR 8720 CAMARGO RD CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP TIMMEL, TIMOTHY L 4073 EGBERT AVE CINCINNATI, OH 45220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BENOSKI, JAMES E 6080 PRICE RD LOVELAND, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SCHERER, J.F. 11669 SYMMES VALLEY DRIVE LOVELAND, OH

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____