


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90010 016 ***150.00

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1. Entity 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**

4000



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03092007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
31-0542366

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chief Financial Officer & SSVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6106 Johnson Road Cincinnati, Ohio 45047
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Senior Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5715 Blackwolf Run Cincinnati, Ohio 45247
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chairman of The Executive Committee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chief Executive Officer, President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1212 Red Roan Drive Loveland, Ohio 45140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8653 Hampton Bay Place Mason, Ohio 45040

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Kenneth W. Stecher*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07
 Date

513-870-2626
 Daytime Phone #