


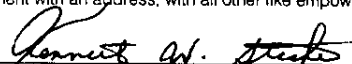
2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90196 022 ***150.00

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DOCUMENT # 812933							
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				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 31-0542366			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	SSVP	<input type="checkbox"/> Delete	TITLE	LFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STECHER, KENNETH		NAME	Stecher, Kenneth			
STREET ADDRESS	6106 JOHNSON ROAD		STREET ADDRESS	6106 Johnson Road			
CITY-ST-ZIP	CINCINNATI, OH 45047		CITY-ST-ZIP	Cincinnati, OH 45047			
TITLE	SVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MATHEWS, ERIC N		NAME				
STREET ADDRESS	5715 BLACKWOLF RUN		STREET ADDRESS				
CITY-ST-ZIP	CINCINNATI, OH 42547		CITY-ST-ZIP				
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHIFF, JOHN J JR		NAME	Plum, Larry			
STREET ADDRESS	8720 CAMARGO RD		STREET ADDRESS	4262 Lake Shore Drive			
CITY-ST-ZIP	CINCINNATI, OH		CITY-ST-ZIP	Mason, OH 45040			
TITLE	SRVP	<input type="checkbox"/> Delete	TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TIMMEL, TIMOTHY L		NAME	Timmel, Timothy L			
STREET ADDRESS	4073 EGBERT AVE		STREET ADDRESS	5572 East Galbraith Rd.			
CITY-ST-ZIP	CINCINNATI, OH 45220		CITY-ST-ZIP	Cincinnati, OH 45231			
TITLE	CEOP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENOSKI, JAMES E		NAME				
STREET ADDRESS	1212 RED ROAN DRIVE		STREET ADDRESS				
CITY-ST-ZIP	LOVELAND, OH 45140		CITY-ST-ZIP				
TITLE	SVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHERER, J.F.		NAME				
STREET ADDRESS	8653 HAMPTON BAY PLACE		STREET ADDRESS				
CITY-ST-ZIP	MASON, OH 45040		CITY-ST-ZIP				
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: 		4/28/08		513-870-2624			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			