

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812933

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** THE CINCINNATI INSURANCE COMPANY

**Current Principal Place of Business:**

6200 SOUTH GILMORE ROAD  
FAIRFIELD, OH 450145141 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 145496  
CINCINNATI, OH 452505496 US

**New Mailing Address:**

**FEI Number:** 31-0542366      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** CFO  
**Name:** JOHNSTON, STEVEN J  
**Address:** 390 S. WAYNESVILLE ROAD  
**City-St-Zip:** OREGONIA, OH 45054

**Title:** SVP  
**Name:** MATHEWS, ERIC N  
**Address:** 5715 BLACKWOLF RUN  
**City-St-Zip:** CINCINNATI, OH 42547

**Title:** SVP  
**Name:** JOSEPH, THOMAS A  
**Address:** 70 WEST SHARON AVENUE  
**City-St-Zip:** CINCINNATI, OH 45246

**Title:** SVP  
**Name:** TIMMEL, TIMOTHY L  
**Address:** ONE ROEBLING WAY #1504  
**City-St-Zip:** COVINGTON, KY 41011

**Title:** CEOP  
**Name:** STECHER, KENNETH W  
**Address:** 6106 JOHNSON ROAD  
**City-St-Zip:** CINCINNATI, OH 45247

**Title:** EVP  
**Name:** SCHERER, JACOB F  
**Address:** 8653 HAMPTON BAY PLACE  
**City-St-Zip:** MASON, OH 45040

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN J JOHNSTON

CFO

04/28/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date