

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812933

FILED
Apr 26, 2012
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

OFFICERS AND DIRECTORS:

Title: CEOP
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: CFO
Name: SEWELL, MICHAEL J
Address: 7775 SURREYHILL LN
City-St-Zip: CINCINNATI, OH 45243

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: THERESA A. HOFFER

VP

04/26/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date