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FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 841552 (3)  
1. Corporation Name  
THE CINCINNATI CASUALTY COMPANY



Principal Place of Business  
6200 SOUTH GILMORE ROAD  
P.O. BOX 145486  
FAIRFIELD OH 45014-5141  
US

Mailing Address  
P.O. BOX 145496  
CINCINNATI OH 45250-5496  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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3. Date Incorporated or Qualified  
10/02/1978

3a. Date of Last Report  
03/05/1996

4. FLI Number  
31-0826946

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PD PLUM, LARRY 003 EAGLE VIEW DRIVE MASON OH

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

STD DREIHAUS, ROBERT J 3232 FERNCREFT CINCINNATI OH

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

V ELCHYNSKI, THEODORE 6366 CHARITY DRIVE CINCINNATI OH

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

V BRADLY, JOHN C. 5753 VALLEY FORGE FAIRFIELD OH

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

VD HILDBOLD, RICHARD L 212 CAMBRIDGE AVE TERRACE PARK OH

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☒ Addition

1.4 CITY-ST-ZIP ☐ Change ☒ Addition

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME ☐ Change ☒ Addition

2.3 STREET ADDRESS ☐ Change ☒ Addition

2.4 CITY-ST-ZIP ☐ Change ☒ Addition

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME ☐ Change ☒ Addition

3.3 STREET ADDRESS ☐ Change ☒ Addition

3.4 CITY-ST-ZIP ☐ Change ☒ Addition

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME ☐ Change ☒ Addition

4.3 STREET ADDRESS ☐ Change ☒ Addition

4.4 CITY-ST-ZIP ☐ Change ☒ Addition

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME ☐ Change ☒ Addition

5.3 STREET ADDRESS ☐ Change ☒ Addition

5.4 CITY-ST-ZIP ☐ Change ☒ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ Vice President

CR2E034 (9/96)