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**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
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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
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified 10/02/1978	3a. Date of Last Report 03/05/1996
4. FLI Number 31-0826946	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PLUM, LARRY	
STREET ADDRESS	003 EAGLE VIEW DRIVE	
CITY-ST-ZIP	MASON OH	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	DREIHAUS, ROBERT J	
STREET ADDRESS	3232 FERNCROFT	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ELCHYNSKI, THEODORE	
STREET ADDRESS	6366 CHARITY DRIVE	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BRADLY, JOHN C.	
STREET ADDRESS	5753 VALLEY FORGE	
CITY-ST-ZIP	FAIRFIELD OH	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HILDBOLD, RICHARD L	
STREET ADDRESS	212 CAMBRIDGE AVE	
CITY-ST-ZIP	TERRACE PARK OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Elchynski, Theodore F.
2.3 STREET ADDRESS	6366 Charity Drive
2.4 CITY-ST-ZIP	Cincinnati, OH
3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Scherer, J.F.
3.3 STREET ADDRESS	11669 Symmes Valley Drive
3.4 CITY-ST-ZIP	Loveland, OH
4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mathews, Eric N.
4.3 STREET ADDRESS	5159 Dry Ridge Road
4.4 CITY-ST-ZIP	Cincinnati, OH
5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Benoski, James E.
5.3 STREET ADDRESS	6080 Price Road
5.4 CITY-ST-ZIP	Loveland, OH
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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)