

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 841552 (3)**  
 1. Corporation Name  
**THE CINCINNATI CASUALTY COMPANY**



Principal Place of Business <b>6200 SOUTH GILMORE ROAD                  P.O. BOX 145496                  FAIRFIELD OH 45014-5141                  US</b>	Mailing Address <b>P.O. BOX 145496                  CINCINNATI OH 45250-5496                  US</b>
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DO NOT WRITE IN THIS SPACE

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	29 30

3. Date Incorporated or Qualified <b>10/02/1978</b>	
4. FEI Number <b>31-0826946</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PLUM, LARRY	
STREET ADDRESS	603 EAGLE VIEW DRIVE	
CITY-ST-ZIP	MASON OH	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ELCHYNSKI, THEODORE F	
STREET ADDRESS	6306 CHARITY DRIVE	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ELCHYNSKI, THEODORE	
STREET ADDRESS	6306 CHARITY DRIVE	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MATHEWS, ERIC N	
STREET ADDRESS	5159 DRY RIDGE RD	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	BENOSKI, JAMES E	
STREET ADDRESS	6060 PRICE RD.	
CITY-ST-ZIP	LOVELAND OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHERER, J.F.	
STREET ADDRESS	11669 SYMNES VALLEY DRIVE	
CITY-ST-ZIP	LOVELAND OH	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 in an attachment with an address.

SIGNATURE: *[Signature]* VICE PRESIDENT 4/22/98 (513)870-2000

CR2E034 (10/97)