

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90075 043 \*\*\*150.00

**DOCUMENT # 841552**

1. Entity Name

**THE CINCINNATI CASUALTY COMPANY**

Principal Place of Business 6200 SOUTH GILMORE ROAD P.O. BOX 145496 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	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	31-0826946	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
 THE CAPITOL  
 TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. 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 checked="" type="checkbox"/> Delete
NAME	ELCHYNSKI, THEODORE F	
STREET ADDRESS	6366 CHARITY DRIVE	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ELCHYNSKI, THEODORE	
STREET ADDRESS	6366 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	VD	<input type="checkbox"/> Delete
NAME	BENOSKI, JAMES E	
STREET ADDRESS	6080 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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Sr V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timmel, Timothy L	
STREET ADDRESS	4073 Egbert Ave	
CITY-ST-ZIP	Cincinnati, OH 45220-1112	
TITLE	Sr V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stecher, Kenneth W	
STREET ADDRESS	5336 Pinecliff Lane	
CITY-ST-ZIP	Cincinnati, OH 45247-7518	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T, Sr V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mathews, Eric N	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **3/18/00** (513) 870-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #