

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90070 028 ***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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-0826946

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SVP** ☐ Delete
NAME **TIMMEL, TIMOTHY L**
STREET ADDRESS **4073 EGBERT AVENUE**
CITY-ST-ZIP **CINCINNATI OH 45220**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVPS** ☐ Delete
NAME **STECHER, KENNETH W**
STREET ADDRESS **5336 PINECLIFF LANE**
CITY-ST-ZIP **CINCINNATI OH 45247**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **PLUM, LARRY**
STREET ADDRESS **603 EAGLE VIEW DR**
CITY-ST-ZIP **MASON OH**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TSVP** ☐ Delete
NAME **MATHEWS, ERIC N**
STREET ADDRESS **5159 DRY RIDGE RD**
CITY-ST-ZIP **CINCINNATI OH**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **BENOSKI, JAMES E**
STREET ADDRESS **6080 PRICE RD.**
CITY-ST-ZIP **LOVELAND OH**

TITLE **Sr. V. P.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **SCHERER, J.F.**
STREET ADDRESS **11669 SYMNES VALLEY DRIVE**
CITY-ST-ZIP **LOVELAND OH**

TITLE **Sr. V.P.** ☒ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02

Date

(513) 870-2000

Daytime Phone #

CR2E034 (9/01)