


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 841552 1. Entity Name THE CINCINNATI CASUALTY COMPANY	
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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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DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 31-0826946	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP TIMMEL, TIMOTHY L 4073 EGBERT AVENUE CINCINNATI, OH 45220
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPS STECHEK, KENNETH W 5336 PINECLIFF LANE CINCINNATI, OH 45247
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PLUM, LARRY 603 EAGLE VIEW DR MASON, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSVP MATHEWS, ERIC N 5159 DRY RIDGE RD CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP BENOSKI, JAMES E 6080 PRICE RD. LOVELAND, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP SCHERER, J.F. 11669 SYMNES VALLEY DRIVE LOVELAND, OH

U00000213437
02/03/05-80067-022 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH SCARF BETH SCARF 1/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #