2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT #841552 1. Entity Name THE CINCINNATI CASUALTY COMPANY



FILED Mar 23, 2007 8:00 am

Secretary of State

03-23-2007 90010 015 ***150.00

40039962 Principal Place of Business Mailing Address 6200 SOUTH GILMORE ROAD P.O. BOX 145496 P.O. BOX 145496 CINCINNATI, OH 45250-5496 US FAIRFIELD, OH 45014-5141 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092007 CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 31-0826946 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 Zip Code FL8. 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. Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agen) signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ■ Addition TIMMEL, TIMOTHY L NAME NAME 4073 EGBERT AVENUE STREET ADDRESS STREET ADDRESS CINCINNATI, OH 45220 CITY-ST-ZIP CITY-ST-ZIP SVPS Chief Financjal Officer & TITLE ☐ Delete TITLE STECHER, KENNETH W NAME NAME 6106 Johnson Road STREET ADDRESS 5336 PINECLIFF LANE STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45247 CITY-ST-ZIP Cincinnati, Ohio 45247 ☐ Delete President TITLE Change
Ch TITLE ☐ Addition PLUM, LARRY NAME NAME STREET ADDRESS 603 EAGLE VIEW DR STREET ADDRESS 6262 Lake Shore Drive CITY - ST - 71P CITY-ST-ZIP MASON, OH Mason, Ohio 45040 ☐ Delete THUE TSVP TITLE Change ☐ Addition Senior Vice President NAME MATHEWS, ERIC N NAME 5159 DRY RIDGE RD STREET ADDRESS STREET ADDRESS 5715 Blackwolf Run CINCINNATI, OH CITY - ST-7IP CITY-ST-ZIP Cincinnati, Ohio 45247 TITLE ☐ Delete TITLE Change ☐ Addition Chief Executive Officer, BENOSKI, JAMES E NAME NAME President 1212-Red-Roan-Drive _6080 PRICE RD.__ STREET ADDRESS_ STREET ADDRESS LOVELAND, OH CITY - ST - ZIP CITY-ST-ZIP Loveland, Ohio 45140 SVP tme ☐ Delete TITLE X Change ☐ Addition SCHERER, J.F. NAME NAME STREET ADDRESS 11669 SYMNES VALLEY DRIVE STREET ADDRESS 8653 Hampton Bay Place

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

CITY-ST-ZIP

W Kennett SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN OFFICER OR DIRECTOR 07

513-870-262