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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P24163** (8)

1. Corporation Name

**THE CINCINNATI INDEMNITY COMPANY**



Principal Place of Business

**6200 SOUTH GILMORE ROAD  
FAIRFIELD OH 45014-5141  
US**

Mailing Address

**P.O. BOX 145496  
CINCINNATI OH 45250-5496  
US**

3. Date Incorporated or Qualified

**05/03/1989**

3a. Date of Last Report

**06/20/1995**

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

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399-0300**

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

**FL**

85

Zip Code

10. Name and Address of New Registered Agent

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

Signature type or print (handwriting checked) (check one) (Type)

(Type) Registered Agent signature (check one) (Type)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** ☐ DELETE

NAME **KERNS, BOB R.**  
STREET ADDRESS **6200 SOUTH GILMORE ROAD**  
CITY-ST-ZIP **FAIRFIELD OH**

TITLE **AS** ☐ DELETE

NAME **SCHMIDT, GREGORY**  
STREET ADDRESS **6200 SOUTH GILMORE ROAD**  
CITY-ST-ZIP **FAIRFIELD OH**

TITLE **CD** ☐ DELETE

NAME **SCHIFF, JOHN J., JR.**  
STREET ADDRESS **6200 SOUTH GILMORE ROAD**  
CITY-ST-ZIP **FAIRFIELD OH**

TITLE **VD** ☐ DELETE

NAME **HILDBOLD, RICHARD L.**  
STREET ADDRESS **6200 SOUTH GILMORE ROAD**  
CITY-ST-ZIP **FAIRFIELD OH**

TITLE **VT** ☐ DELETE

NAME **ELCHYNSKI, THEODORE F.**  
STREET ADDRESS **6200 SOUTH GILMORE ROAD**  
CITY-ST-ZIP **FAIRFIELD OH**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

**Theresa A. Hoffer Asst. Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**(513) 870-2000**

Telephone #

CR2E034 (12/95)