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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 03/05/1996
4. FEI Number 31-1241230	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	29

9. Name and Address of Current Registered Agent FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399-0300		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		FL	85 Zip Code

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 _____ (NOTE: If registered agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	V
NAME	KERNS, BOB R.	1.2 NAME	Mathews, Eric N.
STREET ADDRESS	6200 SOUTH GILMORE ROAD	1.3 STREET ADDRESS	5159 Dry Ridge Road
CITY-ST-ZIP	FAIRFIELD OH	1.4 CITY-ST-ZIP	Cincinnati, OH
TITLE	AS	2.1 TITLE	STD
NAME	SCHMIDT, GREGORY	2.2 NAME	Elchynski, Theodore F.
STREET ADDRESS	6200 SOUTH GILMORE ROAD	2.3 STREET ADDRESS	6366 Charity Drive
CITY-ST-ZIP	FAIRFIELD OH	2.4 CITY-ST-ZIP	Cincinnati, OH
TITLE	CD	3.1 TITLE	P
NAME	SCHIFF, JOHN J., JR.	3.2 NAME	Morgan, Robert B.
STREET ADDRESS	6200 SOUTH GILMORE ROAD	3.3 STREET ADDRESS	8821 Cheviot Road
CITY-ST-ZIP	FAIRFIELD OH	3.4 CITY-ST-ZIP	Cincinnati, OH
TITLE	VD	4.1 TITLE	VD
NAME	HILDBOLD, RICHARD L.	4.2 NAME	Benoski, James E.
STREET ADDRESS	6200 SOUTH GILMORE ROAD	4.3 STREET ADDRESS	6080 Price Road
CITY-ST-ZIP	FAIRFIELD OH	4.4 CITY-ST-ZIP	Loveland, OH
TITLE	VT	5.1 TITLE	V
NAME	ELCHYNSKI, THEODORE F.	5.2 NAME	Scherer, J.F.
STREET ADDRESS	6200 SOUTH GILMORE ROAD	5.3 STREET ADDRESS	11669 Symmes Valley Drive
CITY-ST-ZIP	FAIRFIELD OH	5.4 CITY-ST-ZIP	Loveland, OH
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *E. N. Mathews* Vice President 4/22/97 (513)870-2000

CR2E034 (9/96)