

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P24163 (8)
 1. Corporation Name
THE CINCINNATI INDEMNITY COMPANY



Principal Place of Business 8200 SOUTH GILMORE ROAD 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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/03/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 31-1241230	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V MATHews, ERIC N	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5150 DRY RIDGE RD.	1.2 NAME	
STREET ADDRESS	CINCINNATI OH	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD ELCHYNSKI, THEODORE F	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8366 CHARITY DRIVE	2.2 NAME	
STREET ADDRESS	CINCINNATI OH	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	P MORGAN, ROBERT B	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8821 CHEVIOT RD.	3.2 NAME	
STREET ADDRESS	CINCINNATI OH	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD BENOSKI, JAMES E	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8080 PRICE RD.	4.2 NAME	
STREET ADDRESS	LOVELAND OH	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VT ELCHYNSKI, THEODORE F.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8200 SOUTH GILMORE ROAD	5.2 NAME	
STREET ADDRESS	FAIRFIELD OH	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	V SCHERER, J.F.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11669 SYMNES VALLEY DRIVE	6.2 NAME	
STREET ADDRESS	LOVELAND OH	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Sandra B. Mortham* VICE PRESIDENT 4/22/98 (513) 870-2000

CR2E034 (10/97)