

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90277 034 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P24163**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/03/1989**

4. FEI Number **31-1241230**  
 Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWS, ERIC N	1.2 NAME	
STREET ADDRESS	5159 DRY RIDGE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELCHYNSKI, THEODORE F	2.2 NAME	
STREET ADDRESS	6366 CHARITY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	2.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORGAN, ROBERT B	3.2 NAME	President
STREET ADDRESS	8821 CHEVIOT RD.	3.3 STREET ADDRESS	John J. Schiffe Jr
CITY-ST-ZIP	CINCINNATI OH	3.4 CITY-ST-ZIP	8720 Camargo Road
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENOSKI, JAMES E	4.2 NAME	
STREET ADDRESS	6080 PRICE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOVELAND OH	4.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELCHYNSKI, THEODORE F.	5.2 NAME	
STREET ADDRESS	6200 SOUTH GILMORE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD OH	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERER, J.F.	6.2 NAME	
STREET ADDRESS	11669 SYMNES VALLEY DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOVELAND OH	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, with all other like empowered.

SIGNATURE: *Theresa A. Hoffer* **Theresa A. Hoffer** 4/28/99 (513) 870-2000  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)