

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90075 042 \*\*\*150.00

**DOCUMENT # P24163**  
 1. Entity 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
---	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number <b>31-1241230</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 FLORIDA INSURANCE COMMISSIONER  
 THE CAPITOL  
 TALLAHASSEE FL 32399-0300

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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.  
 SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATHEWS, ERIC N 5159 DRY RIDGE RD. CINCINNATI OH	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ELCHYNSKI, THEODORE F 6366 CHARITY DRIVE CINCINNATI OH	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORGAN, ROBERT B 8821 CHEVIOT RD. CINCINNATI OH	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENOSKI, JAMES E 6080 PRICE RD. LOVELAND OH	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ELCHYNSKI, THEODORE F. 6200 SOUTH GILMORE ROAD FAIRFIELD OH	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHERER, J.F. 11669 SYMNES VALLEY DRIVE LOVELAND OH	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, Sr. V.P. Mathews, Eric N	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, Sr. V.P. Stecher, Kenneth W 5336 Pinecliff Lane Cincinnati, OH 45247-7518	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Schiff, John J Jr. 8720 Camargo Rd Cincinnati, OH	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. V.P. Timmels, Timothy L 4073 Egbert Ave Cincinnati, OH 45220-1112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:** SIGNATURE RECORDING *[Signature]* **3/18/00** **(513) 870-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #