

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90070 030 ***150.00

0606167 AT

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1241230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TSVP** ☐ Delete
 NAME **MATHEWS, ERIC N**
 STREET ADDRESS **5159 DRY RIDGE RD.**
 CITY-ST-ZIP **CINCINNATI OH**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SSVP** ☐ Delete
 NAME **STECHECHER, KENNETH W**
 STREET ADDRESS **5336 PINECLIFF LANE**
 CITY-ST-ZIP **CINCINNATI OH 45247-7518**

TITLE ☒ Change ☐ Addition
 NAME **Stecher, Kenneth**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **SCHIFF, JOHN J JR**
 STREET ADDRESS **8720 CAMARGO RD**
 CITY-ST-ZIP **CINCINNATI OH**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **BENOSKI, JAMES E**
 STREET ADDRESS **6080 PRICE RD.**
 CITY-ST-ZIP **LOVELAND OH**

TITLE ☒ Change ☐ Addition
 NAME **Sr. V.P.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SVP** ☐ Delete
 NAME **TIMMEL, TIMOTHY L**
 STREET ADDRESS **4073 EGBERT AVE**
 CITY-ST-ZIP **CINCINNATI OH 45220-1112**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **SCHERER, J.F.**
 STREET ADDRESS **11669 SYMMES VALLEY DRIVE**
 CITY-ST-ZIP **LOVELAND OH**

TITLE ☒ Change ☐ Addition
 NAME **Sr. V.P.**
 STREET ADDRESS
 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/02

Date

(513) 870-2000

Daytime Phone #

CR2E034 (9/01)