

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90741 007 ***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
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04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1241230	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TSVP
NAME	MATHEWS, ERIC N
STREET ADDRESS	5159 DRY RIDGE RD.
CITY-ST-ZIP	CINCINNATI, OH
TITLE	SSVP
NAME	STECHEK, KENNETH
STREET ADDRESS	5336 PINECLIFF LANE
CITY-ST-ZIP	CINCINNATI, OH 452477518
TITLE	P
NAME	SCHIFF, JOHN J JR
STREET ADDRESS	8720 CAMARGO RD
CITY-ST-ZIP	CINCINNATI, OH
TITLE	SVP
NAME	BENOSKI, JAMES E
STREET ADDRESS	6080 PRICE RD.
CITY-ST-ZIP	LOVELAND, OH
TITLE	SVP
NAME	TIMMEL, TIMOTHY L
STREET ADDRESS	4073 EGBERT AVE
CITY-ST-ZIP	CINCINNATI, OH 452201112
TITLE	SVP
NAME	SCHERER, J.F.
STREET ADDRESS	11669 SYMNES VALLEY DRIVE
CITY-ST-ZIP	LOVELAND, OH

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wendy A. Saxe*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #