


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 31-1241230 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSVP MATHEWS, ERIC N 5159 DRY RIDGE RD. CINCINNATI, OH |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SSVP STECHEER, KENNETH 5336 PINECLIFF LANE CINCINNATI, OH 452477518 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SCHIFF, JOHN J JR 8720 CAMARGO RD CINCINNATI, OH |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP BENOSKI, JAMES E 6080 PRICE RD. LOVELAND, OH |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP TIMMEL, TIMOTHY L 4073 EGBERT AVE CINCINNATI, OH 452201112 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP SCHERER, J.F. 11669 SYMNES VALLEY DRIVE LOVELAND, OH |

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02/03/05-80067-024 150.00

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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: Beth Scalf **BETH SCALF** 1/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #