


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2006 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**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**31-1241230**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$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**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

1100000452236  
03/11/06-80019-002 150.00

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 STECHEK, 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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 files empowered.

SIGNATURE: Beth Seely \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_