


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90010 017 ***150.00

DOCUMENT # P24163

1. Entity Name
THE CINCINNATI INDEMNITY COMPANY



Principal Place of Business Mailing Address
6200 SOUTH GILMORE ROAD **P.O. BOX 145496**
FAIRFIELD, OH 45014-5141 US **CINCINNATI, OH 45250-5496 US**

40039960



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03092007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
31-1241230 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

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. 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: **Senior Vice President** Change Addition
 NAME: _____
 STREET ADDRESS: **5715 Blackwolf Run**
 CITY-ST-ZIP: **Cincinnati, Ohio 45247**

TITLE: **SSVP** Delete
 NAME: **STECHEK, KENNETH**
 STREET ADDRESS: **5336 PINECLIFF LANE**
 CITY-ST-ZIP: **CINCINNATI, OH 452477518**

TITLE: **SSVP & Chief Financial Officer** Change Addition
 NAME: _____
 STREET ADDRESS: **6106 Johnson Road**
 CITY-ST-ZIP: **Cincinnati, Ohio 45247**

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

TITLE: **Chairman of The Executive Committee** Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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

TITLE: **Chief Executive Officer, President** Change Addition
 NAME: _____
 STREET ADDRESS: **1212 Red Roan Drive**
 CITY-ST-ZIP: **Loveland, Ohio 45140**

TITLE: **SVP** Delete
 NAME: **TIMMEL, TIMOTHY L**
 STREET ADDRESS: **4073 EGBERT AVE**
 CITY-ST-ZIP: **CINCINNATI, OH 452201112**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **SVP** Delete
 NAME: **SCHERER, J.F.**
 STREET ADDRESS: **11669 SYMNES VALLEY DRIVE**
 CITY-ST-ZIP: **LOVELAND, OH**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: **8653 Hampton Bay Place**
 CITY-ST-ZIP: **Mason, Ohio 45040**

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 like empowered.

SIGNATURE: *Kenneth A. Stecher* 3/19/07 513-870-2626
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #