


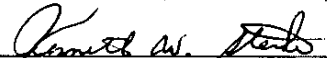
**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90196 021 ***150.00

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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 - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 31-1241230			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	SVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MATHEWS, ERIC N	NAME					
STREET ADDRESS	5715 BLACKWOLF RUN	STREET ADDRESS					
CITY-ST-ZIP	CINCINNATI, OH 45247	CITY-ST-ZIP					
TITLE	SSVP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	STECHEK, KENNETH	NAME	CFD Stecher, Kenneth				
STREET ADDRESS	6106 JOHNSON RD	STREET ADDRESS	4106 Johnson Rd.				
CITY-ST-ZIP	CINCINNATI, OH 45247	CITY-ST-ZIP	Cincinnati, OH 45247				
TITLE	COE <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	SCHIFF, JOHN J JR	NAME	SVP Plum, Larry				
STREET ADDRESS	1212 RED ROAN DR	STREET ADDRESS	4262 Lake Shore Drive				
CITY-ST-ZIP	LOVELAND, OH 45140	CITY-ST-ZIP	Mason, OH 45040				
TITLE	SVP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BENOSKI, JAMES E	NAME	CEO/P Benoski, James E.				
STREET ADDRESS	6080 PRICE RD.	STREET ADDRESS	1212 Red Roan Drive				
CITY-ST-ZIP	LOVELAND, OH	CITY-ST-ZIP	Cincinnati, OH 45140				
TITLE	SVP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	TIMMEL, TIMOTHY L	NAME	SVP Timmel, Timothy L				
STREET ADDRESS	4073 EGBERT AVE	STREET ADDRESS	6572 East Galbraith Rd.				
CITY-ST-ZIP	CINCINNATI, OH 452201112	CITY-ST-ZIP	Cincinnati, OH 45231				
TITLE	SVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SCHERER, J.F.	NAME					
STREET ADDRESS	8653 HAMPTON BAY PLACE	STREET ADDRESS					
CITY-ST-ZIP	MASON, OH 45040	CITY-ST-ZIP					
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: 		Date: 4/28/08		Daytime Phone #: 513-870-2626			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							