

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91033 036 \*\*\*150.00

0648202 AT

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1241230**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399-0300**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<input type="checkbox"/> Delete
NAME	MATHEWS, ERIC N	
STREET ADDRESS	5159 DRY RIDGE RD.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	SSVP	<input type="checkbox"/> Delete
NAME	STECHEK, KENNETH	
STREET ADDRESS	5336 PINECLIFF LANE	
CITY-ST-ZIP	CINCINNATI OH 45247-7518	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHIFF, JOHN J JR	
STREET ADDRESS	8720 CAMARGO RD	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	BENOSKI, JAMES E	
STREET ADDRESS	6080 PRICE RD.	
CITY-ST-ZIP	LOVELAND OH	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	TIMMEL, TIMOTHY L	
STREET ADDRESS	4073 EGBERT AVE	
CITY-ST-ZIP	CINCINNATI OH 45220-1112	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	SCHERER, J.F.	
STREET ADDRESS	11669 SYMNES VALLEY DRIVE	
CITY-ST-ZIP	LOVELAND OH	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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. Pace 3/31/03 (513) 870-2697  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)