

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 812933

**FILED**  
**Apr 27, 2017**  
**Secretary of State**  
**CC0762140447**

**Entity Name:** THE CINCINNATI INSURANCE COMPANY

**Current Principal Place of Business:**

6200 SOUTH GILMORE ROAD  
FAIRFIELD, OH 45014-5141

**Current Mailing Address:**

P.O. BOX 145496  
CINCINNATI, OH 45250-5496 US

**FEI Number: 31-0542366**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           CEOP  
Name           JOHNSTON, STEVEN J  
Address        390 S. WAYNESVILLE ROAD  
City-State-Zip: OREGONIA OH 45054

Title           SVP  
Name           TIMMEL, TIMOTHY L  
Address        ONE ROEBLING WAY #1504  
City-State-Zip: COVINGTON KY 41011

Title           CFO  
Name           SEWELL, MICHAEL J  
Address        7775 SURREYHILL LN  
City-State-Zip: CINCINNATI OH 45243

Title           EVP  
Name           SCHERER, JACOB F  
Address        8653 HAMPTON BAY PLACE  
City-State-Zip: MASON OH 45040

Title           TREASURER  
Name           HOFFER, THERESA ANN  
Address        6200 SOUTH GILMORE ROAD  
City-State-Zip: FAIRFIELD OH 45014-5141

Title           SVP  
Name           CRACAS, TERESA CURRIN  
Address        6200 SOUTH GILMORE ROAD  
City-State-Zip: FAIRFIELD OH 45014-5141

Title           SVP  
Name           DOYLE, DONALD JOSEPH  
Address        6200 SOUTH GILMORE ROAD  
City-State-Zip: FAIRFIELD OH 45014-5141

Title           SVP  
Name           HOLLENBECK, MARTIN FRANCIS  
Address        6200 SOUTH GILMORE ROAD  
City-State-Zip: FAIRFIELD OH 45014-5141

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: THERESA A HOFFER**

**SENIOR VICE PRESIDENT 04/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SVP  
Name KELLINGTON, JOHN SCOTT  
Address 6200 SOUTH GILMORE ROAD  
City-State-Zip: FAIRFIELD OH 45014-5141

Title SVP  
Name MULLEN, MARTIN JOSEPH  
Address 6200 SOUTH GILMORE ROAD  
City-State-Zip: FAIRFIELD OH 45014-5141

Title SVP  
Name VAN DEN HEUVEL, WILLIAM HAROLD  
Address 6200 SOUTH GILMORE ROAD  
City-State-Zip: FAIRFIELD OH 45014-5141

Title CORPORATE SECRETARY  
Name LOVE, LISA ANNE  
Address 6200 SOUTH GILMORE ROAD  
City-State-Zip: FAIRFIELD OH 45014-5141

Title SVP  
Name SPRAY, STEPHEN MICHAEL  
Address 6200 SOUTH GILMORE ROAD  
City-State-Zip: FAIRFIELD OH 45014-5141

Title SVP  
Name GIVLER, SEAN M  
Address 6200 SOUTH GILMORE ROAD  
City-State-Zip: FAIRFIELD OH 45014-5141