

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24163

Entity Name: THE CINCINNATI INDEMNITY 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: 31-1241230

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 SVP
Name MATHEWS, ERIC N
Address 5715 BLACKWOLF RUN
City-State-Zip: CINCINNATI OH 45247

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

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

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: MICHAEL SEWELL

**CHIEF FINANCIAL
OFFICER**

05/01/2015

Electronic Signature of Signing Officer/Director Detail

Date