2016 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

FILED Apr 22, 2016

Secretary of State

CC7269567848

Officer/Director Detail:

Title SVP Title CFO

NameMATHEWS, ERIC NNameSEWELL, MICHAELAddress5715 BLACKWOLF RUNAddress7775 SURREYHILL LNCity-State-Zip:CINCINNATI OH 45247City-State-Zip:CINCINNATI OH 45243

Title CEOP Title SVP

Name JOHNSTON, STEVEN J Name TIMMEL, TIMOTHY L

Address 390 S. WAYNESVILLE ROAD Address ONE ROEBLING WAY #1504
City-State-Zip: OREGONIA OH 45054 City-State-Zip: COVINGTON KY 41011

Title EVP Title SVP, TREASURER

Name SCHERER, JACOB F Name HOFFER, THERESA ANN

Address 8653 HAMPTON BAY PLACE Address 6200 SOUTH GILMORE ROAD

City-State-Zip: MASON OH 45040 City-State-Zip: FAIRFIELD OH 45014-5141

Title SVP Title SVF

NameCRACAS, TERESA CURRINNameDOYLE, DONALD JOSEPHAddress6200 SOUTH GILMORE ROADAddress6200 SOUTH GILMORE ROADCity-State-Zip:FAIRFIELD OH 45014-5141City-State-Zip:FAIRFIELD OH 45014-5141

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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 VP, TREASURER

04/22/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title SVP Title SVP

NameHOLLENBEC, MARTIN FRANCISNameKELLINGTON, JOHN SCOTTAddress6200 SOUTH GILMORE ROADAddress6200 SOUTH GILMORE ROADCity-State-Zip:FAIRFIELD OH 45014-5141City-State-Zip:FAIRFIELD OH 45014-5141

Title SVP, CORPRATE SECRETARY Title SVP

Name LOVE, LISA ANNE Name MULLEN, MARTIN JOSEPH

Address 6200 SOUTH GILMORE ROAD Address 6200 SOUTH GILMORE ROAD

City-State-Zip: FAIRFIELD OH 45014-5141 City-State-Zip: FAIRFIELD OH 45014-5141

Title SVP Title CHAIRMAN

NameSPRAY, STEPHEN MICHAELNameSTECHER, KENNETH WILLIAMAddress6200 SOUTH GILMORE ROADAddress6200 SOUTH GILMORE ROADCity-State-Zip:FAIRFIELD OH 45014-5141City-State-Zip:FAIRFIELD OH 45014-5141

Title SVP Title SVP

Name STONEBURNER, CHARLES PHILIP Name VAN DEN HEUVEL, WILLIAM HAROLD

Address 6200 SOUTH GILMORE ROAD Address 6200 SOUTH GILMORE ROAD

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