

**2013 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  
P O BOX 6200 (32314-6200)  
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 45247Title CFO  
Name SEWELL, MICHAEL  
Address 7775 SURREYHILL LN  
City-State-Zip: CINCINNATI OH 45243Title CEOP  
Name JOHNSTON, STEVEN J  
Address 390 S. WAYNESVILLE ROAD  
City-State-Zip: OREGONIA OH 45054Title SVP  
Name TIMMEL, TIMOTHY L  
Address ONE ROEBLING WAY #1504  
City-State-Zip: COVINGTON KY 41011Title 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 J. SEWELL****CHIEF FINANCIAL  
OFFICER****04/29/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date