FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **430472** **(1)**

1. Corporation Name

CINCINNATI ASSURANCE INTERNATIONAL COMPANY

Principal Place of Business	Mailing Address
7001 SW 97TH AVE P.O. BOX 531048 MIASMIF L 33173 US	7001 SW 97TH AVE P.O. BOX 531048 MIAMI FL 33173 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **07/12/1973**
3a. Date of Last Report: **07/25/1995**
4. FEI Number: **59-1485499** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BYRON J. WILLIAMS
7001 SW 97TH AVE
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required for valid document) DATE

12. OFFICERS AND DIRECTORS		
TITLE	VDS	☐ DELETE
NAME	WILLIAMS, BYRON J.	
STREET ADDRESS	7001 SW 97TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	☐ DELETE
NAME	CARRICARTE, MICHAEL A.	
STREET ADDRESS	7001 SW 97TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	KING, MARVIN	
STREET ADDRESS	7001 SW 97TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	ALPAUGH, WALTER G.	
STREET ADDRESS	7001 SW 97TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	ALPAUGH, WILLIAM G., JR.	
STREET ADDRESS	7001 SW 97THA VE	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	Treasurer	☐ Change XX Addition
12 NAME	Clifford Kolber	
13 STREET ADDRESS	7001 SW 97 Ave	
14 CITY-ST-ZIP	Miami, Fl 33173	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, added, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 3/8/96 Date — 305-275-1400 Daytime Phone #