

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805299

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** THE OHIO CASUALTY INSURANCE COMPANY

**Current Principal Place of Business:**

9450 SEWARD ROAD  
FAIRFIELD, OH 45014

**New Principal Place of Business:**

**Current Mailing Address:**

175 BERKELEY ST  
BOSTON, MA 02116

**New Mailing Address:**

**FEI Number:** 31-0396250

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHIEF FINANCIAL OFFICER  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399 US

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

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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: CONDRIN, J. PAUL III  
Address: 175 BERKELEY ST  
City-St-Zip: BOSTON, MA 02116

Title: CFOD  
Name: FALLON, MICHAEL J  
Address: 175 BERKELEY ST  
City-St-Zip: BOSTON, MA 02116

Title: COOD  
Name: GOODBY, SCOTT R  
Address: 175 BERKELEY ST  
City-St-Zip: BOSTON, MA 02116

Title: SEC  
Name: LEGG, DEXTER R  
Address: 175 BERKELEY ST  
City-St-Zip: BOSTON, MA 02116

Title: D  
Name: MANSFIELD, CHRISTOHPER C  
Address: 175 BERKELEY ST  
City-St-Zip: BOSTON, MA 02116

Title: ASEC  
Name: CIOTTI, KRISTIN K  
Address: 175 BERKELEY ST  
City-St-Zip: BOSTON, MA 02116

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: KRISTIN K. CIOTTI

ASEC

04/28/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date