

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805299

FILED
Apr 27, 2012
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: CEOD
Name: CONDRIN, J. PAUL III
Address: 175 BERKELEY ST
City-St-Zip: BOSTON, MA 02116

Title: CFOD
Name: MCKENNEY, JAMES P
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, CHRISTOPHER 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: DEXTER R. LEGG

SEC

04/27/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date