


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 812933

1. Entity Name
THE CINCINNATI INSURANCE COMPANY



Principal Place of Business Mailing Address

**6200 SOUTH GILMORE ROAD
FAIRFIELD, OH 45014-5141 US**

**P.O. BOX 145496
CINCINNATI, OH 45250-5496 US**

DO NOT WRITE IN THIS SPACE



01062008 No Chg-P CR2E034 (11/05)

4. FEI Number 31-0542366	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and (file if applicable). (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000452238
03/11/06-80019-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSVP STECHER, KENNETH 5336 PINECLIFF LANE CINCINNATI, OH 45247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSVP MATHEWS, ERIC N 5159 DRY RIDGE RD. CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHIFF, JOHN J JR 8720 CAMARGO RD CINCINNATI, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP TIMMEL, TIMOTHY L 4073 EGBERT AVE CINCINNATI, OH 45220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BENOSKI, JAMES E 6080 PRICE RD LOVELAND, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SCHERER, J.F. 11669 SYMMES VALLEY DRIVE LOVELAND, OH

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Schiff* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR