

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

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

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
31-0542366

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

000000452238
03/11/06-80019-003 150.00

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #