
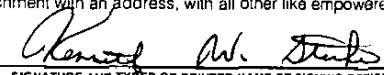


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90010 016 ***150.00

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 31-0542366 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03092007 Chg-P CR2E034 (12/06)	
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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SSVP STECHER, KENNETH 5336 PINECLIFF LANE CINCINNATI, OH 45247 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chief Financial Officer & SSVP 6106 Johnson Road Cincinnati, Ohio 45047 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSVP MATHEWS, ERIC N 5159 DRY RIDGE RD. CINCINNATI, OH <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Senior Vice President 5715 Blackwolf Run Cincinnati, Ohio 45247 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHIFF, JOHN J JR 8720 CAMARGO RD CINCINNATI, OH <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chairman of The Executive Committee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SRVP TIMMEL, TIMOTHY L 4073 EGBERT AVE CINCINNATI, OH 45220 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP BENOSKI, JAMES E 6080 PRICE RD LOVELAND, OH <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chief Executive Officer, President 1212 Red Roan Drive Loveland, Ohio 45140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP SCHERER, J.F. 11669 SYMMES VALLEY DRIVE LOVELAND, OH <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8653 Hampton Bay Place Mason, Ohio 45040	
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: 			3/19/07 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			513-870-2626 Daytime Phone #		