

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90741 006 ***150.00

DOCUMENT # 841552

1. Entity Name

THE CINCINNATI CASUALTY COMPANY



Principal Place of Business

6200 SOUTH GILMORE ROAD
P.O. BOX 145496
FAIRFIELD, OH 45014-5141 US

Mailing Address

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



04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-0826946

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
TIMMEL, TIMOTHY L
4073 EGBERT AVENUE
CINCINNATI, OH 45220

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVPS
STECHER, KENNETH W
5336 PINECLIFF LANE
CINCINNATI, OH 45247

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PLUM, LARRY
603 EAGLE VIEW DR
MASON, OH

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TSVP
MATHEWS, ERIC N
5159 DRY RIDGE RD
CINCINNATI, OH

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 SYMNES VALLEY DRIVE
LOVELAND, OH

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #