2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

01062006 No Chg-P CR2E034 (11/05)

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, 2006 Fee will be $550.00

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

U00000452240
03/11/06-80019-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	SVP
NAME	TIMMEL, TIMOTHY L
STREET ADDRESS	4073 EGBERT AVENUE
CITY-ST-ZIP	CINCINNATI, OH 45220
TITLE	SVPS
NAME	STECHER, KENNETH W
STREET ADDRESS	5336 PINECLIFF LANE
CITY-ST-ZIP	CINCINNATI, OH 45247
TITLE	PD
NAME	PLUM, LARRY
STREET ADDRESS	603 EAGLE VIEW DR
CITY-ST-ZIP	MASON, OH
TITLE	TSVP
NAME	MATHEWS, ERIC N
STREET ADDRESS	5159 DRY RIDGE RD
CITY-ST-ZIP	CINCINNATI, OH
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 SYMNES VALLEY DRIVE
CITY-ST-ZIP	LOVELAND, OH

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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: Beth Sewell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #