2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

DOCUMENT #841552 1. Entity Name THE CINCINNATI CASUALTY COMPANY								04-30-2008	90196 ()20 ***150).00	
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				60034057					
2. Principal Pl	3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04262008	Chg-P	CR2E	034 (12/06)		
City & State			City & State			4. FEI Number 31-0826946			<u> </u>	plied For t Applicable		
Zip	o Country		Zip Cour		try		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registered Agent				7. Name and	Address of New R	legistered	Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST					Name Street Address (P.O. Box Number is Not Acceptable)							
TALLAHASSEE, FL 32399-0000					City				Fl	Zip Code		
	named entity		or the purpose of changing it	s register	ed office or	register	ed agent, or bo	th, in the State of Flo		familiar with,	and accept	
SIGNATURE		or printed name of registered agen	Lond total if analisable (INC)	TT. Pagialau	4 4		when reinstating)		DATE			
	algratute, typeu	or printed raine or registated agen	rand little is applicable. (NO	ric. negisiere	u Agent signatu	ne reduned						
			9. Efection Camp Trust Fund Cor		ncing		00 May Be					
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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 eath; 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 8653 HAMPTON BAY PLACE

MASON, OH 45040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3-870-2126