

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91033 035 ***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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-0826946**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE-COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304**

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

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVP** ☐ Delete
NAME **BENOSKI, JAMES E**
STREET ADDRESS **6080 PRICE RD.**
CITY-ST-ZIP **LOVELAND OH**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVP** ☐ Delete
NAME **SCHERER, J.F.**
STREET ADDRESS **11669 SYMNES VALLEY DRIVE**
CITY-ST-ZIP **LOVELAND OH**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Wendy Price
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

(513) 870-2697

Date

Daytime Phone #

CR2E034 (10/02)