

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P24163

1. Entity Name
THE CINCINNATI INDEMNITY 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**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number **31-1241230** 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 _____ (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

**1100000452236
03/11/06-80019-002 150.00**

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | TSVP |
| NAME | MATHEWS, ERIC N |
| STREET ADDRESS | 5159 DRY RIDGE RD. |
| CITY-ST-ZIP | CINCINNATI, OH |
| TITLE | SSVP |
| NAME | STECHER, KENNETH |
| STREET ADDRESS | 5336 PINECLIFF LANE |
| CITY-ST-ZIP | CINCINNATI, OH 452477518 |
| TITLE | P |
| NAME | SCHIFF, JOHN J JR |
| STREET ADDRESS | 8720 CAMARGO 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 | TIMMEL, TIMOTHY L |
| STREET ADDRESS | 4073 EGBERT AVE |
| CITY-ST-ZIP | CINCINNATI, OH 452201112 |
| TITLE | SVP |
| NAME | SCHERER, J.F. |
| STREET ADDRESS | 11669 SYMNES VALLEY DRIVE |
| CITY-ST-ZIP | LOVELAND, OH |

**DO NOT WRITE
IN THIS SPACE**

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 Seely
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #