

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90010 017 ***150.00

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**

40039960



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092007 Chg-P CR2E034 (12/06)

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**

7. Name and Address of New Registered Agent

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

TITLE: **SSVP** ☐ Delete
NAME: **STECHEK, KENNETH**
STREET ADDRESS: **5336 PINECLIFF LANE**
CITY-ST-ZIP: **CINCINNATI, OH 452477518**

TITLE: **P** ☐ Delete
NAME: **SCHIFF, JOHN J JR**
STREET ADDRESS: **8720 CAMARGO RD**
CITY-ST-ZIP: **CINCINNATI, OH**

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

TITLE: **SVP** ☐ Delete
NAME: **TIMMEL, TIMOTHY L**
STREET ADDRESS: **4073 EGBERT AVE**
CITY-ST-ZIP: **CINCINNATI, OH 452201112**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **Senior Vice President** ☒ Change ☐ Addition
NAME: **5715 Blackwolf Run**
STREET ADDRESS: **Cincinnati, Ohio 45247**
CITY-ST-ZIP:

TITLE: **SSVP & Chief Financial Officer** ☒ Change ☐ Addition
NAME: **6106 Johnson Road**
STREET ADDRESS: **Cincinnati, Ohio 45247**
CITY-ST-ZIP:

TITLE: **Chairman of The Executive Committee** ☒ Change ☐ Addition
NAME: **1212 Red Roan Drive**
STREET ADDRESS: **Loveland, Ohio 45140**
CITY-ST-ZIP:

TITLE: **Chief Executive Officer, President** ☒ Change ☐ Addition
NAME: **1212 Red Roan Drive**
STREET ADDRESS: **Loveland, Ohio 45140**
CITY-ST-ZIP:

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

TITLE: ☒ Change ☐ Addition
NAME: **8653 Hampton Bay Place**
STREET ADDRESS: **Mason, Ohio 45040**
CITY-ST-ZIP:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07
Date

513-870-2626
Daytime Phone #