2008 FOR PROFIT CORPORATION

Apr 30, 2008 8:00 am Secretary of State **ANNUAL REPORT** 04-30-2008 90196 021 ***150.00 DOCUMENT # P24163 1. Entity Name THE CINCINNATI INDEMNITY COMPANY Principal Place of Business Mailing Address 60034056 6200 SOUTH GILMORE ROAD P.O. BOX 145496 CINCINNATI, OH 45250-5496 US FAIRFIELD, OH 45014-5141 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262008 CR2E034 (12/06) Cha-P Applied For City & State City & State 4. FEI Number 31-1241230 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 City Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. SVP ■ Addition TITLE ☐ Delete TITLE ☐ Change MATHEWS, ERIC N NAME NAME STREET ADDRESS 5715 BLACKWOLF RUN STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45247 CITY-ST-ZIP CFO SSVP TITLE ☐ Delete TITLE Change ☐ Addition Stecher, Kenneth STECHER, KENNETH NAME NAME 4106 Johnson Rd. STREET ADDRESS 6106 JOHNSON RD STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45247 CITY-ST-ZIP Cincinnati, OH 45247 COE ☑ Delete TITLE TITLE Addition Change SCHIFF, JOHN J JR Plum, Larry NAME NAME 12262 Lake Shore Drive STREET ADDRESS 1212 RED ROAN DR STREET ADDRESS LOVELAND, OH 45140 CITY-ST-ZIP CITY-ST-7IP Mason, OH MS 040 CEOIP ☐ Delete Change TITLE SVP TITLE ☐ Addition Benoski, James E. NAME BENOSKI, JAMES E NAME 1212 Red Roan Prive STREET ADDRESS 6080 PRICE RD. STREET ADDRESS CITY-ST-ZIP LOVELAND, OH CITY-ST-ZIP Cincinnati, OH 45140 SVP SVP TITLE Change Delete TITLE ☐ Addition Timmel, Timothy L NAME TIMMEL, TIMOTHY L NAME 5572 East fallbraith Rd. STREET ADDRESS 4073 EGBERT AVE STREET ADDRESS **CINCINNATI, OH 452201112** CITY-ST-ZIP CITY-ST-ZIP Cincinnati, OH 45231 SVP ☐ Delete TITLE TITLE Change ☐ Addition NAME SCHERER, J.F. NAME STREET ADDRESS 8653 HAMPTON BAY PLACE STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MASON, OH 45040

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3-870-2626

FILED