2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24163

Entity Name: THE CINCINNATI INDEMNITY COMPANY

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6200 SOUTH GILMORE ROAD FAIRFIELD, OH 450145141 US **Current Mailing Address: New Mailing Address:** P.O. BOX 145496 CINCINNATI, OH 452505496 US FEI Number: 31-1241230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MATHEWS, ERIC N Name: Name: 5715 BLACKWOLF RUN Address: Address: City-St-Zip: CINCINNATI, OH 45247 City-St-Zip: Title: Title: () Delete CEOP (X) Change () Addition Name: STECHER, KENNETH Name: STECHER, KENNETH 6106 JOHNSON RD 6106 JOHNSON RD Address: Address: CINCINNATI, OH 45247 City-St-Zip: City-St-Zip: CINCINNATI, OH 45247 (X) Change () Addition Title: SVP () Delete Title: SVP PLUM, LARRY JOSEPH, THOMAS A Name: Name: 6262 LAKE SHORE DR 70 WEST SHARON AVE Address: Address: MASON, OH 45040 City-St-Zip: CINCINNATI, OH 45246 City-St-Zip: Title: CEOP () Delete Title: CFO (X) Change () Addition BENOSKI, JAMES E JOHNSTON, STEVEN J Name: Name: Address: 1212 RED ROAN DR Address: 390 S. WAYNESVILLE ROAD City-St-Zip: CINCINNATI, OH 45140 City-St-Zip: OREGONIA, OH 45054 Title: Title: (X) Change () Addition () Delete TIMMEL, TIMOTHY L Name: TIMMEL, TIMOTHY L Name: 5572 E GALBRAITH RD. Address: ONE ROEBLING WAY #1504 Address: City-St-Zip: CINCINNATI, OH 45231 City-St-Zip: COVINGTON, KY 41011 Title: () Delete Title: (X) Change () Addition Name: SCHERER, J.F. Name: SCHERER, JACOB F 8653 HAMPTON BAY PLACE 8653 HAMPTON BAY PLACE Address: Address: City-St-Zip: MASON, OH 45040 City-St-Zip: MASON, OH 45040

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN J JOHNSTON CFO 04/28/2009