



QUARTERLY STATEMENT

AS OF JUNE 30, 2002
OF THE CONDITION AND AFFAIRS OF THE

THE CINCINNATI INDEMNITY COMPANY

NAIC Group Code 0244 (Current Period) 0244 (Prior Period) NAIC Company Code 23280 Employer's ID Number 31-1241230

Organized under the Laws of Ohio, State of Domicile or Port of Entry _____

Country of Domicile United States of America

Incorporated 05/19/1988 Commenced Business 01/01/1989

Statutory Home Office 6200 SOUTH GILMORE ROAD, FAIRFIELD, OH 45014-5141
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 6200 SOUTH GILMORE ROAD
(Street and Number)
FAIRFIELD, OH 45014-5141 513-870-2000
(City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

Mail Address P.O. BOX 145496, CINCINNATI, OH 45250-5496
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 6200 SOUTH GILMORE ROAD
(Street and Number)
FAIRFIELD, OH 45014-5141 513-870-2000-4918
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.cinfin.com

Statement Contact Tari L Clayton 513-870-2000-4918
(Name) (Area Code) (Telephone Number) (Extension)
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Policyowner Relations Contact 6200 SOUTH GILMORER ROAD
(Street and Number)
FAIRFIELD, OH 45014-5141 (513)870-2000
(City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

OFFICERS

President JOHN JEFFERSON SCHIFF CPCU Secretary KENNETH WILLIAM STECHER
Treasurer ERIC NEIL MATHEWS AIAF

VICE PRESIDENTS

| | | |
|--------------------------------|---------------------------------------|---|
| <u>JAMES EUGENE BENOSKI</u> | <u>RICHARD WARD CUMMING FSA, ChCF</u> | <u>DEAN WELMERT DICKE</u> |
| <u>THOMAS ANTHONY JOSEPH</u> | <u>BOB RAY KERNS</u> | <u>ERIC NEIL MATHEWS AIAF</u> |
| <u>DANIEL THOMAS MCCURDY</u> | <u>JAMES GORDON MILLER</u> | <u>KENNETH STEWART MILLER CLU, ChCF</u> |
| <u>LARRY RICHARD PLUM CPCU</u> | <u>JACOB FERDINAND SCHERER JR.</u> | <u>NORMAN RUSSEL SETTLE</u> |
| <u>KENNETH WILLIAM STECHER</u> | <u>TIMOTHY LEE TIMMEL</u> | |

DIRECTORS OR TRUSTEES

| | | |
|--------------------------------|------------------------------------|---------------------------------------|
| <u>JAMES EUGENE BENOSKI</u> | <u>JOHN EDWARD FIELD CPCU</u> | <u>JAMES GORDON MILLER</u> |
| <u>LARRY RICHARD PLUM CPCU</u> | <u>JACOB FERDINAND SCHERER JR.</u> | <u>JOHN JEFFERSON SCHIFF JR. CPCU</u> |
| <u>ROBERT CLEVELAND SCHIFF</u> | <u>THOMAS REID SCHIFF</u> | <u>FRANKLIN JACOB SCHULTEIS</u> |
| <u>KENNETH WILLIAM STECHER</u> | <u>TIMOTHY LEE TIMMEL</u> | <u>LARRY RUSSELL WEBB CPCU</u> |
| | <u>ALAN ROBERT WEILER CPCU</u> | |

State of OHIO }
County of BUTLER } ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures Manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

KENNETH WILLIAM STECHER ERIC NEIL MATHEWS THERESA ANN HOFFER
SECRETARY TREASURER VICE PRESIDENT

Subscribed and sworn to before me this
8th day of August, 2002

STATEMENT AS OF JUNE 30, 2002 OF THE CINCINNATI INDEMNITY COMPANY

ASSETS

| | Current Statement Date | | | 4 December 31, Prior Year Net Admitted Assets |
|--|------------------------|----------------------------|--|--|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 1. Bonds | 37,852,037 | | 37,852,037 | 33,893,253 |
| 2. Stocks: | | | | |
| 2.1 Preferred stocks | 6,899,000 | | 6,899,000 | 6,138,100 |
| 2.2 Common stocks | 11,055,330 | | 11,055,330 | 10,271,200 |
| 3. Mortgage loans on real estate: | | | | |
| 3.1 First liens | | | | |
| 3.2 Other than first liens | | | | |
| 4. Real estate: | | | | |
| 4.1 Properties occupied by the company (less \$ encumbrances) | | | | |
| 4.2 Properties held for the production of income (less \$ encumbrances) | | | | |
| 4.3 Properties held for sale (less \$ encumbrances) | | | | |
| 5. Cash (\$784,802 and short-term investments \$) | 784,802 | | 784,802 | 5,193,704 |
| 6. Other invested assets | | | | |
| 7. Receivable for securities | 9,914 | | 9,914 | 24,054 |
| 8. Aggregate write-ins for invested assets | | | | |
| 9. Subtotals, cash and invested assets (Lines 1 to 8) | 56,601,084 | | 56,601,084 | 55,520,311 |
| 10. Agents' balances or uncollected premiums | | | | |
| 10.1 Premiums and agents' balances in course of collection | | | | |
| 10.2 Premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) | | | | |
| 10.3 Accrued retrospective premiums | | | | |
| 11. Funds held by or deposited with reinsured companies | 1,761 | | 1,761 | 1,761 |
| 12. Bills receivable, taken for premiums | | | | |
| 13. Amounts billed and receivable under high deductible policies | | | | |
| 14. Reinsurance recoverables on loss and loss adjustment expense payments | 2,986,208 | | 2,986,208 | 2,726,588 |
| 15. Federal and foreign income tax recoverable and interest thereon (including \$ net deferred tax asset)..... | 966,397 | | 966,397 | 170,002 |
| 16. Guaranty funds receivable or on deposit..... | | | | |
| 17. Electronic data processing equipment and software..... | | | | |
| 18. Interest, dividends and real estate income due and accrued | 2,416,800 | | 2,416,800 | 888,743 |
| 19. Net adjustments in assets and liabilities due to foreign exchange rates | | | | |
| 20. Receivable from parent, subsidiaries and affiliates | | | | 906,064 |
| 21. Amounts due from /to protected cells | | | | |
| 22. Equities and deposits in pools and associations | 43 | | 43 | |
| 23. Amounts receivable relating to uninsured accident and health plans..... | | | | |
| 24. Other assets nonadmitted | | | | |
| 25. Aggregate write-ins for other than invested assets | 131 | | 131 | 131 |
| 26. Total assets excluding protected cell assets (Lines 9 through 25) | 62,972,424 | | 62,972,424 | 60,213,600 |
| 27. Protected cell assets | | | | |
| 28. TOTALS (Lines 26 and 27) | 62,972,424 | | 62,972,424 | 60,213,600 |
| DETAILS OF WRITE-INS | | | | |
| 0801. | | | | |
| 0802. | | | | |
| 0803. | | | | |
| 0898. Summary of remaining write-ins for Line 8 from overflow page | | | | |
| 0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above) | | | | |
| 2501. Miscellaneous Receivables..... | 131 | | 131 | 131 |
| 2502. | | | 0 | 0 |
| 2503. | | | 0 | 0 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | | | | |
| 2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above) | 131 | | 131 | 131 |

STATEMENT AS OF JUNE 30, 2002 OF THE CINCINNATI INDEMNITY COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

| | 1 Current Statement Date | 2 December 31, Prior Year |
|---|--------------------------------|---------------------------------|
| 1. Losses (current accident year \$) | | |
| 2. Reinsurance payable on paid losses and loss adjustment expenses | | |
| 3. Loss adjustment expenses | | |
| 4. Commissions payable, contingent commissions and other similar charges | | |
| 5. Other expenses (excluding taxes, licenses and fees) | 1,975 | 1,347 |
| 6. Taxes, licenses and fees (excluding federal and foreign income taxes) | | |
| 7. Federal and foreign income taxes [including \$9,415 on realized capital gains (losses)] (including \$2,315,362 net deferred tax liability) | 3,302,168 | 4,044,474 |
| 8. Borrowed money \$ and interest thereon \$ | | |
| 9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$24,273,866 and including warranty reserves of \$) | | |
| 10. Advance premium | | |
| 11. Dividends declared and unpaid: | | |
| 11.1 Stockholders | | |
| 11.2 Policyholders | | |
| 12. Ceded reinsurance premiums payable (net of ceding commissions) | 4,532,600 | 2,930,582 |
| 13. Funds held by company under reinsurance treaties | | |
| 14. Amounts withheld or retained by company for account of others | 281,810 | 313,333 |
| 15. Remittances and items not allocated | | |
| 16. Provision for reinsurance | | |
| 17. Net adjustments in assets and liabilities due to foreign exchange rates | | |
| 18. Drafts outstanding | | |
| 19. Payable to parent, subsidiaries and affiliates | | |
| 20. Payable for securities | | |
| 21. Liability for amounts held under uninsured accident and health plans | | |
| 22. Capital notes \$ and interest thereon \$ | | |
| 23. Aggregate write-ins for liabilities | 1,200 | 111 |
| 24. Total liabilities excluding protected cell liabilities (Lines 1 through 23) | 8,119,753 | 7,289,847 |
| 25. Protected cell liabilities | | |
| 26. Total liabilities (Lines 24 and 25) | 8,119,753 | 7,289,847 |
| 27. Aggregate write-ins for special surplus funds | | |
| 28. Common capital stock | 3,600,000 | 3,600,000 |
| 29. Preferred capital stock | | |
| 30. Aggregate write-ins for other than special surplus funds | | |
| 31. Surplus notes | | |
| 32. Gross paid in and contributed surplus | 21,600,000 | 21,600,000 |
| 33. Unassigned funds (surplus) | 29,652,671 | 27,723,753 |
| 34. Less treasury stock, at cost | | |
| 34.1 shares common (value included in Line 28 \$) | | |
| 34.2 shares preferred (value included in Line 29 \$) | | |
| 35. Surplus as regards policyholders (Lines 27 to 33, less 34) | 54,852,671 | 52,923,753 |
| 36. TOTALS | 62,972,424 | 60,213,600 |
| DETAILS OF WRITE-INS | | |
| 2301. Accounts Payable Other | 1,200 | 111 |
| 2302. | | 0 |
| 2303. | | |
| 2398. Summary of remaining write-ins for Line 23 from overflow page | | |
| 2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above) | 1,200 | 111 |
| 2701. | | |
| 2702. | | |
| 2703. | | |
| 2798. Summary of remaining write-ins for Line 27 from overflow page | | |
| 2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above) | | |
| 3001. | | |
| 3002. | | |
| 3003. | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | | |
| 3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above) | | |

STATEMENT AS OF JUNE 30, 2002 OF THE CINCINNATI INDEMNITY COMPANY

STATEMENT OF INCOME

| | 1 Current Year to Date | 2 Prior Year to Date | 3 Prior Year Ended December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| UNDERWRITING INCOME | | | |
| 1. Premiums earned: | | | |
| 1.1 Direct (written \$ 30,596,002) | 22,898,647 | 17,588,045 | 35,247,897 |
| 1.2 Assumed (written \$ 136) | 136 | 5,314 | 4,265 |
| 1.3 Ceded (written \$ 30,596,138) | 22,898,783 | 17,593,359 | 35,252,162 |
| 1.4 Net (written \$ 0) | 0 | 0 | |
| DEDUCTIONS: | | | |
| 2. Losses incurred (current accident year \$ 0): | | | |
| 2.1 Direct | 12,219,454 | 8,778,583 | 22,881,650 |
| 2.2 Assumed | (41,436) | (70,652) | (44,061) |
| 2.3 Ceded | 12,178,018 | 8,707,931 | 22,837,589 |
| 2.4 Net | 0 | | 0 |
| 3. Loss expenses incurred | | | |
| 4. Other underwriting expenses incurred | | | |
| 5. Aggregate write-ins for underwriting deductions | | | |
| 6. Total underwriting deductions (Lines 2.4 thru 5) | 0 | | 0 |
| 7. Net income of protected cells | | | |
| 8. Net underwriting gain or (loss) (Line 1.4 minus Line 6 + Line 7) | 0 | 0 | 0 |
| INVESTMENT INCOME | | | |
| 9. Net investment income earned | 1,634,543 | 1,477,090 | 3,071,699 |
| 10. Net realized capital gains or (losses) | 26,900 | 36,563 | 1,366,817 |
| 11. Net investment gain (loss) (Lines 9 + 10) | 1,661,443 | 1,513,653 | 4,438,516 |
| OTHER INCOME | | | |
| 12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$) | | | |
| 13. Finance and service charges not included in premiums | | | |
| 14. Aggregate write-ins for miscellaneous income | | | |
| 15. Total other income (Lines 12 through 14) | | | |
| 16. Net income before dividends to policyholders and before federal and foreign income taxes (Lines 8 + 11 + 15) | 1,661,443 | 1,513,653 | 4,438,516 |
| 17. Dividends to policyholders | | | |
| 18. Net income, after dividends to policyholders but before federal and foreign income taxes (Line 16 minus Line 17) | 1,661,443 | 1,513,653 | 4,438,516 |
| 19. Federal and foreign income taxes incurred | 227,998 | (177,777) | 827,445 |
| 20. Net income (Line 18 minus Line 19)(to Line 22) | 1,433,445 | 1,691,430 | 3,611,071 |
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 21. Surplus as regards policyholders, December 31 prior year | 52,923,756 | 52,804,006 | 52,804,006 |
| GAINS AND (LOSSES) IN SURPLUS | | | |
| 22. Net income (from Line 20) | 1,433,445 | 1,691,430 | 3,611,071 |
| 23. Net unrealized capital gains or losses | 422,911 | 429,964 | (1,526,062) |
| 24. Change in net unrealized foreign exchange capital gain (loss) | | | |
| 25. Change in net deferred income tax | 72,562 | (697,702) | 151,003 |
| 26. Change in nonadmitted assets | | 422,665 | 422,665 |
| 27. Change in provision for reinsurance | | | |
| 28. Change in surplus notes | | | |
| 29. Surplus (contributed to) withdrawn from protected cells | | | |
| 30. Cumulative effect of changes in accounting principles | | (2,538,927) | (2,538,927) |
| 31. Capital changes: | | | |
| 31.1 Paid in | | | |
| 31.2 Transferred from surplus (Stock Dividend) | | | |
| 31.3 Transferred to surplus | | | |
| 32. Surplus adjustments: | | | |
| 32.1 Paid in | | | |
| 32.2 Transferred to capital (Stock Dividend) | | | |
| 32.3 Transferred from capital | | | |
| 33. Net remittances from or (to) Home Office | | | |
| 34. Dividends to stockholders | | | |
| 35. Change in treasury stock | | | |
| 36. Aggregate write-ins for gains and losses in surplus | | | |
| 37. Change in surplus as regards policyholders (Lines 22 through 36) | 1,928,918 | (692,570) | 119,750 |
| 38. Surplus as regards policyholders, as of statement date (Lines 21 plus 37) | 54,852,674 | 52,111,436 | 52,923,756 |
| DETAILS OF WRITE-INS | | | |
| 0501. | | | |
| 0502. | | | |
| 0503. | | | |
| 0598. Summary of remaining write-ins for Line 5 from overflow page | | | |
| 0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) | | | |
| 1401. | | 0 | 0 |
| 1402. | | 0 | 0 |
| 1403. | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | | | |
| 1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above) | | | |
| 3601. | | | |
| 3602. | | | |
| 3603. | | | |
| 3698. Summary of remaining write-ins for Line 36 from overflow page | | | |
| 3699. Totals (Lines 3601 thru 3603 plus 3698) (Line 36 above) | | | |

STATEMENT AS OF JUNE 30, 2002 OF THE CINCINNATI INDEMNITY COMPANY

CASH FLOW

| | 1 Current Year to Date | 2 Prior Year Ended December 31 |
|--|---------------------------------|---|
| Cash from Operations | | |
| 1. Premiums collected net of reinsurance | 1,602,018 | 6,047,553 |
| 2. Loss and loss adjustment expenses paid (net of salvage and subrogation) | 259,620 | 1,617,593 |
| 3. Underwriting expenses paid | | |
| 4. Other underwriting income (expenses) | | |
| 5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4) | 1,342,398 | 4,429,960 |
| 6. Net investment income | 1,564,052 | 3,026,519 |
| 7. Other income (expenses): | | |
| 7.1 Agents' balances charged off | | |
| 7.2 Net funds held under reinsurance treaties | 0 | |
| 7.3 Net amount withheld or retained for account of others | (31,523) | 253,527 |
| 7.4 Aggregate write-ins for miscellaneous items | (43) | |
| 7.5 Total other income (Lines 7.1 to 7.4) | (31,566) | 253,527 |
| 8. Dividends to policyholders on direct business, less \$ | | |
| dividends on reinsurance assumed or ceded (net) | | |
| 9. Federal and foreign income taxes (paid) recovered | (727,740) | (1,279,471) |
| 10. Net cash from operations (Line 5 plus Line 6 plus Line 7.5 minus Line 8 plus Line 9) | 2,147,144 | 6,430,535 |
| Cash from Investments | | |
| 11. Proceeds from investments sold, matured or repaid: | | |
| 11.1 Bonds | 1,437,290 | 763,737 |
| 11.2 Stocks | 13,668 | 4,495,738 |
| 11.3 Mortgage loans | | |
| 11.4 Real estate | | |
| 11.5 Other invested assets | | |
| 11.6 Net gains or (losses) on cash and short-term investments | | |
| 11.7 Miscellaneous proceeds | 14,141 | 250,054 |
| 11.8 Total investment proceeds (Lines 11.1 to 11.7) | 1,465,099 | 5,509,529 |
| 12. Cost of investments acquired (long-term only): | | |
| 12.1 Bonds | 5,997,830 | 1,455,000 |
| 12.2 Stocks | 513,668 | 4,500,000 |
| 12.3 Mortgage loans | | |
| 12.4 Real estate | | |
| 12.5 Other invested assets | | |
| 12.6 Miscellaneous applications | | |
| 12.7 Total investments acquired (Lines 12.1 to 12.6) | 6,511,498 | 5,955,000 |
| 13. Net Cash from investments (Line 11.8 minus Line 12.7) | (5,046,399) | (445,471) |
| Cash from Financing and Miscellaneous Sources | | |
| 14. Cash provided: | | |
| 14.1 Surplus notes, capital and surplus paid in | | |
| 14.2 Capital notes \$ | | |
| less amounts repaid \$ | | |
| 14.3 Net transfers from affiliates | 0 | |
| 14.4 Borrowed funds received | | |
| 14.5 Other cash provided | 1,089 | 387 |
| 14.6 Total (Lines 14.1 to 14.5) | 1,089 | 387 |
| 15. Cash applied: | | |
| 15.1 Dividends to stockholders paid | | |
| 15.2 Net transfers to affiliates | 1,510,736 | 1,769,731 |
| 15.3 Borrowed funds repaid | | |
| 15.4 Other applications | | 41,853 |
| 15.5 Total (Lines 15.1 to 15.4) | 1,510,736 | 1,811,584 |
| 16. Net cash from financing and miscellaneous sources (Line 14.6 minus Line 15.5) | (1,509,647) | (1,811,197) |
| RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS | | |
| 17. Net change in cash and short-term investments (Line 10, plus Line 13, plus Line 16) | (4,408,902) | 4,173,867 |
| 18. Cash and short-term investments: | | |
| 18.1 Beginning of year | 5,193,704 | 1,019,838 |
| 18.2 End of year (Line 17 plus Line 18.1) | 784,802 | 5,193,705 |
| DETAILS OF WRITE-INS | | |
| 07.401 Miscellaneous Charges | (43) | 0 |
| 07.402 | | |
| 07.403 | | |
| 07.498 Summary of remaining write-ins for Line 7.4 from overflow page | | |
| 07.499 Totals (Lines 07.401 thru 07.403 plus 07.498) (Line 7.4 above) | (43) | |

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes

A. The components of the net deferred tax asset/(liability) at June 30 are as follows:

| | 2001 | 2002 |
|--|-----------|-----------|
| (1) Total of all deferred tax assets (admitted and non-admitted) | 170,002 | 0 |
| (2) Total of all deferred tax liabilities | 2,557,926 | 2,315,362 |
| (3) Total deferred tax assets non-admitted in accordance with SSAP No. 10 Income Taxes | 0 | 0 |
| (4) Increase (decrease) in deferred tax assets non-admitted | 0 | 0 |

B. Deferred tax liabilities are not recognized for the following amounts:

- (1) None.
- (2) As of June 30, the Company had no investments in foreign subsidiaries.

C. The components of incurred income tax expense and the change in DTAs and DTLs are as follows:

| | 2001 | 2002 |
|--|-----------|-----------|
| (1) Current income tax expense (benefit) | 827,445 | 227,998 |
| Change in DTAs | (380,775) | (170,002) |
| Change in DTLs | (531,778) | (242,564) |
| (2) Net change in deferred taxes (Page 4, Line 24) | (151,003) | (72,562) |
| (3) Deferred income taxes include a benefit of \$_____ from net operating losses | 0 | 0 |

D. The Company's income tax expense and change in DTA/DTL differs from the amount obtained by applying the federal statutory rate of 35% to Net Gain from Operations After Dividends to Policyholders for the following reasons:

| | 2001 | 2002 |
|--|-----------|-----------|
| (1) Expected federal income tax expense | 1,553,481 | 581,505 |
| (2) Equity tax (mutual life companies only) | | |
| (3) Tax-exempt income | (341,359) | (182,880) |
| (4) Foreign taxes | | |
| (5) Other amounts | (384,677) | (170,627) |
| (6) Total incurred income tax expense (Page 4, Line 18) | 827,445 | 227,998 |

E.

(1) As of December 31, the Company had operating loss carry forwards that will expire as follows:

| | |
|------|----------|
| 2002 | \$ _____ |
| 2003 | \$ _____ |
| 2004 | \$ _____ |

(2) The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:

| | |
|------|--------------|
| 2002 | \$ 227,998 |
| 2001 | \$ 827,445 |
| 2000 | \$ 1,244,559 |

F.

(1) The Company's federal income tax return is consolidated with the following entities: The Cincinnati Insurance Company

The Cincinnati Casualty Company
The Cincinnati Life Insurance Company

(2) The method of allocation between the companies is subject to written agreement, approved by the Board of Directors. Allocation is based upon separate return calculations with current credit for net losses. Intercompany tax balances are settled annually in the third quarter.

17C. The Cincinnati Indemnity Company does not have any wash sales

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

**PART 1 - COMMON INTERROGATORIES
GENERAL**

- 1.1 Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements? Yes [] No [X]
- 1.2 If yes, explain:
.....
- 2.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 2.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 3.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 3.2 If yes, date of change:
If not previously filed, furnish herewith a certified copy of the instrument as amended.
- 4. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
If yes, attach an organizational chart.
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 5.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

| 1 Name of Entity | 2 NAIC Company Code | 3 State of Domicile |
|---------------------|------------------------|------------------------|
| | | |
| | | |
| | | |

- 6. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []
If yes, attach an explanation.
- 7.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/1998
- 7.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/1998
- 7.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 08/23/2000
- 7.4 By what department or departments?
Ohio.....
- 8.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.) Yes [] No [X]
- 8.2 If yes, give full information:
.....

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

INVESTMENT

9.1 Has there been any change in the reporting entity's own preferred or common stock? Yes [] No [X]

9.2 If yes, explain:
.....

10.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

10.2 If yes, give full and complete information relating thereto:
.....

11. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$

12. Amount of real estate and mortgages held in short-term investments: \$

13.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

13.2 If yes, please complete the following:

| | 1 Prior Year-End Statement Value | 2 Current Quarter Statement Value |
|--|--|---|
| 13.21 Bonds | \$ | \$ |
| 13.22 Preferred Stock | \$ | \$ |
| 13.23 Common Stock | \$ | \$ |
| 13.24 Short-term Investments | \$ | \$ |
| 13.25 Mortgages, Loans or Real Estate | \$ | \$ |
| 13.26 All Other | \$ | \$ |
| 13.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26)..... | \$ | \$ |
| 13.28 Total Investment in Parent included in Lines 13.21 to 13.26 above | \$ | \$ |
| 13.29 Receivable from Parent not included in Lines 13.21 to 13.26 above | \$ | \$ |

14.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

14.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

15. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV.H - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [] No [X]

15.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| 1 Name of Custodian(s) | 2 Custodian Address |
|---------------------------|------------------------|
| | |

15.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

| 1 Name(s) | 2 Location(s) | 3 Complete Explanation(s) |
|--------------|------------------|------------------------------|
| | | |

15.3 Have there been any changes, including name changes in the custodian(s) identified in 15.1 during the current year? Yes [] No [X]

15.4 If yes, give full and complete information relating thereto:

| 1 Old Custodian | 2 New Custodian | 3 Date of Change | 4 Reason |
|--------------------|--------------------|---------------------|-------------|
| | | | |

15.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

| 1 Central Registration Depository | 2 Name(s) | 3 Address |
|--------------------------------------|--------------|--------------|
| | | |

GENERAL INTERROGATORIES

(continued)

**PART 2
PROPERTY & CASUALTY INTERROGATORIES**

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [] NA [X]

If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [] No [X]

If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]

3.2 If yes, give full and complete information thereto.

.....

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation liabilities tabular reserves (see annual statement instructions pertaining to disclosure of discounting for definition of "tabular reserves") discounted at a rate of interest greater than zero? Yes [] No [X]

4.2 If yes, complete the following schedule:

| | | | TOTAL DISCOUNT | | | | DISCOUNT TAKEN DURING PERIOD | | | |
|------------------|------------------|---------------|----------------|------------|-------|-------|------------------------------|------------|-------|-------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| Line of Business | Maximum Interest | Discount Rate | Unpaid Losses | Unpaid LAE | IBNR | TOTAL | Unpaid Losses | Unpaid LAE | IBNR | TOTAL |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| TOTAL | | | | | | | | | | |

SCHEDULE A - VERIFICATION

| | 1 First Quarter Current Year | 2 Second Quarter Current Year | 3 Third Quarter Current Year | 4 Prior Year Ended December 31 |
|---|------------------------------------|-------------------------------------|------------------------------------|--------------------------------------|
| 1. Book/adjusted carrying value, beginning of period | NONE | | | |
| 2. Increase (decrease) by adjustment | | | | |
| 3. Cost of acquired | | | | |
| 4. Cost of additions to and permanent improvements | | | | |
| 5. Total profit (loss) on sales | | | | |
| 6. Increase (decrease) by foreign exchange adjustment | | | | |
| 7. Amount received on sales | | | | |
| 8. Book/adjusted carrying value at end of current period | | | | |
| 9. Total valuation allowance | | | | |
| 10. Subtotal (Lines 8 plus 9) | | | | |
| 11. Total nonadmitted amounts | | | | |
| 12. Statement value, current period (Page 2, real estate lines, current period) | | | | |

SCHEDULE B - VERIFICATION

| | 1 First Quarter Current Year | 2 Second Quarter Current Year | 3 Third Quarter Current Year | 4 Prior Year Ended December 31 |
|--|------------------------------------|-------------------------------------|------------------------------------|--------------------------------------|
| 1. Book/recorded investment excluding accrued interest on mortgages owned, beginning of period | NONE | | | |
| 2. Amount loaned during period: | | | | |
| 2.1. Actual cost at time of acquisitions | | | | |
| 2.2. Additional investment made after acquisitions | | | | |
| 3. Accrual of discount and mortgage interest points and commitment fees | | | | |
| 4. Increase (decrease) by adjustment | | | | |
| 5. Total profit (loss) on sale | | | | |
| 6. Amounts paid on account or in full during the period | | | | |
| 7. Amortization of premium | | | | |
| 8. Increase (decrease) by foreign exchange adjustment | | | | |
| 9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period | | | | |
| 10. Total valuation allowance | | | | |
| 11. Subtotal (Lines 9 plus 10) | | | | |
| 12. Total nonadmitted amounts | | | | |
| 13. Statement value of mortgages owned at end of current period | | | | |

SCHEDULE BA - VERIFICATION

Other Invested Assets Included in Schedule BA

| | 1 First Quarter Current Year | 2 Second Quarter Current Year | 3 Third Quarter Current Year | 4 Prior Year Ended December 31 |
|---|------------------------------------|-------------------------------------|------------------------------------|--------------------------------------|
| 1. Book/adjusted carrying value of long-term invested assets owned, beginning of period | NONE | | | |
| 2. Cost of acquisitions during period: | | | | |
| 2.1. Actual cost at time of acquisitions | | | | |
| 2.2. Additional investment made after acquisitions | | | | |
| 3. Accrual of discount | | | | |
| 4. Increase (decrease) by adjustment | | | | |
| 5. Total profit (loss) on sale | | | | |
| 6. Amounts paid on account or in full during the period | | | | |
| 7. Amortization of premium | | | | |
| 8. Increase (decrease) by foreign exchange adjustment | | | | |
| 9. Book/adjusted carrying value of long-term invested assets at end of current period | | | | |
| 10. Total valuation allowance | | | | |
| 11. Subtotal (Lines 9 plus 10) | | | | |
| 12. Total nonadmitted amounts | | | | |
| 13. Statement value of long-term invested assets at end of current period | | | | |

STATEMENT AS OF JUNE 30, 2002 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

| | 1 Statement Value Beginning of Current Quarter | 2 Acquisitions During Current Quarter | 3 Dispositions During Current Quarter | 4 Non-Trading Activity During Current Quarter | 5 Statement Value End of First Quarter | 6 Statement Value End of Second Quarter | 7 Statement Value End of Third Quarter | 8 Statement Value December 31 Prior Year |
|-------------------------------------|--|---|---|--|--|---|--|--|
| BONDS | | | | | | | | |
| 1. Class 1 | 19,321,106 | | | (887) | 19,321,106 | 19,302,219 | | 0,712,240 |
| 2. Class 2 | 13,432,243 | 99,000 | | (3,380) | 13,432,243 | 14,427,863 | | 8,455,749 |
| 3. Class 3 | 2,50,745 | | | 128 | 2,50,745 | 2,50,873 | | 2,500,946 |
| 4. Class 4 | 2,19,300 | | | (598,300) | 2,19,300 | 1,601,000 | | 2,222,630 |
| 5. Class 5 | 1,874 | | | | 1,874 | 0 | | 1,687 |
| 6. Class 6 | | | | 2,082 | | 2,082 | | |
| 7. Total Bonds | 37,455,268 | 99,000 | | (60,357) | 37,455,268 | 37,852,037 | | 33,893,252 |
| PREFERRED STOCK | | | | | | | | |
| 8. Class 1 | 2,00,000 | | | | 2,00,000 | 2,00,000 | | 2,000,000 |
| 9. Class 2 | 3,872,800 | | | 234,200 | 3,872,800 | 4,107,000 | | 3,204,100 |
| 10. Class 3 | | | | | | | | |
| 11. Class 4 | 84,000 | | | (48,000) | 84,000 | 792,000 | | 934,000 |
| 12. Class 5 | | | | | | | | |
| 13. Class 6 | | | | | | | | |
| 14. Total Preferred Stock | 6,712,800 | | | 186,200 | 6,712,800 | 6,89,000 | | 6,138,100 |
| 15. Total Bonds and Preferred Stock | 44,168,068 | 99,000 | | (414,157) | 44,168,068 | 44,751,037 | | 04031,352 |

Schedule DA - Part 2

NONE

Schedule DA - Part 1

NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

STATEMENT AS OF JUNE 30, 2002 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

| States, etc. | 1 Is Insurer Licensed? (Yes or No) | Direct Premiums Written | | Direct Losses Paid (Deducting Salvage) | | Direct Losses Unpaid | | |
|-----------------------------|---|------------------------------|----------------------------|--|----------------------------|------------------------------|----------------------------|------------|
| | | 2 Current Year To Date | 3 Prior Year To Date | 4 Current Year To Date | 5 Prior Year To Date | 6 Current Year To Date | 7 Prior Year To Date | |
| 1. Alabama | AL | Yes | 453,899 | 499,344 | 184,087 | 199,996 | 120,597 | 239,505 |
| 2. Alaska | AK | No | | | | | | |
| 3. Arizona | AZ | Yes | 3,195 | (22) | 2,554 | | 5,500 | |
| 4. Arkansas | AR | Yes | 630,641 | 253,289 | 36,211 | 31,729 | 157,766 | 82,109 |
| 5. California | CA | No | 0 | | | | | |
| 6. Colorado | CO | No | | | | | | |
| 7. Connecticut | CT | No | | | | | | |
| 8. Delaware | DE | Yes | | | | | | |
| 9. District of Columbia | DC | No | | | | | | |
| 10. Florida | FL | Yes | 279,143 | 308,055 | 63,011 | 21,295 | 189,331 | 143,845 |
| 11. Georgia | GA | Yes | 1,553,322 | 1,413,807 | 281,061 | 722,586 | 1,166,786 | 1,296,921 |
| 12. Hawaii | HI | No | | | | | | |
| 13. Idaho | ID | Yes | | | | | | |
| 14. Illinois | IL | Yes | 3,555,703 | 1,625,693 | 801,319 | 430,707 | 1,290,418 | 649,618 |
| 15. Indiana | IN | Yes | 2,145,272 | 1,000,110 | 486,497 | 167,417 | 1,102,403 | 516,470 |
| 16. Iowa | IA | Yes | 4,359,930 | 3,561,349 | 1,509,949 | 1,047,048 | 3,953,874 | 3,028,798 |
| 17. Kansas | KS | Yes | 702,027 | 46,830 | 134,036 | 17,333 | 530,060 | 367,458 |
| 18. Kentucky | KY | Yes | 773,896 | 588,180 | 239,099 | 78,245 | 392,311 | 272,110 |
| 19. Louisiana | LA | No | | | | | | |
| 20. Maine | ME | No | | | | | | |
| 21. Maryland | MD | Yes | 540,586 | 637,261 | 144,249 | 143,322 | 317,992 | 254,932 |
| 22. Massachusetts | MA | No | | | | | | |
| 23. Michigan | MI | Yes | 977,910 | 797,233 | 234,070 | 271,627 | 644,429 | 373,981 |
| 24. Minnesota | MN | Yes | 549 | 33,169 | 4,001 | 2,602 | 2,000 | |
| 25. Mississippi | MS | No | (14,244) | | | | | |
| 26. Missouri | MO | Yes | 1,275,406 | 205,898 | 94,036 | 14,635 | 191,823 | 59,374 |
| 27. Montana | MT | Yes | | | | | | |
| 28. Nebraska | NE | Yes | 1,513,959 | 1,222,842 | 613,015 | 810,595 | 1,746,090 | 1,094,309 |
| 29. Nevada | NV | No | | | | | | |
| 30. New Hampshire | NH | No | | | | | | |
| 31. New Jersey | NJ | No | | | | | | |
| 32. New Mexico | NM | No | (7) | | | | | |
| 33. New York | NY | Yes | 21,607 | 15,345 | 9,982 | | 43,046 | 10,000 |
| 34. North Carolina | NC | Yes | 1,694,324 | 1,504,967 | 350,732 | 242,320 | 549,954 | 489,433 |
| 35. North Dakota | ND | Yes | | | | | | |
| 36. Ohio | OH | Yes | 1,301,763 | 1,656,417 | 901,963 | 545,476 | 738,201 | 575,507 |
| 37. Oklahoma | OK | No | | | | | | |
| 38. Oregon | OR | Yes | | | | | | |
| 39. Pennsylvania | PA | Yes | 4,651,157 | 4,194,070 | 1,521,527 | 1,392,247 | 3,512,997 | 3,128,403 |
| 40. Rhode Island | RI | No | | | | | | |
| 41. South Carolina | SC | Yes | 640,800 | 489,483 | 78,481 | 122,413 | 299,089 | 199,515 |
| 42. South Dakota | SD | Yes | 196,496 | 81,155 | 10,726 | 36,994 | 62,483 | 22,820 |
| 43. Tennessee | TN | Yes | 1,095,210 | 292,372 | 198,081 | 82,342 | 178,648 | 103,077 |
| 44. Texas | TX | No | 73,423 | | | | | |
| 45. Utah | UT | No | | | | | | |
| 46. Vermont | VT | No | | | | | | |
| 47. Virginia | VA | Yes | 1,814,183 | 1,773,047 | 777,089 | 760,414 | 1,276,694 | 900,079 |
| 48. Washington | WA | Yes | | | | | | |
| 49. West Virginia | WV | Yes | 647 | 608 | | | | |
| 50. Wisconsin | WI | Yes | 355,205 | 4,686,307 | 1,380,582 | 2,186,457 | 4,614,146 | 4,659,115 |
| 51. Wyoming | WY | No | | | | | | |
| 52. American Samoa | AS | No | | | | | | |
| 53. Guam | GU | No | | | | | | |
| 54. Puerto Rico | PR | No | | | | | | |
| 55. U.S. Virgin Islands | VI | No | | | | | | |
| 56. Canada | CN | No | | | | | | |
| 57. Aggregate Other Aliens | OT | XXX | | | | | | |
| 58. Totals | (a) 31 | | 30,596,002 | 26,886,809 | 10,056,357 | 9,327,800 | 23,086,638 | 18,467,379 |
| DETAILS OF WRITE-INS | | | | | | | | |
| 5701. | | XXX | | | | | | |
| 5702. | | XXX | | | | | | |
| 5703. | | XXX | | | | | | |
| 5798. | Summary of remaining write-ins for Line 57 from overflow page. | XXX | | | | | | |
| 5799. | Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above) | XXX | | | | | | |

(a) Insert the number of yes responses except for Canada and Other Alien.

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART**

NONE

STATEMENT AS OF JUNE 30, 2002 OF THE CINCINNATI INDEMNITY COMPANY

PART 1 - LOSS EXPERIENCE

| Lines of Business | Current Year to Date | | | 4 Prior Year to Date Direct Loss Percentage |
|---|--------------------------------|--------------------------------|--------------------------------|--|
| | 1 Direct Premiums Earned | 2 Direct Losses Incurred | 3 Direct Loss Percentage | |
| 1. Fire | 2,798 | | | |
| 2. Allied Lines | 1,164 | | | |
| 3. Farmowners multiple peril | | | | |
| 4. Homeowners multiple peril | 189,667 | 223,166 | 117.7 | 71.7 |
| 5. Commercial multiple peril | | | | |
| 6. Mortgage guaranty | | | | |
| 8. Ocean marine | | | | |
| 9. Inland marine | 16,912 | | | 230.7 |
| 10. Financial guaranty | | | | |
| 11.1 Medical malpractice - occurrence | 33,652 | | | |
| 11.2 Medical malpractice - claims-made | | | | |
| 12. Earthquake | 2,365 | | | |
| 13. Group accident and health | | | | |
| 14. Credit accident and health | | | | |
| 15. Other accident and health | | | | |
| 16. Workers' compensation | 19,696,285 | 10,708,449 | 54.4 | 50.2 |
| 17.1 Other liability - occurrence | 3,701 | | | |
| 17.2 Other liability - claims-made | | | | |
| 18.1 Products liability - occurrence | | | | |
| 18.2 Products liability - claims-made | | | | |
| 19.1,19.2 Private passenger auto liability | 1,541,393 | 706,714 | 45.8 | 55.6 |
| 19.3,19.4 Commercial auto liability | | | | |
| 21. Auto physical damage | 1,410,710 | 581,125 | 41.2 | 34.2 |
| 22. Aircraft (all perils) | | | | |
| 23. Fidelity | | | | |
| 24. Surety | | | | |
| 26. Burglary and theft | | | | |
| 27. Boiler and machinery | | | | |
| 28. Credit | | | | |
| 29. International | | | | |
| 30. Reinsurance - Nonproportional Assumed Property | XXX | XXX | XXX | XXX |
| 31. Reinsurance - Nonproportional Assumed Liability | XXX | XXX | XXX | XXX |
| 32. Reinsurance - Nonproportional Assumed Financial Lines | XXX | XXX | XXX | XXX |
| 33. Aggregate write-ins for other lines of business | | | | |
| 34. Totals | 22,898,647 | 12,219,454 | 53.4 | 49.9 |
| DETAILS OF WRITE-INS | | | | |
| 3301. | | | | |
| 3302. | | | | |
| 3303. | | | | |
| 3398. Summary of remaining write-ins for Line 33 from overflow page | | | | |
| 3399. Totals (Lines 3301 thru 3303 plus 3398) (Line 33 above) | | | | |

PART 2 - DIRECT PREMIUMS WRITTEN

| Lines of Business | 1 | 2 | 3 |
|---|--------------------|-------------------------|----------------------------|
| | Current Quarter | Current Year to Date | Prior Year Year to Date |
| 1. Fire | 1,884 | 2,022 | 4,178 |
| 2. Allied Lines | 540 | 759 | 1,702 |
| 3. Farmowners multiple peril | | | |
| 4. Homeowners multiple peril | 98,683 | 183,930 | 191,954 |
| 5. Commercial multiple peril | | | |
| 6. Mortgage guaranty | | | |
| 8. Ocean marine | | | |
| 9. Inland marine | 8,577 | 16,833 | 23,017 |
| 10. Financial guaranty | | | |
| 11.1 Medical malpractice - occurrence | 73,423 | 73,423 | |
| 11.2 Medical malpractice - claims-made | | | |
| 12. Earthquake | 1,844 | 2,569 | 3,403 |
| 13. Group accident and health | | | |
| 14. Credit accident and health | | | |
| 15. Other accident and health | | | |
| 16. Workers' compensation | 13,537,532 | 27,305,442 | 22,784,081 |
| 17.1 Other liability - occurrence | 3,209 | 4,768 | 4,196 |
| 17.2 Other liability - claims-made | | | |
| 18.1 Products liability - occurrence | | | |
| 18.2 Products liability - claims-made | | | |
| 19.1,19.2 Private passenger auto liability | 880,951 | 1,563,308 | 2,067,946 |
| 19.3,19.4 Commercial auto liability | | | |
| 21. Auto physical damage | 816,847 | 1,442,948 | 1,806,332 |
| 22. Aircraft (all perils) | | | |
| 23. Fidelity | | | |
| 24. Surety | | | |
| 26. Burglary and theft | | | |
| 27. Boiler and machinery | | | |
| 28. Credit | | | |
| 29. International | | | |
| 30. Reinsurance - Nonproportional Assumed Property | XXX | XXX | XXX |
| 31. Reinsurance - Nonproportional Assumed Liability | XXX | XXX | XXX |
| 32. Reinsurance - Nonproportional Assumed Financial Lines | XXX | XXX | XXX |
| 33. Aggregate write-ins for other lines of business | | | |
| 34. Totals | 15,423,490 | 30,596,002 | 26,886,809 |
| DETAILS OF WRITE-INS | | | |
| 3301. | | | |
| 3302. | | | |
| 3303. | | | |
| 3398. Summary of remaining write-ins for Line 33 from overflow page | | | |
| 3399. Totals (Lines 3301 thru 3303 plus 3398) (Line 33 above) | | | |

STATEMENT AS OF JUNE 30, 2002 OF THE CINCINNATI INDEMNITY COMPANY

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | |
|--|---|---|---|--|--|--|---|--|--------------------------------------|--|--|--|--|---|
| Years in Which Losses Occurred | Prior Year-End Known Case Loss and LAE Reserves | Prior Year-End IBNR Loss and LAE Reserves | Total Prior Year-End Loss and LAE Reserves (a) (Cols. 1 + 2) | 2002 Loss and LAE Payments on Claims Reported as of Prior Year-End | 2002 Loss and LAE Payments on Claims Unreported as of Prior Year-End | Total 2002 Loss and LAE Payments (Cols. 4 + 5) | Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and open as of Prior Year-End | Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or reopened Subsequent to Prior Year-End | Q.S. Date IBNR Loss and LAE Reserves | Total Q.S. Loss and LAE Reserves (b) (Cols.7 + 8 + 9) | Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1) | Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2) | Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (c) (Cols. 11 + 12) | |
| 1. 1999 + Prior | | | | | | | | | | | | | | |
| 2. 2000 | | | | | | | | | | | | | | |
| 3. Subtotals 2000 + Prior | | | | | | | | | | | | | | |
| 4. 2001 | | | | | | | | | | | | | | |
| 5. Subtotals 2001 + Prior | | | | | | | | | | | | | | |
| 6. 2002 | XXX | XXX | XXX | XXX | | | XXX | | | | XXX | XXX | XXX | |
| 7. Totals | | | | | | | | | | | | | | |
| 8. Prior Year-End's Surplus As Regards Policyholders | 52,924 | | | | | | | | | | | Col. 11, Line 7 As % of Col. 1 Line 7 | Col. 12, Line 7 As % of Col. 2 Line 7 | Col. 13, Line 7 As % of Col. 3 Line 7 |
| | | | | | | | | | | | | 1, | 2, | 3, |
| | | | | | | | | | | | | | | Col. 13, Line 7 As a % of Col. 1 Line 8 |
| | | | | | | | | | | | | | | 4, |

19

(a) Should Equal Prior Year-End Annual Statement; Page 3, Col. 1, Lines 1 + 3

(b) Should Equal Q.S. Page 3, Col. 1, Lines 1 and 3.

(c) Should Also Equal Cols. 6 + 10 less Col. 3 for Lines 1 through 5 only.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

RESPONSES

- 1. Will the SVO Compliance Certification be filed with this statement?Yes.....
- 2. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?No.....
- 3. Will Supplement A to Schedule T (Medical Malpractice Supplement) be filed with this statement?Yes.....

Explanations:

Bar Codes:

Trusteed Surplus Statement (Document Identifier 490) here:



OVERFLOW PAGE FOR WRITE-INS

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part D - Section 1

NONE



SUPPLEMENT FOR JUNE 30, 2002 OF THE CINCINNATI INDEMNITY COMPANY

Designate the type of health care providers reported on this page
Physicians

**SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES**

| 1 States, Etc. | 2 Direct Premiums Written | 3 Direct Premiums Earned | Direct Losses Paid | | 6 Direct Losses Incurred | Direct Losses Unpaid | | 9 Direct Losses Incurred But Not Reported |
|-----------------------------|---|-----------------------------|--------------------|-----------------------|-----------------------------|----------------------|-----------------------|--|
| | | | 4 Amount | 5 Number of Claims | | 7 Amount Reported | 8 Number of Claims | |
| 1. Alabama | AL | | | | | | | |
| 2. Alaska | AK | | | | | | | |
| 3. Arizona | AZ | | | | | | | |
| 4. Arkansas | AR | | | | | | | |
| 5. California | CA | | | | | | | |
| 6. Colorado | CO | | | | | | | |
| 7. Connecticut | CT | | | | | | | |
| 8. Delaware | DE | | | | | | | |
| 9. District of Columbia | DC | | | | | | | |
| 10. Florida | FL | | | | | | | |
| 11. Georgia | GA | | | | | | | |
| 12. Hawaii | HI | | | | | | | |
| 13. Idaho | ID | | | | | | | |
| 14. Illinois | IL | | | | | | | |
| 15. Indiana | IN | | | | | | | |
| 16. Iowa | IA | | | | | | | |
| 17. Kansas | KS | | | | | | | |
| 18. Kentucky | KY | | | | | | | |
| 19. Louisiana | LA | | | | | | | |
| 20. Maine | ME | | | | | | | |
| 21. Maryland | MD | | | | | | | |
| 22. Massachusetts | MA | | | | | | | |
| 23. Michigan | MI | | | | | | | |
| 24. Minnesota | MN | | | | | | | |
| 25. Mississippi | MS | | | | | | | |
| 26. Missouri | MO | | | | | | | |
| 27. Montana | MT | | | | | | | |
| 28. Nebraska | NE | | | | | | | |
| 29. Nevada | NV | | | | | | | |
| 30. New Hampshire | NH | | | | | | | |
| 31. New Jersey | NJ | | | | | | | |
| 32. New Mexico | NM | | | | | | | |
| 33. New York | NY | | | | | | | |
| 34. North Carolina | NC | | | | | | | |
| 35. North Dakota | ND | | | | | | | |
| 36. Ohio | OH | | | | | | | |
| 37. Oklahoma | OK | | | | | | | |
| 38. Oregon | OR | | | | | | | |
| 39. Pennsylvania | PA | | | | | | | |
| 40. Rhode Island | RI | | | | | | | |
| 41. South Carolina | SC | | | | | | | |
| 42. South Dakota | SD | | | | | | | |
| 43. Tennessee | TN | | | | | | | |
| 44. Texas | TX | | | | | | | |
| 45. Utah | UT | | | | | | | |
| 46. Vermont | VT | | | | | | | |
| 47. Virginia | VA | | | | | | | |
| 48. Washington | WA | | | | | | | |
| 49. West Virginia | WV | | | | | | | |
| 50. Wisconsin | WI | | | | | | | |
| 51. Wyoming | WY | | | | | | | |
| 52. American Samoa | AS | | | | | | | |
| 53. Guam | GU | | | | | | | |
| 54. Puerto Rico | PR | | | | | | | |
| 55. U.S. Virgin Islands | VI | | | | | | | |
| 56. Canada | CN | | | | | | | |
| 57. Aggregate Other Aliens | OT | | | | | | | |
| 58. Totals | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | |
| 5701. | | | | | | | | |
| 5702. | | | | | | | | |
| 5703. | | | | | | | | |
| 5798. | Summary of remaining write-ins for Line 57 from overflow page | | | | | | | |
| 5799. | Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above) | | | | | | | |



SUPPLEMENT FOR JUNE 30, 2002 OF THE CINCINNATI INDEMNITY COMPANY

Designate the type of health care providers reported on this page
Hospitals

**SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES**

| 1 States, Etc. | 2 Direct Premiums Written | 3 Direct Premiums Earned | Direct Losses Paid | | 6 Direct Losses Incurred | Direct Losses Unpaid | | 9 Direct Losses Incurred But Not Reported |
|---|------------------------------|-----------------------------|--------------------|-----------------------|-----------------------------|----------------------|-----------------------|--|
| | | | 4 Amount | 5 Number of Claims | | 7 Amount Reported | 8 Number of Claims | |
| 1. Alabama AL | | | | | | | | |
| 2. Alaska AK | | | | | | | | |
| 3. Arizona AZ | | | | | | | | |
| 4. Arkansas AR | | | | | | | | |
| 5. California CA | | | | | | | | |
| 6. Colorado CO | | | | | | | | |
| 7. Connecticut CT | | | | | | | | |
| 8. Delaware DE | | | | | | | | |
| 9. District of Columbia DC | | | | | | | | |
| 10. Florida FL | | | | | | | | |
| 11. Georgia GA | | | | | | | | |
| 12. Hawaii HI | | | | | | | | |
| 13. Idaho ID | | | | | | | | |
| 14. Illinois IL | | | | | | | | |
| 15. Indiana IN | | | | | | | | |
| 16. Iowa IA | | | | | | | | |
| 17. Kansas KS | | | | | | | | |
| 18. Kentucky KY | | | | | | | | |
| 19. Louisiana LA | | | | | | | | |
| 20. Maine ME | | | | | | | | |
| 21. Maryland MD | | | | | | | | |
| 22. Massachusetts MA | | | | | | | | |
| 23. Michigan MI | | | | | | | | |
| 24. Minnesota MN | | | | | | | | |
| 25. Mississippi MS | | | | | | | | |
| 26. Missouri MO | | | | | | | | |
| 27. Montana MT | | | | | | | | |
| 28. Nebraska NE | | | | | | | | |
| 29. Nevada NV | | | | | | | | |
| 30. New Hampshire NH | | | | | | | | |
| 31. New Jersey NJ | | | | | | | | |
| 32. New Mexico NM | | | | | | | | |
| 33. New York NY | | | | | | | | |
| 34. North Carolina NC | | | | | | | | |
| 35. North Dakota ND | | | | | | | | |
| 36. Ohio OH | | | | | | | | |
| 37. Oklahoma OK | | | | | | | | |
| 38. Oregon OR | | | | | | | | |
| 39. Pennsylvania PA | | | | | | | | |
| 40. Rhode Island RI | | | | | | | | |
| 41. South Carolina SC | | | | | | | | |
| 42. South Dakota SD | | | | | | | | |
| 43. Tennessee TN | | | | | | | | |
| 44. Texas TX | | | | | | | | |
| 45. Utah UT | | | | | | | | |
| 46. Vermont VT | | | | | | | | |
| 47. Virginia VA | | | | | | | | |
| 48. Washington WA | | | | | | | | |
| 49. West Virginia WV | | | | | | | | |
| 50. Wisconsin WI | | | | | | | | |
| 51. Wyoming WY | | | | | | | | |
| 52. American Samoa AS | | | | | | | | |
| 53. Guam GU | | | | | | | | |
| 54. Puerto Rico PR | | | | | | | | |
| 55. U.S. Virgin Islands VI | | | | | | | | |
| 56. Canada CN | | | | | | | | |
| 57. Aggregate Other Aliens OT | | | | | | | | |
| 58. Totals | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | |
| 5701. | | | | | | | | |
| 5702. | | | | | | | | |
| 5703. | | | | | | | | |
| 5798. Summary of remaining write-ins for Line 57 from overflow page | | | | | | | | |
| 5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above) | | | | | | | | |



SUPPLEMENT FOR JUNE 30, 2002 OF THE CINCINNATI INDEMNITY COMPANY

Designate the type of health care providers reported on this page
Other Health Care Professionals

**SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES**

| 1 States, Etc. | 2 Direct Premiums Written | 3 Direct Premiums Earned | Direct Losses Paid | | 6 Direct Losses Incurred | Direct Losses Unpaid | | 9 Direct Losses Incurred But Not Reported |
|---|------------------------------|-----------------------------|--------------------|-----------------------|-----------------------------|----------------------|-----------------------|--|
| | | | 4 Amount | 5 Number of Claims | | 7 Amount Reported | 8 Number of Claims | |
| 1. Alabama AL | | | | | | | | |
| 2. Alaska AK | | | | | | | | |
| 3. Arizona AZ | | | | | | | | |
| 4. Arkansas AR | | | | | | | | |
| 5. California CA | | | | | | | | |
| 6. Colorado CO | | | | | | | | |
| 7. Connecticut CT | | | | | | | | |
| 8. Delaware DE | | | | | | | | |
| 9. District of Columbia DC | | | | | | | | |
| 10. Florida FL | | | | | | | | |
| 11. Georgia GA | | | | | | | | |
| 12. Hawaii HI | | | | | | | | |
| 13. Idaho ID | | | | | | | | |
| 14. Illinois IL | | | | | | | | |
| 15. Indiana IN | | | | | | | | |
| 16. Iowa IA | | | | | | | | |
| 17. Kansas KS | | | | | | | | |
| 18. Kentucky KY | | | | | | | | |
| 19. Louisiana LA | | | | | | | | |
| 20. Maine ME | | | | | | | | |
| 21. Maryland MD | | | | | | | | |
| 22. Massachusetts MA | | | | | | | | |
| 23. Michigan MI | | | | | | | | |
| 24. Minnesota MN | | | | | | | | |
| 25. Mississippi MS | | | | | | | | |
| 26. Missouri MO | | | | | | | | |
| 27. Montana MT | | | | | | | | |
| 28. Nebraska NE | | | | | | | | |
| 29. Nevada NV | | | | | | | | |
| 30. New Hampshire NH | | | | | | | | |
| 31. New Jersey NJ | | | | | | | | |
| 32. New Mexico NM | | | | | | | | |
| 33. New York NY | | | | | | | | |
| 34. North Carolina NC | | | | | | | | |
| 35. North Dakota ND | | | | | | | | |
| 36. Ohio OH | | | | | | | | |
| 37. Oklahoma OK | | | | | | | | |
| 38. Oregon OR | | | | | | | | |
| 39. Pennsylvania PA | | | | | | | | |
| 40. Rhode Island RI | | | | | | | | |
| 41. South Carolina SC | | | | | | | | |
| 42. South Dakota SD | | | | | | | | |
| 43. Tennessee TN | | | | | | | | |
| 44. Texas TX | | | | | | | | |
| 45. Utah UT | | | | | | | | |
| 46. Vermont VT | | | | | | | | |
| 47. Virginia VA | | | | | | | | |
| 48. Washington WA | | | | | | | | |
| 49. West Virginia WV | | | | | | | | |
| 50. Wisconsin WI | | | | | | | | |
| 51. Wyoming WY | | | | | | | | |
| 52. American Samoa AS | | | | | | | | |
| 53. Guam GU | | | | | | | | |
| 54. Puerto Rico PR | | | | | | | | |
| 55. U.S. Virgin Islands VI | | | | | | | | |
| 56. Canada CN | | | | | | | | |
| 57. Aggregate Other Aliens OT | | | | | | | | |
| 58. Totals | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | |
| 5701. | | | | | | | | |
| 5702. | | | | | | | | |
| 5703. | | | | | | | | |
| 5798. Summary of remaining write-ins for Line 57 from overflow page | | | | | | | | |
| 5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above) | | | | | | | | |



SUPPLEMENT FOR JUNE 30, 2002 OF THE CINCINNATI INDEMNITY COMPANY

Designate the type of health care providers reported on this page
Other Health Care Facilities

**SUPPLEMENT "A" TO SCHEDULE T
EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES**

| 1 States, Etc. | 2 Direct Premiums Written | 3 Direct Premiums Earned | Direct Losses Paid | | 6 Direct Losses Incurred | Direct Losses Unpaid | | 9 Direct Losses Incurred But Not Reported |
|---|------------------------------|-----------------------------|--------------------|-----------------------|-----------------------------|----------------------|-----------------------|--|
| | | | 4 Amount | 5 Number of Claims | | 7 Amount Reported | 8 Number of Claims | |
| 1. Alabama AL | | | | | | | | |
| 2. Alaska AK | | | | | | | | |
| 3. Arizona AZ | | | | | | | | |
| 4. Arkansas AR | | | | | | | | |
| 5. California CA | | | | | | | | |
| 6. Colorado CO | | | | | | | | |
| 7. Connecticut CT | | | | | | | | |
| 8. Delaware DE | | | | | | | | |
| 9. District of Columbia DC | | | | | | | | |
| 10. Florida FL | | | | | | | | |
| 11. Georgia GA | | | | | | | | |
| 12. Hawaii HI | | | | | | | | |
| 13. Idaho ID | | | | | | | | |
| 14. Illinois IL | | | | | | | | |
| 15. Indiana IN | | | | | | | | |
| 16. Iowa IA | | | | | | | | |
| 17. Kansas KS | | | | | | | | |
| 18. Kentucky KY | | | | | | | | |
| 19. Louisiana LA | | | | | | | | |
| 20. Maine ME | | | | | | | | |
| 21. Maryland MD | | | | | | | | |
| 22. Massachusetts MA | | | | | | | | |
| 23. Michigan MI | | | | | | | | |
| 24. Minnesota MN | | | | | | | | |
| 25. Mississippi MS | | | | | | | | |
| 26. Missouri MO | | | | | | | | |
| 27. Montana MT | | | | | | | | |
| 28. Nebraska NE | | | | | | | | |
| 29. Nevada NV | | | | | | | | |
| 30. New Hampshire NH | | | | | | | | |
| 31. New Jersey NJ | | | | | | | | |
| 32. New Mexico NM | | | | | | | | |
| 33. New York NY | | | | | | | | |
| 34. North Carolina NC | | | | | | | | |
| 35. North Dakota ND | | | | | | | | |
| 36. Ohio OH | | | | | | | | |
| 37. Oklahoma OK | | | | | | | | |
| 38. Oregon OR | | | | | | | | |
| 39. Pennsylvania PA | | | | | | | | |
| 40. Rhode Island RI | | | | | | | | |
| 41. South Carolina SC | | | | | | | | |
| 42. South Dakota SD | | | | | | | | |
| 43. Tennessee TN | | | | | | | | |
| 44. Texas TX | | | | | | | | |
| 45. Utah UT | | | | | | | | |
| 46. Vermont VT | | | | | | | | |
| 47. Virginia VA | | | | | | | | |
| 48. Washington WA | | | | | | | | |
| 49. West Virginia WV | | | | | | | | |
| 50. Wisconsin WI | | | | | | | | |
| 51. Wyoming WY | | | | | | | | |
| 52. American Samoa AS | | | | | | | | |
| 53. Guam GU | | | | | | | | |
| 54. Puerto Rico PR | | | | | | | | |
| 55. U.S. Virgin Islands VI | | | | | | | | |
| 56. Canada CN | | | | | | | | |
| 57. Aggregate Other Aliens OT | | | | | | | | |
| 58. Totals | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | |
| 5701. | | | | | | | | |
| 5702. | | | | | | | | |
| 5703. | | | | | | | | |
| 5798. Summary of remaining write-ins for Line 57 from overflow page | | | | | | | | |
| 5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above) | | | | | | | | |



SUPPLEMENT FOR JUNE 30, 2002 OF THE CINCINNATI INDEMNITY COMPANY

Designate the type of health care providers reported on this page
 Medical Malpractice Policies

**SUPPLEMENT "A" TO SCHEDULE T
 EXHIBIT OF MEDICAL MALPRACTICE PREMIUMS WRITTEN
 ALLOCATED BY STATES AND TERRITORIES**

| 1 States, Etc. | 2 Direct Premiums Written | 3 Direct Premiums Earned | Direct Losses Paid | | 6 Direct Losses Incurred | Direct Losses Unpaid | | 9 Direct Losses Incurred But Not Reported |
|---|------------------------------|-----------------------------|--------------------|-----------------------|-----------------------------|----------------------|-----------------------|--|
| | | | 4 Amount | 5 Number of Claims | | 7 Amount Reported | 8 Number of Claims | |
| 1. Alabama AL | | | | | | | | |
| 2. Alaska AK | | | | | | | | |
| 3. Arizona AZ | | | | | | | | |
| 4. Arkansas AR | | | | | | | | |
| 5. California CA | | | | | | | | |
| 6. Colorado CO | | | | | | | | |
| 7. Connecticut CT | | | | | | | | |
| 8. Delaware DE | | | | | | | | |
| 9. District of Columbia DC | | | | | | | | |
| 10. Florida FL | | | | | | | | |
| 11. Georgia GA | | | | | | | | |
| 12. Hawaii HI | | | | | | | | |
| 13. Idaho ID | | | | | | | | |
| 14. Illinois IL | | | | | | | | |
| 15. Indiana IN | | | | | | | | |
| 16. Iowa IA | | | | | | | | |
| 17. Kansas KS | | | | | | | | |
| 18. Kentucky KY | | | | | | | | |
| 19. Louisiana LA | | | | | | | | |
| 20. Maine ME | | | | | | | | |
| 21. Maryland MD | | | | | | | | |
| 22. Massachusetts MA | | | | | | | | |
| 23. Michigan MI | | | | | | | | |
| 24. Minnesota MN | | | | | | | | |
| 25. Mississippi MS | | | | | | | | |
| 26. Missouri MO | | | | | | | | |
| 27. Montana MT | | | | | | | | |
| 28. Nebraska NE | | | | | | | | |
| 29. Nevada NV | | | | | | | | |
| 30. New Hampshire NH | | | | | | | | |
| 31. New Jersey NJ | | | | | | | | |
| 32. New Mexico NM | | | | | | | | |
| 33. New York NY | | | | | | | | |
| 34. North Carolina NC | | | | | | | | |
| 35. North Dakota ND | | | | | | | | |
| 36. Ohio OH | | | | | | | | |
| 37. Oklahoma OK | | | | | | | | |
| 38. Oregon OR | | | | | | | | |
| 39. Pennsylvania PA | | | | | | | | |
| 40. Rhode Island RI | | | | | | | | |
| 41. South Carolina SC | | | | | | | | |
| 42. South Dakota SD | | | | | | | | |
| 43. Tennessee TN | | | | | | | | |
| 44. Texas TX | | | | | | | | |
| 45. Utah UT | | | | | | | | |
| 46. Vermont VT | | | | | | | | |
| 47. Virginia VA | | | | | | | | |
| 48. Washington WA | | | | | | | | |
| 49. West Virginia WV | | | | | | | | |
| 50. Wisconsin WI | | | | | | | | |
| 51. Wyoming WY | | | | | | | | |
| 52. American Samoa AS | | | | | | | | |
| 53. Guam GU | | | | | | | | |
| 54. Puerto Rico PR | | | | | | | | |
| 55. U.S. Virgin Islands VI | | | | | | | | |
| 56. Canada CN | | | | | | | | |
| 57. Aggregate Other Aliens OT | | | | | | | | |
| 58. Totals | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | |
| 5701. | | | | | | | | |
| 5702. | | | | | | | | |
| 5703. | | | | | | | | |
| 5798. Summary of remaining write-ins for Line 57 from overflow page | | | | | | | | |
| 5799. Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above) | | | | | | | | |