

The insets for federal tax were reported incorrectly. Also, question 15 on the General Interrogatories was answered incorrectly.



QUARTERLY STATEMENT

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

THE CINCINNATI CASUALTY COMPANY

NAIC Group Code 0244 (Current Period) 0244 (Prior Period) NAIC Company Code 28665 Employer's ID Number 31-0826946

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

Country of Domicile United States of America

Incorporated 12/27/1972 Commenced Business 03/31/1973

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 513-870-2625
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.cinfin.com

Statement Contact Kelly R Chasteen 513-870-2625
(Name) (Area Code) (Telephone Number) (Extension)
kelly_chasteen@cinfin.com 513-603-5500
(E-mail Address) (FAX Number)

Policyowner Relations Contact 6200 SOUTH GILMORE ROAD
(Street and Number) FAIRFIELD, OH 45013-5141 (513)870-2000
(City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

OFFICERS

President LARRY RICHARD PLUM, CPCU Secretary KENNETH WILLIAM STECHER
Treasurer ERIC NEIL MATHEWS, AIAF

VICE PRESIDENTS

<u>JAMES EUGENE BENOSKI</u>	<u>RICHARD WARD CUMMING FSA, ChFC</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 ChFC</u>
<u>URBAN GEORGE NEVILLE</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>DEAN WEMERT DICKE</u>	<u>THOMAS ANTHONY JOSEPH</u>
<u>BOB RAY KERNS</u>	<u>DANIEL THOMAS MCCURDY</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>KENNETH WILLIAM STECHER</u>	<u>TIMOTHY LEE TIMMEL</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 CASUALTY 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	92,711,928		92,711,928	77,902,688
2. Stocks:				
2.1 Preferred stocks	17,593,500		17,593,500	7,704,100
2.2 Common stocks	171,468,089		171,468,089	163,268,365
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 (\$5,490,952 and short-term investments \$)	5,490,952		5,490,952	17,052,764
6. Other invested assets				
7. Receivable for securities	15,029		15,029	311,100
8. Aggregate write-ins for invested assets				
9. Subtotals, cash and invested assets (Lines 1 to 8)	287,279,498		287,279,498	266,239,017
10. Agents' balances or uncollected premiums				
10.1 Premiums and agents' balances in course of collection	9,824,521		9,824,521	9,414,869
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	40,400		40,400	40,400
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	12,053,423		12,053,423	11,256,549
15. Federal and foreign income tax recoverable and interest thereon (including \$782,747 net deferred tax asset).....	0		0	1,873,037
16. Guaranty funds receivable or on deposit.....				
17. Electronic data processing equipment and software.....				
18. Interest, dividends and real estate income due and accrued	2,486,111		2,486,111	2,283,450
19. Net adjustments in assets and liabilities due to foreign exchange rates				
20. Receivable from parent, subsidiaries and affiliates	1,697,044		1,697,044	2,266,276
21. Amounts due from /to protected cells				
22. Equities and deposits in pools and associations	2,703		2,703	1,696
23. Amounts receivable relating to uninsured accident and health plans.....				
24. Other assets nonadmitted				
25. Aggregate write-ins for other than invested assets	1,207		1,207	2,921
26. Total assets excluding protected cell assets (Lines 9 through 25)	313,384,907		313,384,907	293,378,215
27. Protected cell assets				
28. TOTALS (Lines 26 and 27)	313,384,907		313,384,907	293,378,215
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.....	1,207		1,207	2,921
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)	1,207		1,207	2,921

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

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$)		0
2. Reinsurance payable on paid losses and loss adjustment expenses	4,040	5,120
3. Loss adjustment expenses		
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	2,224	1,435
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		
7. Federal and foreign income taxes [including \$(62,666) on realized capital gains (losses)] (including \$47,131,075 net deferred tax liability)	52,605,106	43,397,829
8. Borrowed money \$ and interest thereon \$		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$86,547,633 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)	13,912,170	12,675,737
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others	716,075	721,120
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	2,773	7,484
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23)	67,242,388	56,808,725
25. Protected cell liabilities		
26. Total liabilities (Lines 24 and 25)	67,242,388	56,808,725
27. Aggregate write-ins for special surplus funds		
28. Common capital stock	3,750,000	3,750,000
29. Preferred capital stock		
30. Aggregate write-ins for other than special surplus funds		
31. Surplus notes		
32. Gross paid in and contributed surplus	18,000,000	18,000,000
33. Unassigned funds (surplus)	224,392,519	214,819,490
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)	246,142,519	236,569,490
36. TOTALS	313,384,907	293,378,215
DETAILS OF WRITE-INS		
2301.	2,773	0
2302. Accounts Payable--Other		7,484
2303.		0
2398. Summary of remaining write-ins for Line 23 from overflow page		
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	2,773	7,484
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 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 \$ 99,611,781)	92,656,246	84,385,045	173,814,007
1.2 Assumed (written \$ 4,799)	4,799	(9,818)	(1,723)
1.3 Ceded (written \$ 99,616,580)	92,661,045	84,375,227	173,812,284
1.4 Net (written \$ 0)	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 26,123,460):			
2.1 Direct	62,123,460	54,976,863	116,614,715
2.2 Assumed	(387,453)	(1,070,062)	(728,479)
2.3 Ceded	61,736,007	53,906,801	115,886,236
2.4 Net	0	0	0
3. Loss expenses incurred	0	0	0
4. Other underwriting expenses incurred	0	0	158,744
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2.4 thru 5)	0	0	158,744
7. Net income of protected cells	0	0	0
8. Net underwriting gain or (loss) (Line 1.4 minus Line 6 + Line 7)	0	0	(158,744)
INVESTMENT INCOME			
9. Net investment income earned	5,086,167	4,755,617	9,586,068
10. Net realized capital gains or (losses)	(179,046)	(106,188)	359,907
11. Net investment gain (loss) (Lines 9 + 10)	4,907,121	4,649,429	9,945,975
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$)		0	0
13. Finance and service charges not included in premiums		0	0
14. Aggregate write-ins for miscellaneous income		0	0
15. Total other income (Lines 12 through 14)		0	0
16. Net income before dividends to policyholders and before federal and foreign income taxes (Lines 8 + 11 + 15)	4,907,121	4,649,429	9,787,231
17. Dividends to policyholders			
18. Net income, after dividends to policyholders but before federal and foreign income taxes (Line 16 minus Line 17)	4,907,121	4,649,429	9,787,231
19. Federal and foreign income taxes incurred	743,977	(77,816)	2,110,244
20. Net income (Line 18 minus Line 19)(to Line 22)	4,163,144	4,727,245	7,676,987
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	236,569,490	273,541,110	273,541,110
GAINS AND (LOSSES) IN SURPLUS			
22. Net income (from Line 20)	4,163,144	4,727,245	7,676,987
23. Net unrealized capital gains or losses	9,368,736	(2,597,644)	(5,202,298)
24. Change in net unrealized foreign exchange capital gain (loss)			
25. Change in net deferred income tax	(3,958,851)	(164,221)	8,150,227
26. Change in nonadmitted assets		2,943,168	2,943,167
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		(50,539,703)	(50,539,703)
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		0	
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)	9,573,029	(45,631,155)	(36,971,620)
38. Surplus as regards policyholders, as of statement date (Lines 21 plus 37)	246,142,519	227,909,955	236,569,490
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.		0	0
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)		0	
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 CASUALTY COMPANY

CASH FLOW

	1 Current Year to Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance	826,781	12,598,367
2. Loss and loss adjustment expenses paid (net of salvage and subrogation)	797,955	5,071,309
3. Underwriting expenses paid		158,744
4. Other underwriting income (expenses)		
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	28,826	7,368,314
6. Net investment income	4,871,977	9,629,684
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	(5,044)	353,295
7.4 Aggregate write-ins for miscellaneous items	(1,006)	129,389
7.5 Total other income (Lines 7.1 to 7.4)	(6,050)	482,684
8. Dividends to policyholders on direct business, less \$ dividends on reinsurance assumed or ceded (net)		
9. Federal and foreign income taxes (paid) recovered	10,336,336	(2,057,129)
10. Net cash from operations (Line 5 plus Line 6 plus Line 7.5 minus Line 8 plus Line 9)	15,231,089	15,423,553
Cash from Investments		
11. Proceeds from investments sold, matured or repaid:		
11.1 Bonds	14,436,000	9,123,445
11.2 Stocks	39,563	7,491,475
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	296,071	
11.8 Total investment proceeds (Lines 11.1 to 11.7)	14,771,634	16,614,920
12. Cost of investments acquired (long-term only):		
12.1 Bonds	29,132,357	12,612,858
12.2 Stocks	9,039,563	4,500,000
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Miscellaneous applications		237,293
12.7 Total investments acquired (Lines 12.1 to 12.6)	38,171,920	17,350,151
13. Net Cash from investments (Line 11.8 minus Line 12.7)	(23,400,286)	(735,231)
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	569,232	
14.4 Borrowed funds received		
14.5 Other cash provided	1,717	159,427
14.6 Total (Lines 14.1 to 14.5)	570,949	159,427
15. Cash applied:		
15.1 Dividends to stockholders paid		
15.2 Net transfers to affiliates	0	9,019,547
15.3 Borrowed funds repaid		
15.4 Other applications	3,963,562	54,872
15.5 Total (Lines 15.1 to 15.4)	3,963,562	9,074,419
16. Net cash from financing and miscellaneous sources (Line 14.6 minus Line 15.5)	(3,392,613)	(8,914,992)
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
17. Net change in cash and short-term investments (Line 10, plus Line 13, plus Line 16)	(11,561,810)	5,773,330
18. Cash and short-term investments:		
18.1 Beginning of year	17,052,764	11,279,435
18.2 End of year (Line 17 plus Line 18.1)	5,490,954	17,052,765
DETAILS OF WRITE-INS		
07.401 Other income	(1,006)	129,389
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)	(1,006)	129,389

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)	1,008,353	782,747
(2) Total of all deferred tax liabilities	43,397,829	47,131,075
(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)	2,110,244	743,977
Change in DTAs	(121,731)	(225,606)
Change in DTLs	(8,271,958)	3,733,246
(2) Net change in deferred taxes (Page 4, Line 24)	(8,150,227)	3,958,852
(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	3,425,531	1,717,492
(2) Equity tax (mutual life companies only)		
(3) Tax-exempt income	(1,298,923)	(731,839)
(4) Foreign taxes		
(5) Other amounts	(16,364)	(241,676)
(6) Total incurred income tax expense (Page 4, Line 18)	2,110,244	743,977

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	\$743,977
2001	\$2,110,244
2000	\$1,899,344

F.

(1) The Company's federal income tax return is consolidated with the following entities: The Cincinnati Indemnity Company
The Cincinnati Insurance 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 Casualty 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
- 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
- 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
- 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
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
- 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 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?
.....
- 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
- 8.2 If yes, give full information:
.....

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

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 [X] No []

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
PNC Bank.....	Philadelphia, PA.....

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 CASUALTY 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	50,908,128	1,985,960	8,049,973	(199)	50,908,128	44,843,916		44,806,267
2. Class 2	2,999,682	4,97,680		(1,96,430)	2,999,682	31,016,932		15,294,635
3. Class 3	5,433,651			1,904,372	5,433,651	7,338,023		5,408,051
4. Class 4	9,448,447			(2,350,921)	9,448,447	7,097,526		9,411,180
5. Class 5								
6. Class 6	2,000		20,000	2,415,535	2,000	2,415,535		2,982,558
7. Total Bonds	93,809,908	6,963,640	8,069,973	8,357	93,809,908	92,711,932		7,902,691
PREFERRED STOCK								
8. Class 1	2,00,000	3,750,000			2,00,000	5,750,000		2,000,000
9. Class 2	3,341,200	5,250,000		752,300	3,341,200	9,343,500		3,204,100
10. Class 3	2,50,000				2,50,000	2,50,000		2,500,000
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock	7,841,200	9,00,000		752,300	7,841,200	17,593,500		7,704,100
15. Total Bonds and Preferred Stock	101,651,108	15,963,640	8,069,973	76,657	101,651,108	110,305,432		85,606,791

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 CASUALTY 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	1,024,055	1,365,772	1,000,403	540,643	1,020,323	486,017
2. Alaska	AK	No		0		0		
3. Arizona	AZ	Yes	21,496	45,271	246	1,179		10,000
4. Arkansas	AR	Yes	487,973	702,089	114,768	18,788	167,909	87,236
5. California	CA	No		0		0		0
6. Colorado	CO	Yes	97,143	80,329	9,951	4,568	8,602	0
7. Connecticut	CT	No	0	0		0		0
8. Delaware	DE	Yes		0		0		0
9. District of Columbia	DC	No		0		0		0
10. Florida	FL	Yes	523,914	707,689	628,006	253,222	761,211	663,844
11. Georgia	GA	Yes	2,749,983	3,602,297	1,162,813	1,593,768	7,340,116	7,489,149
12. Hawaii	HI	No	0	0		0		0
13. Idaho	ID	Yes		0		0		0
14. Illinois	IL	Yes	26,769,376	35,616,939	14,955,739	14,002,888	33,072,983	25,775,304
15. Indiana	IN	Yes	14,620,127	20,968,367	8,848,368	7,413,386	11,214,091	11,154,500
16. Iowa	IA	Yes	1,394,549	1,949,951	722,210	797,672	2,467,825	2,680,819
17. Kansas	KS	Yes	1,208,315	1,888,026	957,277	776,601	1,675,633	1,325,830
18. Kentucky	KY	Yes	1,445,400	2,634,161	1,097,343	1,052,787	2,404,375	2,196,066
19. Louisiana	LA	No		0		0		0
20. Maine	ME	No		0		0		0
21. Maryland	MD	Yes	716,715	816,138	218,171	271,136	799,948	723,347
22. Massachusetts	MA	No		0		0		0
23. Michigan	MI	Yes	8,056,505	10,432,889	4,302,995	5,054,355	12,563,325	9,672,790
24. Minnesota	MN	Yes	200	0		0		0
25. Mississippi	MS	Yes	1,666	25,712	76,402	0	32,099	0
26. Missouri	MO	Yes	2,626,004	4,299,782	1,392,527	1,419,055	4,865,284	4,042,077
27. Montana	MT	Yes		0		0		0
28. Nebraska	NE	Yes	1,219,170	1,318,716	824,153	570,250	2,125,420	1,805,378
29. Nevada	NV	No		0		0		0
30. New Hampshire	NH	Yes	859,348	636,217	170,703	60,799	401,173	194,553
31. New Jersey	NJ	No		0		0		0
32. New Mexico	NM	Yes	(15)	261	921	7,330		0
33. New York	NY	Yes	203,351	160,454	27,991	932	114,420	1,269
34. North Carolina	NC	Yes	5,372,248	6,643,267	2,763,357	2,256,562	4,626,004	3,827,247
35. North Dakota	ND	Yes		0		0		0
36. Ohio	OH	Yes	9,673,101	14,795,952	6,051,826	6,295,460	9,208,825	8,889,982
37. Oklahoma	OK	Yes	12,757	20,824	5,431	2,389		20,967
38. Oregon	OR	Yes		0		0		0
39. Pennsylvania	PA	Yes	5,952,955	6,344,808	3,147,999	1,743,985	5,805,365	4,851,802
40. Rhode Island	RI	No		0		0		0
41. South Carolina	SC	Yes	1,178,883	1,553,061	558,326	767,521	1,473,437	1,157,187
42. South Dakota	SD	Yes	425,044	341,496	193,740	133,048	332,883	311,659
43. Tennessee	TN	Yes	3,030,580	4,190,271	1,595,897	1,298,072	3,272,722	2,896,125
44. Texas	TX	Yes	153,778	47,767	52,428	91,132	77,489	58,951
45. Utah	UT	Yes	1,178	1,034	749	0	500	0
46. Vermont	VT	Yes	1,575,148	1,530,424	470,084	469,942	1,120,672	805,252
47. Virginia	VA	Yes	3,708,799	5,247,002	2,380,735	2,303,583	3,808,212	3,480,174
48. Washington	WA	Yes		0		0		0
49. West Virginia	WV	Yes		0		0		0
50. Wisconsin	WI	Yes	4,502,035	5,233,162	1,652,314	3,418,435	3,166,056	3,469,045
51. Wyoming	WY	Yes		0		0		0
52. American Samoa	AS	No						
53. Guam	GU	No						
54. Puerto Rico	PR	No		0				
55. U.S. Virgin Islands	VI	No						
56. Canada	CN	No						
57. Aggregate Other Aliens	OT	XXX						
58. Totals	(a) 40		99,611,781	133,200,128	55,383,874	52,619,494	113,926,902	98,076,570
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

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	2,532			0.0
2. Allied Lines				0.0
3. Farmowners multiple peril				0.0
4. Homeowners multiple peril	2,466,225	1,930,090	78.3	69.4
5. Commercial multiple peril	1,399,763	1,157,251	82.7	104.1
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine	139,116	45,090	32.4	36.5
10. Financial guaranty				
11.1 Medical malpractice - occurrence	403			0.0
11.2 Medical malpractice - claims-made				
12. Earthquake	55,193			
13. Group accident and health				
14. Credit accident and health				
15. Other accident and health	925			0.0
16. Workers' compensation	72,088,576	48,227,823	66.9	65.6
17.1 Other liability - occurrence	258,548	39,500	15.3	(31.9)
17.2 Other liability - claims-made				0.0
18.1 Products liability - occurrence				0.0
18.2 Products liability - claims-made				
19.1,19.2 Private passenger auto liability	8,197,616	6,867,812	83.8	67.5
19.3,19.4 Commercial auto liability	1,043	(3)	(0.3)	(0.1)
21. Auto physical damage	8,043,972	3,855,896	47.9	48.4
22. Aircraft (all perils)				0.0
23. Fidelity				0.0
24. Surety	2,334			0.0
26. Burglary and theft				0.0
27. Boiler and machinery				0.0
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	92,656,246	62,123,460	67.0	65.2
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	2,532	2,532	0
2. Allied Lines			0
3. Farmowners multiple peril			
4. Homeowners multiple peril	1,415,107	2,463,266	2,675,543
5. Commercial multiple peril	473,397	900,686	3,156,414
6. Mortgage guaranty			
8. Ocean marine			
9. Inland marine	73,559	136,258	172,345
10. Financial guaranty			
11.1 Medical malpractice - occurrence	203	335	456
11.2 Medical malpractice - claims-made			
12. Earthquake	31,440	54,618	57,115
13. Group accident and health			
14. Credit accident and health			
15. Other accident and health	430	690	690
16. Workers' compensation	34,036,758	78,407,585	100,328,547
17.1 Other liability - occurrence	141,196	267,066	281,885
17.2 Other liability - claims-made			0
18.1 Products liability - occurrence			0
18.2 Products liability - claims-made			
19.1,19.2 Private passenger auto liability	5,073,155	8,831,647	13,498,804
19.3,19.4 Commercial auto liability	60	503	2,218
21. Auto physical damage	4,965,292	8,543,833	13,021,723
22. Aircraft (all perils)			0
23. Fidelity			0
24. Surety	1,989	2,762	4,388
26. Burglary and theft			0
27. Boiler and machinery			0
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	46,215,118	99,611,781	133,200,128
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 CASUALTY 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	236,569										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.

(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

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

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1 CUSIP Identification	2 Description	3 Date Acquired	4 Name of Vendor	5 Number of Shares of Stock	6 Actual Cost	7 Par Value	8 Paid for Accrued Interest and Dividends	9 NAIC Designation (a)
BONDS								
Industrial & Miscellaneous United States								
444168-DH-8	Hudson United Bank Notes USD Cost = 1,994,400	05/01/2002	Credit Suisse First Boston		1,994,400	2,000,000		2PE
45820E-AA-0	Intl Telecom Satellite 144A Notes USD Cost = 159960	04/10/2002	Salomon Smith Barney		159960	2,000,000		1
879868-AH-0	Temple-Inland Inc USD Cost = 159880	05/01/2002	Salomon Smith Barney		159880	2,000,000		2PE
91913Y-AD-2	Valero Energy Corp Notes USD Cost = 997,500	04/10/2002	Morgan Stanley		997,500	1,000,000		2
Total United States					6,963,640	7,000,000	0	XXX
4599999 - Total - Bonds - Industrial, Misc.					6,963,640	7,000,000	0	XXX
6099997 - Total - Bonds - Part 3					6,963,640	7,000,000	0	XXX
6099999 - Total - Bonds					6,963,640	7,000,000	0	XXX
PREFERRED STOCK								
Public Utilities (unaffiliated) United States								
020039-82-2	Alltel Corp 7.75% Equity Units Due 5/17/05 USD Cost = 3,750,000	04/30/2002	Bank of America Securities	5,000,000	3,750,000			P1LZ
233331-20-6	DTE Energy Co 8.75% Cv Pfd due 8/16/05 USD Cost = 58000	06/19/2002	Salomon Smith Barney	53000.000	58000			P2LZ
Total United States					4,62000	XXX	0	XXX
6199999 - Total - Preferred Stocks - Public Utilities					4,62000	XXX	0	XXX
Banks, Trust & Insurance Companies United States								
910331-30-5	United Fire & Casualty 6.375% Cv Pfd due 5/15/14 USD Cost = 453000	05/06/2002	McDonald-Key Investments	51000.000	453000			P2LZ
Total United States					453000	XXX	0	XXX
6299999 - Total - Preferred Stocks - Banks, Trusts, Insurance					453000	XXX	0	XXX
6599997 - Total - Preferred Stocks - Part 3					9,000,000	XXX	0	XXX
6599999 - Total - Preferred Stocks					9,000,000	XXX	0	XXX
COMMON STOCK								
Industrial & Miscellaneous United States								
832696-40-5	JM Smucker Co USD Cost = 39,563	06/03/2002	Spin Off	2,500.000	39,563			LZ
Total United States					39,563	XXX	0	XXX
6899999 - Total - Common Stocks - Industrial, Misc.					39,563	XXX	0	XXX
7099997 - Total - Common Stocks - Part 3					39,563	XXX	0	XXX
7099999 - Total - Common Stocks					39,563	XXX	0	XXX
7199999 - Total - Preferred and Common Stocks					9,039,563	XXX	0	XXX
7299999 - Totals					16,003,203	XXX	0	XXX

(a) For all common stock bearing the NAIC designation "U" provide: the number of such issues

E04

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

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Book/Adjusted Carrying Value at Disposal Date	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Interest on Bonds Received During Year	Dividends on Stocks Received During Year	NAIC Designation (a)
BONDS																
Special Revenue & Assessment																
United States																
New Hampshire																
644693-DH-3	Nh State Turnpike Sys 5.750% 04/01/20 Rev USD Cost = 3,549,681	04/01/2002	Call	102.0000	3,62000	3,550,000	3,549,681	3,549,973				1,027	1,027	102,063		1PE
	Total New Hampshire				3,62000	3,550,000	3,549,681	3,549,973	0	0	0	1,027	1,027	102,063	XXX	XXX
	Total United States				3,62000	3,550,000	3,549,681	3,549,973	0	0	0	1,027	1,027	102,063	XXX	XXX
3199999	- Bonds - Special Revenues				3,62000	3,550,000	3,549,681	3,549,973	0	0	0	1,027	1,027	102,063	XXX	XXX
Industrial & Miscellaneous																
United States																
293561-AS-5	Enron Inc Sr Sub Deb 8.250% 09/15/12 USD Cost = 260,000	06/28/2002	Basis Adjustment			2,000,000	260,000	20,000	249,673			(260,073)	(260,073)			6
524908-AT-7	Lehman Brothers 8.750% 05/15/02 Holdings Holdings Sr Notes USD Cost = 2,493,400	05/15/2002	Maturity		2,500,000	2,500,000	2,493,400	2,500,000	999			0	0	109,375		1PE
949740-BU-7	Wells Fargo & Co Sub 8.750% 05/01/02 Notes USD Cost = 1,997,500	05/01/2002	Maturity		2,000,000	2,000,000	1,997,500	2,000,000	559			0	0	87,500		1PE
	Total United States				4,500,000	6,500,000	4,750,900	4,520,000	25,231	0	0	(260,073)	(260,073)	196,875	XXX	XXX
4599999	- Bonds - Industrial and Miscellaneous				4,500,000	6,500,000	4,750,900	4,520,000	25,231	0	0	(260,073)	(260,073)	196,875	XXX	XXX
6099997	- Bonds - Part 4				8,12000	10,050,000	8,300,581	8,069,973	25,231	0	0	(189,046)	(189,046)	298,938	XXX	XXX
6099999	- Total - Bonds				8,12000	10,050,000	8,300,581	8,069,973	25,231	0	0	(189,046)	(189,046)	298,938	XXX	XXX
6599999	- Total - Preferred Stocks					XXX								XXX		XXX
COMMON STOCK																
Industrial & Miscellaneous																
United States																
742718-10-9	Procter & Gamble Corporation USD Cost = 39,563	06/03/2002	Spin Off	0.000	39,563		39,563	88,176	(48,613)			0	0			L
	Total United States				39,563	XXX	39,563	88,176	(48,613)	0	0	0	0	XXX	0	XXX
6899999	- Common Stocks - Industrial and Miscellaneous				39,563	XXX	39,563	88,176	(48,613)	0	0	0	0	XXX	0	XXX
7099997	- Common Stocks - Part 4				39,563	XXX	39,563	88,176	(48,613)	0	0	0	0	XXX	0	XXX
7099999	- Total - Common Stocks				39,563	XXX	39,563	88,176	(48,613)	0	0	0	0	XXX	0	XXX
7199999	- Total - Preferred and Common Stocks				39,563	XXX	39,563	88,176	(48,613)	0	0	0	0	XXX	0	XXX
7299999 Totals																
					8,160,563	XXX	8,340,143	8,158,149	202,618	0	0	(189,046)	(189,046)	298,938	0	XXX

(a) For all common stock bearing the NAIC designation "U" provide: the number of such issues

E05

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 CASUALTY 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 CASUALTY 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 CASUALTY 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	335	403						
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	335	403						
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 CASUALTY 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 CASUALTY 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)								