



QUARTERLY STATEMENT
AS OF SEPTEMBER 30, 2002
OF THE CONDITION AND AFFAIRS OF THE

THE CINCINNATI INDEMNITY COMPANY

NAIC Group Code	0244	0244	NAIC Company Code	23280	Employer's ID Number	31-1241230
	(Current Period)	(Prior Period)				
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		513-870-2000-4916			
	(City or Town, State and Zip Code)		(Area Code) (Telephone Number)			
Internet Website Address	www.cinfin.com					
Statement Contact	Tari L Clayton			513-870-2000-4916		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	tari_clayton@cinfin.com			513-603-5500		
	(E-mail Address)			(FAX Number)		
Policyowner Relations Contact	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)			

OFFICERS

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

VICE PRESIDENTS

JAMES EUGENE BENOSKI	RICHARD WARD CUMMING FSA, ChCF	DEAN WELMERT DICKE
THOMAS ANTHONY JOSEPH	JACOB FERDINAND SCHERER JR.	ERIC NEIL MATHEWS AIAF
DANIEL THOMAS MCCURDY	JAMES GORDON MILLER	KENNETH STEWART MILLER CLU, ChCF
KENNETH WILLIAM STECHER	TIMOTHY LEE TIMMEL	NORMAN RUSSEL SETTLE

DIRECTORS OR TRUSTEES

JAMES EUGENE BENOSKI	JOHN EDWARD FIELD CPCU	JAMES GORDON MILLER
LARRY RICHARD PLUM CPCU	JACOB FERDINAND SCHERER JR.	FRANKLIN JACOB SCHULTEIS
ROBERT CLEVELAND SCHIFF	TIMOTHY LEE TIMMEL	KENNETH WILLIAM STECHER
THOMAS REID SCHIFF	ALAN ROBERT WEILER CPCU	JOHN JEFFERSON SCHIFF JR
LARRY RUSSEL WEBB, CPCU		

State of OHIO } ss
County of BUTLER }

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 Senior Vice President	ERIC NEIL MATHEWS Treasurer	THERESA ANN HOFFER Vice President
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Subscribed and sworn to before me this
7th day of November, 2002

STATEMENT AS OF SEPTEMBER 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	35,842,219		35,842,219	33,893,253
2. Stocks:				
2.1 Preferred stocks	4,289,900		4,289,900	6,138,100
2.2 Common stocks	12,081,394		12,081,394	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 \$0 encumbrances)				
4.2 Properties held for the production of income (less \$encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$4,350,190 and short-term investments \$)	4,350,190		4,350,190	5,193,704
6. Other invested assets				
7. Receivable for securities	48,032		48,032	24,054
8. Aggregate write-ins for invested assets	0		0	0
9. Subtotals, cash and invested assets (Lines 1 to 8)	56,611,735		56,611,735	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	2,797,092		2,797,092	2,726,588
15. Federal and foreign income tax recoverable and interest thereon (including \$ net deferred tax asset)				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	559,008		559,008	888,743
19. Net adjustments in assets and liabilities due to foreign exchange rates				
20. Receivable from parent, subsidiaries and affiliates	1,547,167		1,547,167	906,064
21. Amounts due from /to protected cells				
22. Equities and deposits in pools and associations				
23. Amounts receivable relating to uninsured accident and health plans				
24. Other assets nonadmitted				
25. Aggregate write-ins for other than invested assets	405		405	131
26. Total assets excluding protected cell assets (Lines 9 through 25)	61,517,168		61,517,168	60,213,600
27. Protected cell assets				
28. TOTALS (Lines 26 and 27)	61,517,168		61,517,168	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)	0		0	0
2501.	405		405	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)	405		405	131

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)	2,602	1,347
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	0	
7. Federal and foreign income taxes [including \$ (262,096) on realized capital gains (losses)] (including \$ 2,885,020 net deferred tax liability)	3,115,014	4,044,474
8. Borrowed money \$ and interest thereon \$		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 26,625,081 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)	4,180,573	2,930,582
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others	311,903	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	1,007	
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	564	111
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23)	7,611,663	7,289,847
25. Protected cell liabilities		
26. Total liabilities (Lines 24 and 25)	7,611,663	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)	28,705,505	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)	53,905,505	52,923,753
36. TOTALS	61,517,168	60,213,600
DETAILS OF WRITE-INS		
2301. Accounts Payable Other.....	564	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)	564	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 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 \$ 44,887,971)	36,216,201	25,867,659	35,247,897
1.2 Assumed (written \$ 1,298)	1,298	5,357	4,265
1.3 Ceded (written \$ 44,889,269)	36,217,499	25,873,016	35,252,162
1.4 Net (written \$ 0)	0		0
DEDUCTIONS:			
2. Losses incurred (current accident year \$)::			
2.1 Direct	20,478,550	15,755,347	22,881,650
2.2 Assumed	(38,586)	(70,927)	(44,061)
2.3 Ceded	20,439,964	15,684,420	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
INVESTMENT INCOME			
9. Net investment income earned	2,492,638	2,262,482	3,071,699
10. Net realized capital gains or (losses)	(748,845)	36,563	1,366,817
11. Net investment gain (loss) (Lines 9 + 10)	1,743,793	2,299,045	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)	1,743,793	2,299,045	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)	1,743,793	2,299,045	4,438,516
19. Federal and foreign income taxes incurred	(909,189)	(806)	827,445
20. Net income (Line 18 minus Line 19)(to Line 22)	2,652,982	2,299,851	3,611,071
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	52,923,753	52,804,004	52,804,005
GAINS AND (LOSSES) IN SURPLUS			
22. Net income (from Line 20)	2,652,982	2,299,851	3,611,071
23. Net unrealized capital gains or losses	(1,174,134)	44,902	(1,526,062)
24. Change in net unrealized foreign exchange capital gain (loss)			
25. Change in net deferred income tax	(497,096)	(563,266)	151,001
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)	981,752	(334,775)	119,748
38. Surplus as regards policyholders, as of statement date (Lines 21 plus 37)	53,905,505	52,469,229	52,923,753
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)			

CASH FLOW

	1 Current Year to Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance	1,250,042	6,047,553
2. Loss and loss adjustment expenses paid (net of salvage and subrogation)	70,504	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)	1,179,538	4,429,960
6. Net investment income	2,838,896	3,026,519
7. Other income (expenses):		
7.1 Agents' balances charged off		
7.2 Net funds held under reinsurance treaties		
7.3 Net amount withheld or retained for account of others	(314,476)	253,527
7.4 Aggregate write-ins for miscellaneous items		
7.5 Total other income (Lines 7.1 to 7.4)	(314,476)	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	(347,365)	(1,279,471)
10. Net cash from operations (Line 5 plus Line 6 plus Line 7.5 minus Line 8 plus Line 9)	3,356,593	6,430,535
Cash from Investments		
11. Proceeds from investments sold, matured or repaid:		
11.1 Bonds	2,646,670	763,737
11.2 Stocks	1,515,622	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		250,054
11.8 Total investment proceeds (Lines 11.1 to 11.7)	4,162,292	5,509,529
12. Cost of investments acquired (long-term only):		
12.1 Bonds	5,997,830	1,455,000
12.2 Stocks	2,013,668	4,500,000
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets	23,978	
12.6 Miscellaneous applications		
12.7 Total investments acquired (Lines 12.1 to 12.6)	8,035,476	5,955,000
13. Net Cash from investments (Line 11.8 minus Line 12.7)	(3,873,184)	(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	(640,096)	
14.4 Borrowed funds received		
14.5 Other cash provided		387
14.6 Total (Lines 14.1 to 14.5)	(640,096)	387
15. Cash applied:		
15.1 Dividends to stockholders paid		
15.2 Net transfers to affiliates	0	1,769,731
15.3 Borrowed funds repaid		
15.4 Other applications	(313,173)	41,853
15.5 Total (Lines 15.1 to 15.4)	(313,173)	1,811,584
16. Net cash from financing and miscellaneous sources (Line 14.6 minus Line 15.5)	(326,923)	(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)	(843,514)	4,173,867
18. Cash and short-term investments:		
18.1 Beginning of year	5,193,705	1,019,838
18.2 End of year (Line 17 plus Line 18.1)	4,350,190	5,193,705
DETAILS OF WRITE-INS		
07.401		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)		

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes

A. The components of the net deferred tax asset/(liability) at September 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	2,885,020
(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 September 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	(909,189)
Change in DTAs	(380,775)	(170,002)
Change in DTLs	(531,778)	327,094
(2) Net change in deferred taxes (Page 4, Line 24)	(151,003)	497,096
(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	610,328
(2) Equity tax (mutual life companies only)		
(3) Tax-exempt income	(341,359)	(617,746)
(4) Foreign taxes		
(5) Other amounts	(384,677)	(901,771)
(6) Total incurred income tax expense (Page 4, Line 18)	827,445	(909,189)

E.

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

2002	\$ _____
2003	\$ _____
2004	\$ 909,189

(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	\$ _____
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 [X]

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, Delaware, Mississippi.....

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 [X]

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 SEPTEMBER 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	19,320,219		1,390,390	1,383,555	19,321,106	19,320,219	19,313,384	20,712,240
2. Class 2	14,427,863	5,997,830	20,000	(10,271,238)	13,432,243	14,427,863	10,134,455	8,445,749
3. Class 3	2,500,873		1,000,771	3,793,252	2,500,745	2,500,873	5,293,354	2,500,946
4. Class 4	1,601,000		0	(500,000)	2,19,300	1,601,000	1,101,000	2,222,630
5. Class 5	0		984,958	984,958	1,874		0	1,687
6. Class 6	2,082			(2,057)	0	2,082	25	
7. Total Bonds	37,852,037	5,997,830	3,396,119	(4,611,530)	37,455,268	37,852,037	35,842,218	33,883,252
PREFERRED STOCK								
8. Class 1	2,000,000				2,000,000	2,000,000	2,000,000	2,000,000
9. Class 2	4,107,000	500,000	1,500,000	(1,585,100)	3,872,800	4,107,000	1,521,900	3,204,100
10. Class 3								
11. Class 4	792,000			(24,000)	840,000	792,000	768,000	934,000
12. Class 5								
13. Class 6								
14. Total Preferred Stock	6,89,000	500,000	1,500,000	(1,60,100)	6,712,800	6,89,000	4,28,900	6,138,100
15. Total Bonds and Preferred Stock	44,751,037	6,497,830	4,896,119	(6,220,630)	44,168,068	44,751,037	40,132,118	40,021,352

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 SEPTEMBER 30, 2002 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE F—CEDED REINSURANCE

Showing all new reinsurers - Current Year to Date

[illegible]

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories								
		1 Is Insurer Licensed? (Yes or No)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
			2	3	4	5	6	7
States, etc.			Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1. Alabama	AL	Yes	685,278	677,543	241,079	257,827	261,498	294,540
2. Alaska	AK	No	0					
3. Arizona	AZ	Yes	73,208	(309)	6,420		0	
4. Arkansas	AR	Yes	916,107	381,756	102,488	80,955	170,210	43,575
5. California	CA	No						
6. Colorado	CO	No						
7. Connecticut	CT	No						
8. Delaware	DE	Yes						
9. District of Columbia	DC	No						
10. Florida	FL	Yes	415,976	413,136	96,460	34,773	167,266	151,993
11. Georgia	GA	Yes	2,074,126	1,817,381	490,598	908,050	1,271,224	1,385,645
12. Hawaii	HI	No						
13. Idaho	ID	Yes						
14. Illinois	IL	Yes	5,185,499	2,287,570	1,417,348	738,930	1,495,022	783,303
15. Indiana	IN	Yes	3,105,368	1,182,931	791,451	319,555	1,204,686	552,041
16. Iowa	IA	Yes	6,645,752	5,055,958	2,232,515	1,661,567	4,305,157	3,195,958
17. Kansas	KS	Yes	1,263,460	127,950	281,608	44,090	303,990	359,608
18. Kentucky	KY	Yes	1,151,500	915,921	434,525	169,911	449,589	334,238
19. Louisiana	LA	No	0					
20. Maine	ME	No						
21. Maryland	MD	Yes	850,998	796,185	200,057	180,330	383,721	289,010
22. Massachusetts	MA	No						
23. Michigan	MI	Yes	1,501,622	1,172,240	368,880	332,082	815,207	349,036
24. Minnesota	MN	Yes	22,532	62,735	9,018	3,366	0	1,500
25. Mississippi	MS	No						
26. Missouri	MO	Yes	1,973,587	494,014	172,434	17,146	271,626	59,505
27. Montana	MT	Yes						
28. Nebraska	NE	Yes	1,836,456	1,494,224	956,289	1,056,328	2,004,729	1,464,427
29. Nevada	NV	No						
30. New Hampshire	NH	No						
31. New Jersey	NJ	No						
32. New Mexico	NM	No						
33. New York	NY	Yes	19,835	14,127	13,213		53,591	10,000
34. North Carolina	NC	Yes	2,221,485	2,032,023	533,869	354,814	640,262	510,042
35. North Dakota	ND	Yes						
36. Ohio	OH	Yes	2,225,900	2,354,300	1,367,676	847,747	721,190	581,785
37. Oklahoma	OK	No						
38. Oregon	OR	Yes						
39. Pennsylvania	PA	Yes	6,614,510	5,627,392	2,251,612	2,002,757	3,780,856	3,414,299
40. Rhode Island	RI	No						
41. South Carolina	SC	Yes	818,409	594,600	155,167	145,358	244,851	258,570
42. South Dakota	SD	Yes	299,936	118,526	27,611	38,139	68,310	1
43. Tennessee	TN	Yes	1,374,126	406,338	276,818	125,355	436,382	147,502
44. Texas	TX	No	73,423		0			
45. Utah	UT	No						
46. Vermont	VT	No						
47. Virginia	VA	Yes	2,758,256	2,426,927	1,052,894	988,644	2,123,105	933,816
48. Washington	WA	Yes						
49. West Virginia	WV	Yes	647	608	1,944,299		4,394,290	
50. Wisconsin	WI	Yes	779,975	5,299,818		3,129,016		4,714,809
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		44,887,971	35,753,894	15,424,328	13,436,740	25,566,762	19,835,203
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	3,860			
2.	Allied Lines	2,250			
3.	Farmowners multiple peril				
4.	Homeowners multiple peril	280,472	244,006	87.0	94.5
5.	Commercial multiple peril				
6.	Mortgage guaranty				
8.	Ocean marine				
9.	Inland marine	26,364			72.1
10.	Financial guaranty				
11.1	Medical malpractice - occurrence	52,008			
11.2	Medical malpractice - claims-made	3,514	12,545	357.0	
12.	Earthquake				
13.	Group accident and health				
14.	Credit accident and health				
15.	Other accident and health				
16.	Workers' compensation	31,308,547	18,170,850	58.0	62.2
17.1	Other liability - occurrence	22,267			
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	2,358,241	1,119,484	47.5	68.9
19.3,19.4	Commercial auto liability				
21.	Auto physical damage	2,158,530	931,664	43.2	31.2
22.	Aircraft (all perils)				
23.	Fidelity	149			
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	36,216,201	20,478,550	56.5	60.9
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

		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire	1,208	3,230	5,885
2.	Allied Lines	2,404	3,163	2,483
3.	Farmowners multiple peril			
4.	Homeowners multiple peril	94,090	278,020	293,589
5.	Commercial multiple peril			
6.	Mortgage guaranty			
8.	Ocean marine			
9.	Inland marine	12,356	29,189	32,230
10.	Financial guaranty			
11.1	Medical malpractice - occurrence	0	73,423	
11.2	Medical malpractice - claims-made			
12.	Earthquake	449	3,018	4,437
13.	Group accident and health			
14.	Credit accident and health			
15.	Other accident and health			
16.	Workers' compensation	12,206,033	39,511,475	29,972,470
17.1	Other liability - occurrence	59,987	64,755	6,121
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	1,008,497	2,571,805	2,885,565
19.3,19.4	Commercial auto liability			
21.	Auto physical damage	906,435	2,349,383	2,551,114
22.	Aircraft (all perils)			
23.	Fidelity	510	510	
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	14,291,969	44,887,971	35,753,894
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 SEPTEMBER 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,

(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 SEPTEMBER 30, 2002 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE D - PART 3

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

[illegible]

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

E04

SCHEDULE D - PART 4

[illegible]

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

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

SCHEDULE E - PART 1 - CASH

[illegible]



SUPPLEMENT FOR SEPTEMBER 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 SEPTEMBER 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	73,423	52,008					
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	73,423	52,008						
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 SEPTEMBER 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 SEPTEMBER 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 SEPTEMBER 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								
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