



QUARTERLY STATEMENT  
AS OF JUNE 30, 2011  
OF THE CONDITION AND AFFAIRS OF 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	Ohio		
Country of Domicile	United States					
Incorporated/Organized	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		FAIRFIELD, OH 45014-5141		513-870-2000	
	(Street and Number)		(City or Town, State and Zip Code)		(Area Code) (Telephone Number)	
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		FAIRFIELD, OH 45014-5141		513-870-2000-4144	
	(Street and Number)		(City or Town, State and Zip Code)		(Area Code) (Telephone Number)	
Internet Web Site Address	www.cinfin.com					
Statutory Statement Contact	Scott Holderbach		513-870-2000-4144			
	(Name)		(Area Code) (Telephone Number) (Extension)			
	scott_holderbach@cinfin.com		513-603-5500			
	(E-Mail Address)		(Fax Number)			

OFFICERS

Name	Title	Name	Title
STEVEN JUSTUS JOHNSTON # ,	CHIEF EXECUTIVE OFFICER,	MICHAEL JAMES SEWELL # ,	CHIEF FINANCIAL OFFICER,
THERESA ANN HOFFER	PRESIDENT		SENIOR VICE PRESIDENT
	VICE PRESIDENT, TREASURER		

OTHER OFFICERS

TERESA CURRIN CRACAS # ,	SENIOR VICE PRESIDENT	DONALD JOSEPH DOYLE JR ,	SENIOR VICE PRESIDENT
CRAIG WILLIAM FORRESTER ,	SENIOR VICE PRESIDENT	MARTIN FRANCIS HOLLENBECK ,	SENIOR VICE PRESIDENT
THOMAS ANTHONY JOSEPH ,	SENIOR VICE PRESIDENT	JOHN SCOTT KELLINGTON ,	SENIOR VICE PRESIDENT
LISA ANNE LOVE # ,	SENIOR VICE PRESIDENT	ERIC NEIL MATHEWS ,	SENIOR VICE PRESIDENT
MARTIN JOSEPH MULLEN ,	SENIOR VICE PRESIDENT	JACOB FERDINAND SCHERER JR ,	EXECUTIVE VICE PRESIDENT
	CHAIRMAN OF THE EXECUTIVE		
JOHN JEFFERSON SCHIFF JR ,	COMMITTEE	JOAN O'CONNOR SCHEVCHIK ,	SENIOR VICE PRESIDENT
		CHARLES PHILIP STONEBURNER	
KENNETH WILLIAM STECHER # ,	CHAIRMAN OF THE BOARD	II	SENIOR VICE PRESIDENT
TIMOTHY LEE TIMMEL ,	SENIOR VICE PRESIDENT		

DIRECTORS OR TRUSTEES

WILLIAM FORREST BAHL	GREGORY THOMAS BIER	DONALD JOSEPH DOYLE JR	MARTIN FRANCIS HOLLENBECK
STEVEN JUSTUS JOHNSTON	THOMAS ANTHONY JOSEPH	WILLIAM RODNEY MCMULLEN	MARTIN JOSEPH MULLEN
JACOB FERDINAND SCHERER JR	JOHN JEFFERSON SCHIFF JR	THOMAS REID SCHIFF	KENNETH WILLIAM STECHER
	CHARLES PHILIP STONEBURNER		
JOHN FREDERICK STEELE JR	II	TIMOTHY LEE TIMMEL	LARRY RUSSELL WEBB
EARNEST ANTHONY WOODS			

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. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

MICHAEL J. SEWELL CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT	ERIC N. MATHEWS SENIOR VICE PRESIDENT	THERESA A. HOFFER VICE PRESIDENT, TREASURER
Subscribed and sworn to before me this 27 day of JULY, 2011		a. Is this an original filing? Yes [ X ] No [ ]
		b. If no, 1. State the amendment number
		2. Date filed
		3. Number of pages attached

STATEMENT AS OF JUNE 30, 2011 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 .....	58,043,006		58,043,006	57,156,949
2. Stocks:				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....	12,832,151		12,832,151	12,472,581
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....588,628 ), cash equivalents (\$ .....0 ) and short-term investments (\$ .....0 ) .....	588,628		588,628	427,097
6. Contract loans (including \$ .....premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	3	0	3	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	71,463,788	0	71,463,788	70,056,627
13. Title plants less \$ .....charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	887,448		887,448	866,837
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....			0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ .....earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	5,128,136		5,128,136	3,737,480
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	719,150
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	40,927
18.2 Net deferred tax asset .....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	2,747,907		2,747,907	1,438,205
24. Health care (\$ ..... ) and other amounts receivable .....			0	0
25. Aggregate write-ins for other than invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	80,227,279	0	80,227,279	76,859,227
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	80,227,279	0	80,227,279	76,859,227
DETAILS OF WRITE-INS				
1101. EQUITIES AND DEPOSITS IN POOLS & ASSOCIATIONS .....	3		3	0
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) .....	3	0	3	0
2501. ....			0	0
2502. ....			0	0
2503. ....			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	0	0	0	0

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 .....	7,734	0
3. Loss adjustment expenses .....		0
4. Commissions payable, contingent commissions and other similar charges .....		0
5. Other expenses (excluding taxes, licenses and fees) .....	2,364	3,357
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....		0
7.1 Current federal and foreign income taxes (including \$ ..... on realized capital gains (losses)) .....	1,655	0
7.2 Net deferred tax liability .....	654,434	526,402
8. Borrowed money \$ ..... and interest thereon \$ .....		0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ ..... 44,243,841 and including warranty reserves of \$ ..... ) .....		0
10. Advance premium .....		0
11. Dividends declared and unpaid:		
11.1 Stockholders .....		0
11.2 Policyholders .....		0
12. Ceded reinsurance premiums payable (net of ceding commissions) .....	7,393,927	5,822,304
13. Funds held by company under reinsurance treaties .....		0
14. Amounts withheld or retained by company for account of others .....	590,063	397,911
15. Remittances and items not allocated .....		0
16. Provision for reinsurance .....		0
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		0
18. Drafts outstanding .....		0
19. Payable to parent, subsidiaries and affiliates .....		0
20. Derivatives .....		0
21. Payable for securities .....		0
22. Payable for securities lending .....		0
23. Liability for amounts held under uninsured plans .....		0
24. Capital notes \$ ..... and interest thereon \$ .....		0
25. Aggregate write-ins for liabilities .....	250	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	8,650,427	6,749,975
27. Protected cell liabilities .....		0
28. Total liabilities (Lines 26 and 27) .....	8,650,427	6,749,975
29. Aggregate write-ins for special surplus funds .....	0	0
30. Common capital stock .....	3,600,000	3,600,000
31. Preferred capital stock .....		0
32. Aggregate write-ins for other than special surplus funds .....	0	0
33. Surplus notes .....		0
34. Gross paid in and contributed surplus .....	21,600,000	21,600,000
35. Unassigned funds (surplus) .....	46,376,852	44,909,253
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 30 \$ ..... ) .....		0
36.2 ..... shares preferred (value included in Line 31 \$ ..... ) .....		0
37. Surplus as regards policyholders (Lines 29 to 35, less 36) .....	71,576,852	70,109,253
38. Totals (Page 2, Line 28, Col. 3)	80,227,279	76,859,227
<b>DETAILS OF WRITE-INS</b>		
2501. ACCOUNTS PAYABLE OTHER .....	250	0
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	250	0
2901. ....		
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0
3201. ....		
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page .....	0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

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 \$ 49,561,355 )	39,473,693	31,591,644	67,934,956
1.2 Assumed (written \$ 0 )		0	
1.3 Ceded (written \$ 49,561,355 )	39,473,693	31,591,645	67,934,956
1.4 Net (written \$ 0 )	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$ )::			
2.1 Direct	24,993,991	18,647,117	41,546,878
2.2 Assumed		(16,828)	
2.3 Ceded	24,993,991	18,630,289	41,546,878
2.4 Net	0	0	0
3. Loss adjustment expenses incurred		0	0
4. Other underwriting expenses incurred		0	0
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	0	0	0
7. Net income of protected cells		0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	0	0	0
INVESTMENT INCOME			
9. Net investment income earned	1,482,644	1,457,390	2,929,826
10. Net realized capital gains (losses) less capital gains tax of \$		20,405	30,263
11. Net investment gain (loss) (Lines 9 + 10)	1,482,644	1,477,795	2,960,088
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	0
15. Total other income (Lines 12 through 14)	0	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	1,482,644	1,477,795	2,960,088
17. Dividends to policyholders		0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	1,482,644	1,477,795	2,960,088
19. Federal and foreign income taxes incurred	246,582	244,100	492,778
20. Net income (Line 18 minus Line 19)(to Line 22)	1,236,062	1,233,694	2,467,311
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	70,109,253	66,956,782	66,956,782
22. Net income (from Line 20)	1,236,062	1,233,694	2,467,311
23. Net transfers (to) from Protected Cell accounts		0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ 125,850	233,721	(395,573)	694,278
25. Change in net unrealized foreign exchange capital gain (loss)		0	0
26. Change in net deferred income tax	(2,183)	(6,946)	(9,117)
27. Change in nonadmitted assets		0	0
28. Change in provision for reinsurance		0	0
29. Change in surplus notes		0	0
30. Surplus (contributed to) withdrawn from protected cells		0	0
31. Cumulative effect of changes in accounting principles		0	0
32. Capital changes:			
32.1 Paid in		0	0
32.2 Transferred from surplus (Stock Dividend)		0	0
32.3 Transferred to surplus		0	0
33. Surplus adjustments:			
33.1 Paid in		0	0
33.2 Transferred to capital (Stock Dividend)		0	0
33.3 Transferred from capital		0	0
34. Net remittances from or (to) Home Office		0	0
35. Dividends to stockholders		0	0
36. Change in treasury stock		0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	1,467,599	831,176	3,152,471
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	71,576,852	67,787,958	70,109,253
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0
1401.		0	0
1402.		0	0
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	1,571,623	1,627,966	1,424,725
2. Net investment income .....	1,539,368	1,565,337	3,125,171
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	3,110,991	3,193,303	4,549,897
5. Benefit and loss related payments .....	663,774	(409,371)	(245,511)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	0	0	0
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... (1,300) tax on capital gains (losses).....	204,000	1,223,000	1,473,391
10. Total (Lines 5 through 9) .....	867,774	813,629	1,227,880
11. Net cash from operations (Line 4 minus Line 10) .....	2,243,217	2,379,674	3,322,017
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	126,589	1,747,672	2,925,508
12.2 Stocks .....	0	0	76,984
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	390
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	126,589	1,747,672	3,002,881
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	1,090,975	0	1,025,410
13.2 Stocks .....	0	7,190,821	9,375,807
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	1,090,975	7,190,821	10,401,217
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(964,386)	(5,443,149)	(7,398,335)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied).....	(1,117,300)	(2,108,494)	(1,722,935)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	(1,117,300)	(2,108,494)	(1,722,935)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	161,530	(5,171,969)	(5,799,254)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	427,097	6,226,351	6,226,351
19.2 End of period (Line 18 plus Line 19.1) .....	588,627	1,054,382	427,097

## NOTES TO FINANCIAL STATEMENTS

## 1. Summary of Significant Accounting Policies

## A. Accounting Practices

The financial statements of the Cincinnati Indemnity Company are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance. The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures* manual, version effective January 1, 2001 and updates through current year have been adopted as a component of prescribed or permitted practices by the state of Ohio.

## B. No Change

## C. No Change

## 2. Accounting Changes and Correction of Errors - No Change

## 3. Business Combinations and Goodwill - No Change

## 4. Discontinued Operations – None

## 5. Investments

## A. Mortgage Loans - No Change

## B. Debt Restructuring - No Change

## C. Reverse Mortgages - No Change

## D. Loan-Backed Securities - Not Applicable

## E. Repurchase Agreements - No Change

## F. Real Estate - No Change

## G. Low-income Housing Tax Credit (LIHTC) - No Change

## 6. Joint Ventures, Partnerships and Limited Liability Companies - No Change

## 7. Investment Income - No Change

## 8. Derivative Instruments - No Change

## 9. Income Taxes

A. components of the Deferred Tax Asset(DTAs) and Deferred Tax Liabilities(DTLs) at June 30, as follows:

(1)

Description	Ordinary	2011 Capital	Total	Ordinary	2010 Capital	Total
Gross deferred tax assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Statutory valuation allowance	-	-	-	-	-	-
Adjusted gross deferred tax assets	-	-	-	-	-	-
Gross deferred tax liabilities	\$ (6,032)	\$ (648,402)	\$ (654,434)	\$ (5,947)	\$ (520,455)	\$ (526,402)
Net deferred tax asset/(liability) before admissibility test	\$ (6,032)	\$ (648,402)	\$ (654,434)	\$ (5,947)	\$ (520,455)	\$ (526,402)
¶10.a Federal Income Taxes recoverable through loss carryback	-	-	-	-	-	-
¶10.b.i. Adjusted Gross DTA expected to be realized in one year	-	-	-	-	-	-
¶10.b.ii. 10% adjusted statutory capital and surplus limit	7,010,925	7,010,925	7,010,925	6,887,719	6,887,719	6,887,719
Admitted pursuant to ¶10.b. (lesser of i. or ii.)	-	-	-	-	-	-
Admitted pursuant to ¶10.c.	-	-	-	-	-	-
Additional admitted pursuant to ¶10.e.i.	-	-	-	-	-	-
¶10.e.ii.a. Adjusted gross DTA expected to be realized in three years	-	-	-	-	-	-
¶10.e.ii.b. 15% statutory capital and surplus limit	10,516,388	10,516,388	10,516,388	10,331,579	10,331,579	10,331,579
Additional admitted pursuant to ¶10.e.ii. (lesser of a. or b.)	-	-	-	-	-	-
Additional admitted pursuant to ¶10.e.iii.	-	-	-	-	-	-
Admitted deferred tax asset	-	-	-	-	-	-
Deferred tax liability	(6,032)	(648,402)	(654,434)	(5,947)	(520,455)	(526,402)
Net Admitted DTA or (DTL)	\$ (6,032)	\$ (648,402)	\$ (654,434)	\$ (5,947)	\$ (520,455)	\$ (526,402)
Nonadmitted DTA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

(2) The Company has elected to admit DTAs pursuant to paragraph 10.e.

(3) The Company recorded no change in admitted DTAs as the result of its election to employ the provisions of paragraph 10.e. as follows:

Description	Change During 2011		
	Ordinary	Capital	Total
Total of gross deferred tax assets	\$ -	\$ -	\$ -
Statutory valuation allowance	-	-	-

## NOTES TO FINANCIAL STATEMENTS

Adjusted gross deferred tax assets	-	-	-
Gross deferred tax liabilities	\$ (85)	\$ (127,947)	\$(128,032)
Net deferred tax asset/(liability) before admissibility test	\$ (85)	\$ (127,947)	\$(128,032)
¶10.a Federal Income Taxes recoverable through loss carryback	-	-	-
¶10.b.i. Adjusted Gross DTA expected to be realized in one year	-	-	-
¶10.b.ii. 10% adjusted statutory capital and surplus limit	123,206	123,206	123,206
Admitted pursuant to ¶10.b. (lesser of i. or ii.)	-	-	-
Admitted pursuant to ¶10.c.	-	-	-
Additional admitted pursuant to ¶10.e.i.	-	-	-
¶10.e.ii.a. Adjusted gross DTA expected to be realized in three years	-	-	-
¶10.e.ii.b. 15% statutory capital and surplus limit	184,809	184,809	184,809
Additional admitted pursuant to ¶10.e.ii. (lesser of a. or b.)	-	-	-
Additional admitted pursuant to ¶10.e.iii.	-	-	-
Admitted deferred tax asset	-	-	-
Deferred tax liability	(85)	(127,947)	(128,032)
Change in net admitted DTA or (DTL)	\$ (85)	\$ (127,947)	\$(128,032)
Increase (decrease) in nonadmitted DTA from prior year	\$ -	\$ -	\$ -

- (4) The following table provides the Company's assets, capital and surplus and RBC information with the DTA calculated under SSAP No. 10R paragraphs 10(a) to (c) and the additional DTA determined under SSAP No. 10R paragraph 10(e) as of June 30, 2011:

Description	With paragraph's 10.a. - c.	With paragraph's 10.e.	Difference
Admitted DTAs	\$ -	\$ -	\$ -
Admitted assets	\$ 80,227,279	\$ 80,227,279	\$ -
Statutory surplus (March 31, 2011)	\$ 70,968,512	\$ 70,968,512	\$ -
Total adjusted capital	\$ 70,968,512	\$ 70,968,512	\$ -
Authorized control level used in 10.d.	\$ 1,393,814	\$ 1,393,814	\$ -

- (4) The following table provides the Company's assets, capital and surplus and RBC information with the DTA calculated under SSAP No. 10R paragraphs 10(a) to (c) and the additional DTA determined under SSAP No. 10R paragraph 10(e) as of December 31, 2010:

Description	With paragraph's 10.a. - c.	With paragraph's 10.e.	Difference
Admitted DTAs	\$ -	\$ -	\$ -
Admitted assets	\$ 76,859,227	\$ 76,859,227	\$ -
Statutory surplus (September 30, 2010)	\$ 68,877,190	\$ 68,877,190	\$ -
Total adjusted capital	\$ 70,109,253	\$ 70,109,253	\$ -
Authorized control level used in 10.d.	\$ 1,393,814	\$ 1,393,814	\$ -

- (4) The following table provides the Company's assets, capital and surplus and RBC information with the DTA calculated under SSAP No. 10R paragraphs 10(a) to (c) and the additional DTA determined under SSAP No. 10R paragraph 10(e) change from 2010 to 2011:

Description	With paragraph's 10.a. - c.	With paragraph's 10.e.	Difference
Admitted DTAs	\$ -	\$ -	\$ -
Admitted assets	\$ 3,368,052	\$ 3,368,052	\$ -
Statutory surplus	\$ 2,091,322	\$ 2,091,322	\$ -
Total adjusted capital	\$ 859,259	\$ 859,259	\$ -
Authorized control level used in 10.d.	\$ -	\$ -	\$ -

- B. Deferred tax liabilities are not recognized for the following amounts:  
There are no temporary differences for which deferred tax liabilities are not recognized

**STATEMENT AS OF JUNE 30, 2011 OF THE CINCINNATI INDEMNITY COMPANY**

**NOTES TO FINANCIAL STATEMENTS**

**C. Current Tax and Change in Deferred Tax**

The percentage amount tax planning strategies impact the net admitted DTA's is 0%.

Current income taxes incurred consist of the following major components:

Description	2011	2010
Current income tax expense	\$ 246,582	\$ 492,778
Tax on capital gains/(losses)	-	16,295
Federal income taxes incurred	\$ 246,582	\$ 509,073

The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities are as follows:

DTAs Resulting From Book/Tax Differences in	June 30, 2011	December 31, 2010	Change	Character
Unrealized (gain)/loss on Investments	\$ -	\$ -	\$ -	Capital
Other deferred tax assets	-	-	-	Ordinary
Gross DTAs	\$ -	\$ -	\$ -	
Nonadmitted DTAs	\$ -	\$ -	\$ -	

DTLs Resulting From Book/Tax Differences in	June 30, 2011	December 31, 2010	Change	Character
Unrealized (gain)/loss on investments	\$ (627,552)	\$ (501,703)	\$ (125,849)	Capital
Other, net	(20,850)	(18,752)	(2,098)	Capital
Other, net	(6,032)	(5,947)	(85)	Ordinary
Gross DTLs	\$ (654,434)	\$ (526,402)	\$ (128,032)	

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

	June 30, 2011	December 31, 2010	Change
Total deferred tax assets	\$ -	\$ -	\$ -
Total deferred tax liabilities	(654,435)	(526,402)	(128,032)
Net deferred tax asset/(liability)	\$ (654,435)	\$ (526,402)	\$(128,032)
Tax effect of unrealized (gains)/losses			125,850
Change in net deferred income tax (charge)/benefit			\$ (2,182)

  

	December 31, 2010	December 31, 2009	Change
Total deferred tax assets	\$ -	\$ -	\$ -
Total deferred tax liabilities	(526,402)	(143,442)	(382,960)
Net deferred tax asset/(liability)	\$ (526,402)	\$ (143,442)	\$(382,960)
Tax effect of unrealized (gains)/losses			373,842
Change in net deferred income tax (charge)/benefit			\$ (9,118)

**D. Reconciliation of Federal income Tax Rate to Actual Effective Rate**

The provision for federal and foreign income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

As of June 30, 2011

Description	Pre-Tax Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 1,482,644	\$ 518,925	35.00%
Net tax exempt interest	(653,570)	(228,750)	-15.43%
Net dividends received deduction	(117,959)	(41,286)	-2.78%
DRD on Accrued	(358)	(124)	-0.01%
Total	\$ 710,757	\$ 248,765	16.78%
Federal income taxes incurred expense/(benefit)	\$ 704,520	\$ 246,582	16.63%
Tax on capital gains/(losses)	-	-	0.00%
Change in net deferred income tax excluding unrealized	6,237	2,183	0.15%



**STATEMENT AS OF JUNE 30, 2011 OF THE CINCINNATI INDEMNITY COMPANY**

**NOTES TO FINANCIAL STATEMENTS**

Total statutory income taxes incurred	\$ 710,757	\$ 248,765	16.78%
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As of December 31, 2010

Description	Pre-Tax Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 2,976,383	\$ 1,041,734	35.00%
Net tax exempt interest	(1,311,743)	(459,110)	-15.43%
Net dividends received deduction	(162,704)	(56,946)	-1.91%
DRD on Accrued	(21,391)	(7,487)	-0.25%
Total	\$ 1,480,545	\$ 518,191	17.41%
Federal income taxes incurred expense/(benefit)	\$ 1,407,936	\$ 492,778	16.56%
Tax on capital gains/(losses)	46,558	16,295	0.55%
Change in net deferred income tax excluding unrealized	26,051	9,118	0.30%
Total statutory income taxes incurred	\$ 1,480,545	\$ 518,191	17.41%

- E. At June 30, 2011, the Company had net operating loss carryforwards of: \$ -
- E. At June 30, 2011, the Company had capital loss carryforwards of: \$ -

The following is income tax expense for the current and prior years that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2011	\$ 246,582	\$ -	\$ 246,582
2010	492,778	16,295	509,073
2009	-	3,022,429	3,022,429
Total	\$ 739,360	\$ 3,038,724	\$ 3,778,084

Deposits admitted under Internal Revenue Code Section 6603: \$ -

- F. The Company's federal income tax return is consolidated with the following entities:

Cincinnati Financial Corporation (Parent)  
The Cincinnati Insurance Company  
The Cincinnati Casualty Company  
The Cincinnati Specialty Underwriters Insurance Company  
The Cincinnati Life Insurance company  
CFC Investment Company  
CSU Producer Resources, Inc.

The method of allocation between the companies is subject to written agreement, approved by the Board of Directors, whereby allocation is made primarily on a separate return basis with a current credit for net losses.

10. Information Concerning Parent, Subsidiaries and Affiliates

- A. No Change
- B. No Change
- C. No Change
- D. At June 30, 2011, the Company reported \$2,747,907 due from and \$7,734 due to the Parent Company, The Cincinnati Insurance Company. The terms of the settlement require that these amounts be settled within 30 days.
- E. No Change
- F. No Change
- G. No Change
- H. No Change
- I. No Change
- J. No Change
- K. No Change
- L. No Change

11. Debt - No Change

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans - No Change

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations - No Change

14. Contingencies - No Change

15. Leases - No Change

16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk – No

## NOTES TO FINANCIAL STATEMENTS

### Change

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
  - A. No Change
  - B. No Change
  - C. Not applicable
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans – No Change
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - No Change
20. Fair Value Measurement
  - A. Not applicable
  - B. Not applicable
  - C. Not applicable
  - D. Not applicable
21. Other Items - No Change
22. Subsequent Events – No Change
23. Reinsurance - No Change
24. Retrospectively Rated Contracts and Contracts Subject to Redetermination– No Change
25. Change in Incurred Losses - None
26. Intercompany Pooling Arrangements – No Change
27. Structured Settlements - No Change
28. Health Care Receivables – No Change
29. Participating Policies – No Change
30. Premium Deficiency Reserves - No Change
31. High Deductibles – No Change
32. The Company does not discount unpaid losses or loss adjustment expenses except for income tax purposes.
33. Asbestos and Environmental Reserves - No Change
34. Subscriber Savings Accounts – No Change
35. Multiple Peril Crop Insurance – No Change
36. Financial Guaranty Insurance – None
37. Other - No Change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

- 1.1

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 ☒
- 1.2

If yes, has the report been filed with the domiciliary state? .....

Yes ☐ No ☐
- 2.1

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 ☒
- 2.2

If yes, date of change: .....
3.

Have there been any substantial changes in the organizational chart since the prior quarter end? .....

Yes ☐ No ☒

If yes, complete the Schedule Y - Part 1 - organizational chart.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....

Yes ☐ No ☒
- 4.2

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	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

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? .....

If yes, attach an explanation.

Yes ☐ No ☒ NA ☐
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made. ....

12/31/2009
- 6.2

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. ....

08/03/2010
- 6.3

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). ....

08/03/2010
- 6.4

By what department or departments? .....
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? .....

Yes ☐ No ☐ NA ☒
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?.....

Yes ☐ No ☒ NA ☐
- 7.1

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?.....

Yes ☐ No ☒
- 7.2

If yes, give full information: .....
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?.....

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company. ....
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?.....

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC

GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?.....

Yes ☒ No ☐
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.
- 9.11

If the response to 9.1 is No, please explain:

.....
- 9.2

Has the code of ethics for senior managers been amended?.....

Yes ☐ No ☒
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).

.....
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?.....

Yes ☐ No ☒
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

.....

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?.....

Yes ☒ No ☐
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....2,747,907

INVESTMENT

- 11.1

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 ☒
- 11.2

If yes, give full and complete information relating thereto:

.....
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ .....
13.

Amount of real estate and mortgages held in short-term investments: ..... \$ .....
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates? .....

Yes ☐ No ☒
- 14.2

If yes, please complete the following:

		1		2
		Prior Year-End		Current Quarter
		Book/Adjusted		Book/Adjusted
		Carrying Value		Carrying Value
14.21	Bonds .....	\$ .....	\$ .....	
14.22	Preferred Stock .....	\$ .....	\$ .....	
14.23	Common Stock .....	\$ .....	\$ .....	
14.24	Short-Term Investments .....	\$ .....	\$ .....	
14.25	Mortgage Loans on Real Estate .....	\$ .....	\$ .....	
14.26	All Other .....	\$ .....	\$ .....	
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....0	\$ .....0	
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above ....	\$ .....	\$ .....	
- 15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB? .....

Yes ☐ No ☒
- 15.2

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.

GENERAL INTERROGATORIES

16. Excluding items in Schedule E - Part 3 - Special Deposits, 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 Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?.....

Yes [X] No [ ]

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

1	2
Name of Custodian(s)	Custodian Address

16.2 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	2	3
Name(s)	Location(s)	Complete Explanation(s)

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? .....

Yes [ ] No [X]

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

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

16.5 Identify all investment advisors, broker/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	2	3
Central Registration Depository	Name(s)	Address

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? .....

Yes [X] No [ ]

17.2 If no, list exceptions:

.....

GENERAL INTERROGATORIES

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

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 [X] NA [ ]

If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting 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 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			0	0	0	0	0	0	0	0

5. Operating Percentages:

5.1 A&H loss percent ..... %

5.2 A&H cost containment percent ..... %

5.3 A&H expense percent excluding cost containment expenses ..... %

6.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [X]

6.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....

6.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [X]

6.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....

Schedule F  
**NONE**

STATEMENT AS OF JUNE 30, 2011 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories								
		1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
			2	3	4	5	6	7
States, etc.		Active Status	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	L	188,878	171,298	22,212	44,655	831,570	824,839
2. Alaska	AK	L		0	0	0	0	0
3. Arizona	AZ	L	615,645	421,523	107,259	95,271	442,977	646,916
4. Arkansas	AR	L	862,849	869,420	243,627	350,134	458,754	536,079
5. California	CA	N		0		0		0
6. Colorado	CO	L	1,369,805	107,297	567,597	0	452,753	(11)
7. Connecticut	CT	L	3,301	0		0	(18)	0
8. Delaware	DE	L	149,839	89,276	45,901	21,675	222,442	221,143
9. District of Columbia	DC	L	11,356	0		0	(28)	0
10. Florida	FL	L	109,406	71,508	121,452	5,728	559,412	610,040
11. Georgia	GA	L	2,036,535	2,060,373	642,857	657,729	3,115,782	1,895,522
12. Hawaii	HI	L		0		0		0
13. Idaho	ID	L	2,014	0		0		0
14. Illinois	IL	L	3,841,351	3,379,560	2,488,374	1,715,445	9,081,925	8,070,298
15. Indiana	IN	L	3,942,337	1,705,959	1,662,216	1,362,155	3,169,886	2,299,976
16. Iowa	IA	L	3,146,300	3,017,495	1,852,742	1,733,056	8,340,219	5,494,763
17. Kansas	KS	L	1,265,446	1,060,103	551,261	510,745	2,185,446	1,566,937
18. Kentucky	KY	L	854,027	874,505	345,434	268,298	2,267,067	2,607,014
19. Louisiana	LA	L		0		0		0
20. Maine	ME	L		0		0		0
21. Maryland	MD	L	1,116,131	934,248	571,029	859,394	3,024,660	3,602,879
22. Massachusetts	MA	N		0		0		0
23. Michigan	MI	L	1,821,806	1,442,533	458,764	1,339,933	3,201,097	2,103,286
24. Minnesota	MN	L	1,214,804	521,852	163,431	34,704	481,116	68,242
25. Mississippi	MS	L	50,935	0		0	(29)	0
26. Missouri	MO	L	2,266,811	1,680,598	853,699	1,154,021	4,472,578	4,361,758
27. Montana	MT	L	422	844		0		0
28. Nebraska	NE	L	1,208,634	1,237,612	806,164	884,116	4,003,272	4,504,705
29. Nevada	NV	L		0		0		0
30. New Hampshire	NH	N	260,461	133,058	70,560	0	129,723	(272)
31. New Jersey	NJ	N		0		0		0
32. New Mexico	NM	L	119,080	121,183	82,728	57,513	351,536	172,977
33. New York	NY	L	332,787	167,825	193,706	125,591	489,343	420,817
34. No. Carolina	NC	L	2,602,347	2,725,207	1,637,542	908,016	6,440,213	4,771,671
35. No. Dakota	ND	L		0		0		0
36. Ohio	OH	L	168,649	2,311	(200)	(350)	(458)	(812)
37. Oklahoma	OK	L	27,683	0		0	(142)	0
38. Oregon	OR	L	161,967	0		0	(4)	0
39. Pennsylvania	PA	L	5,648,390	4,808,640	2,247,166	2,446,069	9,398,720	10,724,781
40. Rhode Island	RI	L		3,266		0	(28)	(33)
41. So. Carolina	SC	L	361,496	536,049	13,797	329,654	763,508	589,135
42. So. Dakota	SD	L	654,044	521,795	144,829	203,455	709,106	590,320
43. Tennessee	TN	L	2,777,503	2,513,912	809,959	661,862	3,476,061	2,574,465
44. Texas	TX	L	3,410,277	2,298,121	698,968	306,378	557,270	174,890
45. Utah	UT	L	2,308	660	1,297	0	4,133	0
46. Vermont	VT	L	1,023,282	517,960	142,594	1,076	316,134	(1,570)
47. Virginia	VA	L	2,972,259	2,745,319	1,196,608	1,099,068	4,448,954	3,424,311
48. Washington	WA	L	730	665		0		0
49. West Virginia	WV	L	360,408	141,455	(6,435)	35,118	190,730	77,847
50. Wisconsin	WI	L	2,596,401	1,140,585	829,092	580,601	4,369,892	4,885,808
51. Wyoming	WY	L	2,651	0		0		0
52. American Samoa	AS	N		0		0		0
53. Guam	GU	N		0		0		0
54. Puerto Rico	PR	N		0		0		0
55. U.S. Virgin Islands	VI	N		0		0		0
56. Northern Mariana Islands	MP	N		0		0		0
57. Canada	CN	N		0		0		0
58. Aggregate Other Alien	OT	XXX	0	0	0	0	0	0
59. Totals	(a)	47	49,561,355	38,024,014	19,566,232	17,791,109	77,955,571	67,818,720
DETAILS OF WRITE-INS								
5801.		XXX						
5802.		XXX						
5803.		XXX						
5898. Summary of remaining write-ins for Line 58 from overflow page.		XXX	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)		XXX	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L 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

Line 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 .....	110,099	(1,014)	(0.9)	(13.8)
2.	Allied lines .....	159,043	223,348	140.4	14.1
3.	Farmowners multiple peril .....			0.0	0.0
4.	Homeowners multiple peril .....	1		0.0	0.0
5.	Commercial multiple peril .....	1,398,170	873,866	62.5	39.3
6.	Mortgage guaranty .....			0.0	0.0
8.	Ocean marine .....			0.0	0.0
9.	Inland marine .....	108,405	17,890	16.5	89.6
10.	Financial guaranty .....			0.0	0.0
11.1	Medical professional liability - occurrence .....	179		0.0	0.0
11.2	Medical professional liability – claims made .....			0.0	0.0
12.	Earthquake .....	826		0.0	0.0
13.	Group accident and health .....			0.0	0.0
14.	Credit accident and health .....			0.0	0.0
15.	Other accident and health .....			0.0	0.0
16.	Workers' compensation .....	35,619,938	23,429,036	65.8	60.3
17.1	Other liability occurrence .....	803,889	(27,591)	(3.4)	38.8
17.2	Other liability – claims made .....	3,325		0.0	0.0
17.3	Excess Workers' Compensation .....			0.0	
18.1	Products liability - occurrence .....	83,702		0.0	(18.8)
18.2	Products liability – claims made .....			0.0	0.0
19.1,19.2	Private passenger auto liability .....		(100)	0.0	0.0
19.3,19.4	Commercial auto liability .....	874,819	134,827	15.4	27.9
21.	Auto physical damage .....	288,907	343,728	119.0	32.4
22.	Aircraft (all perils) .....			0.0	0.0
23.	Fidelity .....	379		0.0	0.0
24.	Surety .....			0.0	0.0
26.	Burglary and theft .....	6,927		0.0	0.0
27.	Boiler and machinery .....	15,085		0.0	0.0
28.	Credit .....			0.0	0.0
29.	International .....			0.0	0.0
30.	Warranty .....			0.0	0.0
31.	Reinsurance - Nonproportional Assumed Property .....	XXX	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability .....	XXX	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business .....	0	0	0.0	0.0
35.	TOTALS .....	39,473,693	24,993,991	63.3	59.0
DETAILS OF WRITE-INS					
3401.	.....				
3402.	.....				
3403.	.....				
3498.	Sum. of remaining write-ins for Line 34 from overflow page .....	0	0	0.0	0.0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34) .....	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire .....	207,855	269,329	67,453
2.	Allied lines .....	295,333	362,528	130,976
3.	Farmowners multiple peril .....	0		0
4.	Homeowners multiple peril .....	6	7	0
5.	Commercial multiple peril .....	1,804,870	2,454,944	987,216
6.	Mortgage guaranty .....	0		0
8.	Ocean marine .....	0		0
9.	Inland marine .....	60,067	114,995	59,724
10.	Financial guaranty .....	0		0
11.1	Medical professional liability - occurrence .....	250	250	0
11.2	Medical professional liability – claims made .....	0		0
12.	Earthquake .....	3,031	3,031	0
13.	Group accident and health .....	0		0
14.	Credit accident and health .....	0		0
15.	Other accident and health .....	0		0
16.	Workers' compensation .....	19,395,259	42,631,665	35,338,800
17.1	Other liability-occurrence .....	1,039,443	1,376,967	586,346
17.2	Other liability – claims made .....	0	5,759	1,768
17.3	Excess Workers' Compensation .....	0		
18.1	Products liability - occurrence .....	90,332	135,356	56,384
18.2	Products liability – claims made .....	0		0
19.1,19.2	Private passenger auto liability .....	0		0
19.3,19.4	Commercial auto liability .....	1,261,320	1,652,331	624,867
21.	Auto physical damage .....	345,149	512,691	152,945
22.	Aircraft (all perils) .....	0		0
23.	Fidelity .....	641	641	4,131
24.	Surety .....	0		0
26.	Burglary and theft .....	9,100	13,631	4,608
27.	Boiler and machinery .....	21,036	27,230	8,796
28.	Credit .....	0		0
29.	International .....	0		0
30.	Warranty .....	0		0
31.	Reinsurance - Nonproportional Assumed Property .....	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability .....	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business .....	0	0	0
35.	TOTALS .....	24,533,692	49,561,355	38,024,014
DETAILS OF WRITE-INS				
3401.	.....			
3402.	.....			
3403.	.....			
3498.	Sum. of remaining write-ins for Line 34 from overflow page .....	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34) .....	0	0	0

STATEMENT AS OF JUNE 30, 2011 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 (Cols. 1 + 2)	2011 Loss and LAE Payments on Claims Reported as of Prior Year-End	2011 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2011 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 (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 (Cols. 11 + 12)	
1. 2008 + Prior			0			0				0	0	0	0	
2. 2009			0			0				0	0	0	0	
3. Subtotals 2009 + prior	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. 2010			0			0				0	0	0	0	
5. Subtotals 2010 + prior	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. 2011	XXX	XXX	XXX	XXX		0	XXX			0	XXX	XXX	XXX	
7. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Prior Year-End Surplus As Regards Policy-holders	70,109											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. 0.0	2. 0.0	3. 0.0
												Col. 13, Line 7 As a % of Col. 1 Line 8		
												4. 0.0		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing on "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	RESPONSE
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	.....NO.....
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	.....NO.....
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	.....NO.....
4. Will the Director and Officer Supplement be filed with the state of domicile and the NAIC with this statement?	.....YES.....

Explanation:

- 1.
- 2.
- 3.

Bar Code:

1.



23280201149000002

2.



23280201145500002

3.



23280201136500002

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**OVERFLOW PAGE FOR WRITE-INS**

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SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Current year change in encumbrances		0
4. Total gain (loss) on disposals		0
5. Deduct amounts received on disposals		0
6. Total foreign exchange change in book/adjusted carrying value		0
7. Deduct current year's other than temporary impairment recognized		0
8. Deduct current year's depreciation		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10. Deduct total nonadmitted amounts	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and mortgage interest points and commitment fees		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		0
10. Deduct current year's other than temporary impairment recognized		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Total valuation allowance		0
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and depreciation		0
9. Total foreign exchange change in book/adjusted carrying value		0
10. Deduct current year's other than temporary impairment recognized		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	69,629,530	61,268,751
2. Cost of bonds and stocks acquired	1,090,975	10,463,424
3. Accrual of discount	5,994	11,538
4. Unrealized valuation increase (decrease)	359,570	1,068,120
5. Total gain (loss) on disposals		46,168
6. Deduct consideration for bonds and stocks disposed of	126,589	3,064,700
7. Deduct amortization of premium	84,323	163,771
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	70,875,157	69,629,530
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	70,875,157	69,629,530

STATEMENT AS OF JUNE 30, 2011 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 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 (a).....	45,325,687	550,905	.0	(10,378)	45,325,687	45,866,213	.0	45,334,790
2. Class 2 (a).....	10,404,919	540,070	.0	(29,978)	10,404,919	10,915,011	.0	9,614,344
3. Class 3 (a).....	.0	.0	.0	.0	.0	.0	.0	819,444
4. Class 4 (a).....	1,261,782	.0	.0	.0	1,261,782	1,261,782	.0	1,388,371
5. Class 5 (a).....	.0	.0	.0	.0	.0	.0	.0	.0
6. Class 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds	56,992,388	1,090,975	0	(40,357)	56,992,388	58,043,006	0	57,156,949
<b>PREFERRED STOCK</b>								
8. Class 1 .....	.0	.0	.0	.0	.0	.0	.0	.0
9. Class 2 .....	.0	.0	.0	.0	.0	.0	.0	.0
10. Class 3 .....	.0	.0	.0	.0	.0	.0	.0	.0
11. Class 4 .....	.0	.0	.0	.0	.0	.0	.0	.0
12. Class 5 .....	.0	.0	.0	.0	.0	.0	.0	.0
13. Class 6 .....	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	56,992,388	1,090,975	0	(40,357)	56,992,388	58,043,006	0	57,156,949

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0 ; NAIC 2 \$.....0 ; NAIC 3 \$.....0 ; NAIC 4 \$.....0 ; NAIC 5 \$.....0 ; NAIC 6 \$.....0

Schedule DA - Part 1

NONE

Schedule DA - Verification

NONE

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B- Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE



Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

## STATEMENT AS OF JUNE 30, 2011 OF THE CINCINNATI INDEMNITY COMPANY

## SCHEDULE D - PART 3

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

[illegible]

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0

E04

## SCHEDULE D - PART 4

[illegible]

.....

E05



## E07

### Future Contracts Open as of the Current Statement Date

**NONE**

(a)	Code	Financial or Economic Impact of the Hedge at the End of the Reporting Period

Schedule DB - Part D

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

## SCHEDULE E - PART 1 - CASH

E11







DIRECTORS AND OFFICERS SUPPLEMENT FOR JUNE 30, 2011 OF THE CINCINNATI INDEMNITY COMPANY

DIRECTOR AND OFFICER SUPPLEMENT

Year To Date For The Period Ended 2011

NAIC Group Code .....0244 NAIC Company Code .....23280

If the reporting entity writes any director and officer (D&O) business, please provide the following:

1. Monoline Policies

1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred
\$	\$	\$

2. Commercial Multiple Peril (CMP) Packaged Policies

- 2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy?.....Yes [ ] No [ X]
- 2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? Yes [ ] No [ X]
- 2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified:..... \$ .....

2.32 Amount estimated using reasonable assumptions:..... \$ .....
- 2.4 If the answer to question 2.1 is yes, provide direct losses incurred (losses paid plus change in case reserves) for the D&O liability coverage provided in CMP packaged policies. \$ .....