



PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

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QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2012
OF THE CONDITION AND AFFAIRS OF THE

CINCINNATI CASUALTY COMPANY

NAIC Group Code (Current Period)	0244	00244 (Prior Period)	NAIC Company Code (Street and Number)	28665	Employer's ID Number (City or Town, State and Zip Code)	31-0826946
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States					
Incorporated/Organized	12/27/1972		Commenced Business	03/31/1973		
Statutory Home Office	6200 SOUTH GILMORE ROAD		FAIRFIELD, OH 45014-5141			
Main Administrative Office	6200 SOUTH GILMORE ROAD		FAIRFIELD, OH 45014-5141	513-870-2000	(Area Code) (Telephone Number)	
Mail Address	P.O. BOX 145496		CINCINNATI, OH 45250-5496	(City or Town, State and Zip Code)		
Primary Location of Books and Records	6200 SOUTH GILMORE ROAD		FAIRFIELD, OH 45014-5141	513-870-2000-4938	(Area Code) (Telephone Number)	
Internet Web Site Address	www.cinfin.com					
Statutory Statement Contact	Eric Lievestro eric_lievestro@cinfin.com		513-870-2000 513-603-5500	(Area Code) (Telephone Number) (Extension) (Fax Number)		
(Name) (E-mail Address)						

OFFICERS

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

OTHER OFFICERS

TERESA CURRIN CRACAS	SENIOR VICE PRESIDENT	DONALD JOSEPH DOYLE JR	SENIOR VICE PRESIDENT
MARTIN FRANCIS HOLLOWBECK	SENIOR VICE PRESIDENT	JOHN SCOTT KELLINGTON	SENIOR VICE PRESIDENT
LISA ANNE LOVE	SENIOR VICE PRESIDENT	ERIC NEIL MATHEWS	SENIOR VICE PRESIDENT
MARTIN JOSEPH MULLEN	CORPORATE SECRETARY	JACOB FERDINAND SCHERER	EXECUTIVE VICE PRESIDENT
JOHN JEFFERSON SCHIFF JR	SENIOR VICE PRESIDENT	JOAN O'CONNOR SHEVCHIK	SENIOR VICE PRESIDENT
STEPHEN MICHAEL SPRAY #	SENIOR VICE PRESIDENT	KENNETH WILLIAM STECHER	CHAIRMAN OF THE BOARD
CHARLES PHILIP STONEBURNER	SENIOR VICE PRESIDENT	TIMOTHY LEE TIMMEL	SENIOR VICE PRESIDENT
II			

DIRECTORS OR TRUSTEES

WILLIAM FORREST BAHL	GREGORY THOMAS BIER	TERESA CURRIN CRACAS #	DONALD JOSEPH DOYLE JR
MARTIN FRANCIS HOLLOWBECK	STEVEN JUSTUS JOHNSTON	JOHN SCOTT KELLINGTON #	LISA ANNE LOVE #
WILLIAM RODNEY McMULLEN	MARTIN JOSEPH MULLEN	JACOB FERDINAND SCHERER	JOHN JEFFERSON SCHIFF JR
THOMAS REID SCHIFF	MICHAEL JAMES SEWELL #	STEPHEN MICHAEL SPRAY #	KENNETH WILLIAM STECHER
JOHN FREDRICK STEELE JR	CHARLES PHILIP STONEBURNER	TIMOTHY LEE TIMMEL	LARRY RUSSELL WEBB
EARNEST ANTHONY WOODS	II		

State of OHIO

County of BUTLER ss

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

a. Is this an original filing?

Yes No

b. If no:

1. State the amendment number
2. Date filed
3. Number of pages attached

Subscribed and sworn to before me this
1ST day of NOVEMBER, 2012

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STATEMENT AS OF SEPTEMBER 30, 2012 OF THE CINCINNATI CASUALTY COMPANY

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	225,833,049		225,833,049	218,778,303
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	66,767,646		66,767,646	62,099,899
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 (\$ 2,120,045), cash equivalents (\$ 0) and short-term investments (\$ 0)	2,120,045		2,120,045	1,396,748
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	0	.0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	294,720,740	.0	294,720,740	282,274,950
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	3,005,817		3,005,817	2,570,711
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	10,534,049		10,534,049	10,908,166
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts	2,006,164		2,006,164	3,126,955
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	1,158,029
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	18,752,538		18,752,538	13,282,218
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other than invested assets .....	.25,045	.0	.25,045	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	329,044,353	0	329,044,353	313,321,029
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	329,044,353	0	329,044,353	313,321,029
DETAILS OF WRITE-INS				
1101.			0	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)	0	0	0	0
2501. Equities and Deposits in Pools and Associations			0	0
2502. Miscellaneous Receivables .....	.25,045		.25,045	0
2503.				
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) .....	.25,045	0	.25,045	0

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE CINCINNATI CASUALTY COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$)		0
2. Reinsurance payable on paid losses and loss adjustment expenses	9	7
3. Loss adjustment expenses		0
4. Commissions payable, contingent commissions and other similar charges		0
5. Other expenses (excluding taxes, licenses and fees)	3,669	3,603
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		0
7.1 Current federal and foreign income taxes (including \$ (104,398) on realized capital gains (losses))	263,996	0
7.2 Net deferred tax liability	6,828,880	5,253,268
8. Borrowed money \$ and interest thereon \$		0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act).....		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)	31,315,108	27,039,620
13. Funds held by company under reinsurance treaties		0
14. Amounts withheld or retained by company for account of others	1,212,745	1,039,969
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	0	5,336
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	39,624,407	33,341,803
27. Protected cell liabilities		0
28. Total liabilities (Lines 26 and 27)	39,624,407	33,341,803
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	3,750,000	3,750,000
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	18,000,000	18,000,000
35. Unassigned funds (surplus)	267,669,946	258,229,226
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)	289,419,946	279,979,226
38. Totals (Page 2, Line 28, Col. 3)	329,044,353	313,321,029
DETAILS OF WRITE-INS		
2501. Accounts Payable--Other		5,336
2502.		0
2503.		0
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)	0	5,336
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 AS OF SEPTEMBER 30, 2012 OF THE CINCINNATI CASUALTY COMPANY

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 203,030,289)	189,812,873	125,223,021	174,968,751
1.2 Assumed (written \$ 153)	153	35	0
1.3 Ceded (written \$ 203,030,442)	189,813,025	125,223,055	174,968,751
1.4 Net (written \$ 0)	0	1	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	120,216,683	93,972,574	104,379,725
2.2 Assumed	(164,940)	684,879	0
2.3 Ceded	120,051,743	94,657,452	104,379,725
2.4 Net	0	1	0
3. Loss adjustment expenses incurred			0
4. Other underwriting expenses incurred	0	0	0
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	0	1	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	8,949,574	8,799,417	11,716,016
10. Net realized capital gains (losses) less capital gains tax of \$ (441,325)	(168,352)	6,650,165	5,830,601
11. Net investment gain (loss) (Lines 9 + 10)	8,781,222	15,449,582	17,546,617
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)	8,781,222	15,449,582	17,546,617
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)	8,781,222	15,449,582	17,546,617
19. Federal and foreign income taxes incurred	1,551,874	1,398,155	2,354,052
20. Net income (Line 18 minus Line 19)(to Line 22)	7,229,348	14,051,427	15,192,565
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	279,979,226	268,542,982	268,542,983
22. Net income (from Line 20)	7,229,348	14,051,427	15,192,565
23. Net transfers (to) from Protected Cell accounts		0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ 1,325,445	2,461,539	(9,445,017)	(4,217,338)
25. Change in net unrealized foreign exchange capital gain (loss)		0	0
26. Change in net deferred income tax	(250,168)	(8,375)	461,017
27. Change in nonadmitted assets	0	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)	9,440,719	4,598,035	11,436,243
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	289,419,946	273,141,017	279,979,226
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. Miscellaneous Income		0	0
1402.		0	0
1403.		0	0
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

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE CINCINNATI CASUALTY COMPANY

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	4,275,488	(2,822,062)	11,344,226
2. Net investment income.....	8,691,711	8,362,679	11,793,402
3. Miscellaneous income.....	0	0	0
4. Total (Lines 1 to 3).....	12,967,198	5,540,617	23,137,628
5. Benefit and loss related payments.....	(1,494,910)	(719,804)	(758,706)
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 \$ (1,099,576) tax on capital gains (losses).....	(311,476)	6,340,252	6,590,252
10. Total (Lines 5 through 9).....	(1,806,386)	5,620,448	5,831,546
11. Net cash from operations (Line 4 minus Line 10).....	14,773,584	(79,831)	17,306,082
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	23,121,000	14,593,780	23,032,780
12.2 Stocks.....	1,344,175	13,939,251	13,939,251
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	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	24,465,175	28,533,031	36,972,031
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	30,266,731	34,454,339	39,674,434
13.2 Stocks.....	2,920,808	3,940,681	8,918,301
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).....	33,187,539	38,395,020	48,592,735
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).....	(8,722,363)	(9,861,989)	(11,620,704)
Cash from Financing and Miscellaneous Sources			
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).....	(5,327,924)	2,557,145	(11,905,539)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(5,327,924)	2,557,145	(11,905,539)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	723,297	(7,384,675)	(6,220,161)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	1,396,748	7,616,911	7,616,911
19.2 End of period (Line 18 plus Line 19.1).....	2,120,045	232,236	1,396,750

**STATEMENT AS OF SEPTEMBER 30, 2012 OF THE CINCINNATI CASUALTY COMPANY
NOTES TO THE FINANCIAL STATEMENTS**

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of the Cincinnati Casualty 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 Deferred Tax Assets (DTAs) and Deferred Tax Liabilities (DTLs):

1.

	2012			2011		
	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross deferred tax assets	\$ -	\$ 156,952	\$ 156,952	\$ 17,255	\$ 388,909	\$ 406,164
(b) Statutory valuation allowance	-	-	-	-	-	-
(c) Adjusted gross deferred tax assets (1a - 1b)	-	156,952	156,952	17,255	388,909	406,164
(d) Deferred Tax Assets Nonadmitted	-	-	-	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	-	156,952	156,952	17,255	388,909	406,164
(f) Deferred Tax Liabilities	10,412	6,975,421	6,985,833	9,455	5,649,976	5,659,431
(g) Net admitted deferred tax asset/(liability) (1e - 1f)	\$ (10,412)	\$ (6,818,469)	\$ (6,828,882)	\$ 7,800	\$ (5,261,067)	\$ (5,253,267)

2.

	Change		
	Ordinary	Capital	Total
(a) Gross deferred tax assets	\$ (17,255)	\$ (231,957)	\$ (249,212)
(b) Statutory valuation allowance	-	-	-
(c) Adjusted gross deferred tax assets (1a - 1b)	(17,255)	(231,957)	(249,212)
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	(17,255)	(231,957)	(249,212)
(f) Deferred Tax Liabilities	957	1,325,445	1,326,402
(g) Net admitted deferred tax asset/(liability) (1e - 1f)	\$ (18,212)	\$ (1,557,402)	\$ (1,575,615)

2.

SSAP 101, paragraphs 11.a., 11.b., and 11.c.:	2012			2011		
	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(b) Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	-	-	-	-	-	-
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	-	-	-	-	-	-
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	43,412,992	43,412,992	43,412,992	41,996,884	41,996,884	41,996,884
(c) Adjusted Gross Deferred Tax Assets (Excluding the amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	-	156,952	156,952	17,255	388,909	406,164
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	-	156,952	156,952	17,255	388,909	406,164

SSAP 101, paragraphs 11.a., 11.b., and 11.c.:	Change		
	Ordinary	Capital	Total
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ -	\$ -	\$ -
(b) Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	-	-	-
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	-	-	-
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	1,416,108	1,416,108	1,416,108
(c) Adjusted Gross Deferred Tax Assets (Excluding the amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	(17,255)	(231,957)	(249,212)
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	(17,255)	(231,957)	(249,212)

3.

	2012 Percentage	2011 Percentage
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	3737%	3737%
(b) Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b) 2 above	15%	15%

(c) The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE CINCINNATI CASUALTY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

4.

	2012			2011		
	Ordinary	Capital	Total	Ordinary	Capital	Total
Impact of Tax Planning Strategies						
(a) Adjusted Gross DTAs (% of Total Adjusted Gross DTAs)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(b) Net Admitted Adjusted Gross DTAs (% of Total Net Admitted Adjusted Gross DTAs)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.

	Change		
	Ordinary	Capital	Total
Impact of Tax Planning Strategies			
(a) Adjusted Gross DTAs (% of Total Adjusted Gross DTAs)	0.00%	0.00%	0.00%
(b) Net Admitted Adjusted Gross DTAs (% of Total Net Admitted Adjusted Gross DTAs)	0.00%	0.00%	0.00%

B. Unrecognized DTLs

Not applicable

C. Current Tax and Change in Deferred Tax

1. Current income tax:

	2012	2011	Change
(a) Federal	\$ 1,551,874	\$ 2,354,053	\$ (802,179)
(b) Foreign	-	-	-
(c) Subtotal	1,551,874	2,354,053	(802,179)
(d) Federal Income Tax on capital gains/(losses)	(441,325)	3,139,554	(3,580,879)
(e) Utilization of capital loss carryforwards	-	-	-
(f) Other	-	-	-
Federal income taxes incurred	\$ 1,110,549	\$ 5,493,607	\$ (4,383,058)

2. Deferred tax assets

	September 30, 2012	December 31, 2011	Change
(a) Ordinary			
(1) Other	-	17,255	\$ (17,255)
(99) Subtotal	-	17,255	(17,255)
(b) Statutory valuation allowance adj	-	-	-
(c) Nonadmitted	-	-	-
(d) Admitted ordinary deferred tax assets (2a99-2b-2c)	-	17,255	(17,255)
(e) Capital			
(1) Investments	156,952	\$ 388,909	(231,957)
(2) Unrealized losses on investments	-	-	-
(99) Subtotal	156,952	388,909	(231,957)
(f) Statutory valuation allowance adj	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets (2e99-2f-2g)	156,952	388,909	(231,957)
(i) Admitted deferred tax assets (2d + 2h)	156,952	406,164	(249,212)

3. Deferred tax liabilities

	September 30, 2012	December 31, 2011	Change
(a) Ordinary			
(1) Other, net	10,412	9,455	957
(99) Subtotal	10,412	9,455	957
(b) Capital			
(1) Unrealized gains on investments	6,975,421	5,649,976	1,325,445
(2) Other	-	-	-
(99) Subtotal	6,975,421	5,649,976	1,325,445
(c) Deferred tax liabilities (3a99 + 3b99)	6,985,833	5,659,431	1,326,402

4. Net deferred tax assets/liabilities (2i-3c)

(6,828,882) (5,253,267) (1,575,615)

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):

	September 30, 2012	December 31, 2011	Change
Total deferred tax assets	\$ 156,952	\$ 406,164	\$ (249,212)
Total deferred tax liabilities	6,985,833	5,659,431	1,326,402
Net deferred tax asset/liability	\$ (6,828,882)	\$ (5,253,267)	\$ (1,575,615)
Tax effect of unrealized (gains)/losses		1,325,445	
Change in net deferred income tax (charge)/benefit		<u>\$ (250,170)</u>	

	December 31, 2011	December 31, 2010	Change
Total deferred tax assets	\$ 406,164	\$ -	\$ 406,164
Total deferred tax liabilities	5,659,431	7,985,160	(2,325,729)
Net deferred tax asset/liability	\$ (5,253,267)	\$ (7,985,160)	\$ 2,731,893
Tax effect of unrealized (gains)/losses		<u>(2,270,875)</u>	
Change in net deferred income tax (charge)/benefit		<u>\$ 461,018</u>	

**STATEMENT AS OF JUNE 30, 2012 OF THE CINCINNATI CASUALTY COMPANY
NOTES TO THE FINANCIAL STATEMENTS**

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

As of September 30, 2012			
Description	Amount	Tax Effect	Effective Tax Rate
Income before taxes Tax	\$ 8,339,897	\$ 2,918,964	35.00%
Exempt Interest Dividends received deduction	(3,499,233)	(1,224,732)	-14.69%
Other items permanent in nature	(933,322)	(326,663)	-3.92%
Other	-	-	0.00%
DRD on Accrued	(15,558)	(5,445)	-0.07%
Total	(4,016)	(1,406)	-0.02%
	\$ 3,887,767	\$ 1,360,719	16.32%
Federal income taxes incurred expense/(benefit)	\$ 4,433,925	\$ 1,551,874	18.61%
Tax on capital gains/(losses)	(1,260,928)	(441,325)	-5.29%
Change in net deferred income tax charge/(benefit)	714,771	250,170	3.00%
Total statutory income taxes	\$ 3,887,767	\$ 1,360,719	16.32%
As of December 31, 2011			
Description	Amount	Tax Effect	Effective Tax Rate
Income before taxes Tax	\$ 20,686,174	\$ 7,240,161	35.00%
Exempt Interest Dividends received deduction Other	(5,180,292)	(1,813,102)	-8.76%
DRD on Accrued	(1,115,974)	(390,591)	-1.89%
Total	4,674	1,636	0.01%
	(15,754)	(5,514)	-0.03%
	\$ 14,378,828	\$ 5,032,590	24.33%
Federal income taxes incurred expense/(benefit)	\$ 6,725,864	\$ 2,354,053	11.38%
Tax on capital gains/(losses)	8,970,155	3,139,554	15.18%
Change in net deferred income tax charge/(benefit)	(1,317,191)	(461,017)	-2.23%
Total statutory income taxes	\$ 14,378,828	\$ 5,032,590	24.33%

E. Operating Loss and Tax Credit Carryforwards

(1) At September 30, 2012, the Company had net operating loss carryforwards of: \$ - (2) At September 30, 2012, the Company had capital loss carryforwards of: \$ -

(3) 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
2012	\$ 1,557,321	\$ (441,325)	\$ 1,115,996
2011	1,890,150	3,596,374	5,486,524
2010	-	48,584	48,584
Total	\$ 3,447,471	\$ 3,203,634	\$ 6,651,105

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

F. Consolidated Federal Income Tax Return

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

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

(2) The method of allocation between the Company is subject to a 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.

G. Federal or Foreign Federal Income Tax Loss Contingencies

The Company has no tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

10. Information Concerning the Parent, Subsidiaries and Affiliates

- A. No Change.
- B. No Change.
- C. No Change.
- D. At September 30, 2012, the Company reported \$12,540,213.54 due from 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 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

STATEMENT AS OF JUNE 30, 2012 OF THE CINCINNATI CASUALTY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

- 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 - No Change.
- 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.

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE CINCINNATI CASUALTY COMPANY

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 [X]

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 [X]

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 [X]

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 [X]

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 Name of Entity	2 NAIC Company Code	3 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? Yes [] No [X] NA []

If yes, attach an explanation.

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 [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] 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 [X]

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 [X]

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 [X]

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 Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE CINCINNATI CASUALTY COMPANY**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 [X] 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 [X]

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 [X]

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 [X]

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

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 [X]

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 [X]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted 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 [X]

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.

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE CINCINNATI CASUALTY COMPANY**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 Name of Custodian(s)	2 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 Name(s)	2 Location(s)	3 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 Old Custodian	2 New Custodian	3 Date of Change	4 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 Central Registration Depository	2 Name(s)	3 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:

.....

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE CINCINNATI CASUALTY COMPANY

GENERAL INTERROGATORIES

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 []

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?

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:

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. \$ _____

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE CINCINNATI CASUALTY COMPANY

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE CINCINNATI CASUALTY COMPANY

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama	AL. L	4,294,123	426,968	1,229,918	125,818	1,783,317	1,712,173
2. Alaska	AK. L	0	0	0	0	0	0
3. Arizona	AZ. L	749,686	395,187	162,243	55,148	455,312	235,251
4. Arkansas	AR. L	1,918,305	1,310,848	620,485	361,966	2,429,665	2,591,481
5. California	CA. N	0	(4,102)	0	0	(5)	(8)
6. Colorado	CO. L	1,628,732	1,269,792	751,061	358,916	2,868,359	498,710
7. Connecticut	CT. L	37,849	6,393	5,437	0	9,370	1,298
8. Delaware	DE. L	825,074	513,091	589,291	303,808	2,911,266	1,896,690
9. District of Columbia	DC. L	167,013	183,349	0	0	47,830	11,601
10. Florida	FL. L	689,449	303,976	305,315	561,446	2,704,049	2,997,932
11. Georgia	GA. L	8,249,703	4,779,690	2,632,075	2,990,101	12,755,420	13,582,382
12. Hawaii	HI. L	0	0	0	0	0	0
13. Idaho	ID. L	616,530	33,211	23,613	0	9,648	2,345
14. Illinois	IL. L	34,827,748	28,743,641	20,017,734	22,767,557	106,011,552	104,230,525
15. Indiana	IN. L	17,375,642	14,043,390	8,358,346	8,552,437	47,584,167	46,344,078
16. Iowa	IA. L	4,886,482	4,121,287	4,041,982	4,676,323	18,605,684	18,766,393
17. Kansas	KS. L	2,976,697	1,948,724	1,542,514	752,577	5,091,787	4,636,266
18. Kentucky	KY. L	3,395,323	1,209,122	658,317	462,360	6,087,375	5,377,061
19. Louisiana	LA. L	12,486	0	0	0	1,686	0
20. Maine	ME. L	0	0	0	0	0	0
21. Maryland	MD. L	3,981,906	2,635,393	2,111,894	2,005,225	10,449,759	11,845,723
22. Massachusetts	MA. N	0	2,304	0	0	434	647
23. Michigan	MI. L	14,566,517	8,065,474	5,103,983	4,367,829	34,820,190	39,615,344
24. Minnesota	MN. L	4,338,102	2,770,240	1,613,702	939,006	4,898,568	3,851,108
25. Mississippi	MS. L	172,039	100,377	8,839	24,354	180,153	211,758
26. Missouri	MO. L	6,701,864	4,660,548	4,663,169	3,715,811	40,295,617	23,620,301
27. Montana	MT. L	468,412	208,213	99,553	0	123,109	5,027
28. Nebraska	NE. L	1,784,055	965,100	696,960	809,850	3,853,723	5,196,030
29. Nevada	NV. L	22,828	(1,784)	1,794	0	10,040	563
30. New Hampshire	NH. L	544,708	734,317	266,932	258,713	2,339,057	1,952,828
31. New Jersey	NJ. N	0	0	0	0	0	0
32. New Mexico	NM. L	654,885	530,729	114,460	63,884	645,992	309,702
33. New York	NY. L	4,317,926	651,746	726,337	672,494	2,961,870	3,039,195
34. North Carolina	NC. L	10,495,807	9,081,814	6,666,863	7,910,342	26,739,461	37,150,246
35. North Dakota	ND. L	153,861	0	24,771	0	14,056	23
36. Ohio	OH. L	15,204,914	1,494,539	1,877,781	.97,119	2,416,584	.149,599
37. Oklahoma	OK. L	352,212	307,421	142,204	213,727	521,111	.475,693
38. Oregon	OR. L	1,096,202	185,277	66,460	0	324,879	.118
39. Pennsylvania	PA. L	20,025,342	13,601,554	7,750,800	6,036,861	36,425,890	38,611,878
40. Rhode Island	RI. L	13,173	315	3,857	0	34,175	.125
41. South Carolina	SC. L	2,309,727	1,719,926	.898,077	926,701	7,441,160	.6,839,386
42. South Dakota	SD. L	431,756	427,716	.272,130	423,623	1,547,624	.1,744,877
43. Tennessee	TN. L	4,265,795	2,555,909	1,962,933	1,577,672	11,320,977	.11,789,386
44. Texas	TX. L	9,889,840	9,532,772	8,317,451	4,054,806	12,514,094	.11,111,249
45. Utah	UT. L	1,369,391	377,670	.243,663	.11,595	.297,897	.163,625
46. Vermont	VT. L	1,556,341	875,136	1,071,146	1,708,773	.6,922,201	.7,034,620
47. Virginia	VA. L	5,418,372	4,257,786	3,965,758	2,965,939	20,515,749	.19,544,599
48. Washington	WA. L	339,599	4,451	.651	0	.42,978	.(51)
49. West Virginia	WV. L	1,950,529	1,475,185	.565,906	125,925	.997,810	.653,856
50. Wisconsin	WI. L	7,682,129	4,677,736	2,496,141	2,207,097	11,406,578	.10,127,056
51. Wyoming	WY. L	271,215	241,955	.37,504	4,261	.18,121	.265,185
52. American Samoa	AS. N	0	0	0	0	0	0
53. Guam	GU. N	0	0	0	0	0	0
54. Puerto Rico	PR. N	0	0	0	0	0	0
55. U.S. Virgin Islands	VI. N	0	0	0	0	0	0
56. Northern Mariana Islands	MP. N	0	0	0	0	0	0
57. Canada	CN. N	0	0	0	0	0	0
58. Aggregate Other Alien	OT. XXX	0	0	0	0	0	0
59. Totals	(a) 48	203,030,289	131,424,386	92,710,048	83,090,064	449,436,342	438,193,874
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 - Part 1
NONE

Schedule Y - Part 1A
NONE

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE CINCINNATI CASUALTY COMPANY

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	1,843,107	1,379,374	74.8	0.0
2. Allied lines	1,611,759	2,668,455	165.6	1,131.6
3. Farmowners multiple peril	0	0	0.0	0.0
4. Homeowners multiple peril	.49	0	0.0	29,656.7
5. Commercial multiple peril	35,328,418	35,168,489	99.5	226.4
6. Mortgage guaranty	0	0	0.0	0.0
8. Ocean marine	0	0	0.0	0.0
9. Inland marine	717,005	208,088	29.0	(4.2)
10. Financial guaranty	0	0	0.0	0.0
11.1 Medical professional liability -occurrence	1,018,589	35,000	3.4	0.0
11.2 Medical professional liability -claims made	112	0	0.0	0.0
12. Earthquake	60,218	0	0.0	0.0
13. Group accident and health	0	0	0.0	0.0
14. Credit accident and health	0	0	0.0	0.0
15. Other accident and health	0	0	0.0	0.0
16. Workers' compensation	118,224,822	70,643,490	59.8	68.5
17.1 Other liability occurrence	11,532,341	1,654,845	14.3	3.7
17.2 Other liability-claims made	313,116	157,500	50.3	0.0
17.3 Excess Workers' Compensation	0	0	0.0	0.0
18.1 Products liability-occurrence	4,240,577	322,235	7.6	0.9
18.2 Products liability-claims made	0	0	0.0	0.0
19.1,19.2 Private passenger auto liability	12,633	117,046	.926.5	16,620.8
19.3,19.4 Commercial auto liability	11,011,701	4,945,160	44.9	53.0
21. Auto physical damage	3,459,862	2,887,002	83.4	86.6
22. Aircraft (all perils)	0	0	0.0	0.0
23. Fidelity	749	0	0.0	0.0
24. Surety	160,094	0	0.0	0.0
26. Burglary and theft	55,768	0	0.0	0.0
27. Boiler and machinery	221,953	30,000	13.5	0.0
28. Credit	0	0	0.0	0.0
29. International	0	0	0.0	0.0
30. Warranty	0	0	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
TOTALS	189,812,873	120,216,683	63.3	75.0
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	285,277	1,971,266	332,870	
2. Allied lines	357,039	1,792,477	295,520	
3. Farmowners multiple peril	0	0	0	
4. Homeowners multiple peril	15	.69	.16	
5. Commercial multiple peril	11,002,163	.44,352,922	10,480,161	
6. Mortgage guaranty	0	0	0	
8. Ocean marine	0	0	0	
9. Inland marine	216,682	1,038,571	189,074	
10. Financial guaranty	0	0	0	
11.1 Medical professional liability-occurrence	148,674	1,230,097	.83,611	
11.2 Medical professional liability-claims made	(583)	(227)	0	
12. Earthquake	19,499	78,543	8,559	
13. Group accident and health	0	0	0	
14. Credit accident and health	0	0	0	
15. Other accident and health	0	0	0	
16. Workers' compensation	37,068,379	.114,509,398	.110,808,789	
17.1 Other liability occurrence	3,105,756	14,500,372	.3,310,773	
17.2 Other liability-claims made	94,399	347,993	.41,353	
17.3 Excess Workers' Compensation	0	0	0	
18.1 Products liability-occurrence	.590,893	4,889,410	714,292	
18.2 Products liability-claims made	0	0	0	
19.1,19.2 Private passenger auto liability	4,823	14,725	.5,691	
19.3,19.4 Commercial auto liability	3,229,779	.13,342,235	3,807,738	
21. Auto physical damage	1,197,323	4,511,707	1,209,917	
22. Aircraft (all perils)	0	0	0	
23. Fidelity	0	0	1,772	
24. Surety	100,321	145,967	.86,120	
26. Burglary and theft	14,440	64,261	.15,490	
27. Boiler and machinery	37,978	240,503	.32,640	
28. Credit	0	0	0	
29. International	0	0	0	
30. Warranty	0	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	
TOTALS	57,472,857	203,030,289	131,424,386	
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0	0

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE CINCINNATI CASUALTY COMPANY

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE CINCINNATI CASUALTY COMPANY

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 a "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.  2 8 6 6 5 2 0 1 2 4 9 0 0 0 0 0 3

2.  2 8 6 6 5 2 0 1 2 4 5 5 0 0 0 0 0 3

3.  2 8 6 6 5 2 0 1 2 3 6 5 0 0 0 0 0 3

OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE CINCINNATI CASUALTY COMPANY

SCHEDULE A – VERIFICATION

Real Estate

	1 Year To Date	2 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	0
2.2 Additional investment made after acquisition.....	0	0
3. Current year change in encumbrances.....	0	0
4. Total gain (loss) on disposals.....	0	0
5. Deduct amounts received on disposals.....	0	0
6. Total foreign exchange change in book/adjusted carrying value.....	0	0
7. Deduct current year's other than temporary impairment recognized.....	0	0
8. Deduct current year's depreciation.....	0	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

NONE

SCHEDULE B – VERIFICATION

Mortgage Loans

	1 Year To Date	2 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	0
2.2 Additional investment made after acquisition.....	0	0
3. Capitalized deferred interest and other.....	0	0
4. Accrual of discount.....	0	0
5. Unrealized valuation increase (decrease).....	0	0
6. Total gain (loss) on disposals.....	0	0
7. Deduct amounts received on disposals.....	0	0
8. Deduct amortization of premium and mortgage interest points and commitment fees.....	0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....	0	0
10. Deduct current year's other than temporary impairment recognized.....	0	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	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

NONE

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1 Year To Date	2 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	0
2.2 Additional investment made after acquisition.....	0	0
3. Capitalized deferred interest and other.....	0	0
4. Accrual of discount.....	0	0
5. Unrealized valuation increase (decrease).....	0	0
6. Total gain (loss) on disposals.....	0	0
7. Deduct amounts received on disposals.....	0	0
8. Deduct amortization of premium and depreciation.....	0	0
9. Total foreign exchange change in book/adjusted carrying value.....	0	0
10. Deduct current year's other than temporary impairment recognized.....	0	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

NONE

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	280,878,202	266,922,480
2. Cost of bonds and stocks acquired.....	33,187,539	48,592,736
3. Accrual of discount.....	53,001	63,361
4. Unrealized valuation increase (decrease).....	3,786,984	(6,488,213)
5. Total gain (loss) on disposals.....	44,272	10,275,355
6. Deduct consideration for bonds and stocks disposed of.....	24,465,175	36,972,031
7. Deduct amortization of premium.....	230,178	210,286
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other than temporary impairment recognized.....	653,948	1,305,200
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	292,600,697	280,878,202
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11).....	292,600,697	280,878,202

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE CINCINNATI CASUALTY COMPANY

SCHEDULE D - PART 1B

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

	1 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
BONDS								
1. Class 1 (a).....	158,047,034		1,899,833	(2,992,083)	159,480,272	158,047,034	153,155,119	159,433,398
2. Class 2 (a).....	66,084,144	2,587,280		2,922,738	62,816,795	66,084,144	71,594,161	57,585,861
3. Class 3 (a).....	1,091,319			(7,550)	1,098,835	1,091,319	1,083,769	1,106,165
4. Class 4 (a).....	0				0	0	0	0
5. Class 5 (a).....	0				0	0	0	0
6. Class 6 (a).....	0				0	0	0	652,880
7. Total Bonds.....	225,222,497	2,587,280	1,899,833	(76,896)	223,395,902	225,222,497	225,833,049	218,778,303
PREFERRED STOCK								
8. Class 1.....	0				0	0	0	0
9. Class 2.....	0				0	0	0	0
10. Class 3.....	0				0	0	0	0
11. Class 4.....	0				0	0	0	0
12. Class 5.....	0				0	0	0	0
13. Class 6.....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock.....	225,222,497	2,587,280	1,899,833	(76,896)	223,395,902	225,222,497	225,833,049	218,778,303

(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 \$; NAIC 2 \$;

NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

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 SEPTEMBER 30, 2012 OF THE CINCINNATI CASUALTY COMPANY

SCHEDULE D - PART 3

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

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

E04

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE CINCINNATI CASUALTY COMPANY

SCHEDULE D - PART 4

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

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

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Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE CINCINNATI CASUALTY COMPANY

SCHEDULE E - PART 1 - CASH

Month End Depository Balances								
1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
Fifth Third Bank.....					2,819,638	1,343,683	2,120,045	XXX
0199998 Deposits in depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX						XXX
0199999 Total Open Depositories	XXX	XXX	0	0	2,819,638	1,343,683	2,120,045	XXX
0399999 Total Cash on Deposit	XXX	XXX	0	0	2,819,638	1,343,683	2,120,045	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999 Total	XXX	XXX	0	0	2,819,638	1,343,683	2,120,045	XXX

STATEMENT AS OF SEPTEMBER 30, 2012 OF THE CINCINNATI CASUALTY COMPANY

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter							
1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year

NONE

E
12



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2012 OF THE CINCINNATI CASUALTY COMPANY

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended 2012

NAIC Group Code 0244

NAIC Company Code 28665

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
\$ 3,161	\$ 1,784	\$ 0

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 [X] No []

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 [X] No []

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: \$ 18,392

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. \$ 0