



ANNUAL STATEMENT
For the Year Ended December 31, 2012
OF THE CONDITION AND AFFAIRS OF THE
CINCINNATI CASUALTY COMPANY

NAIC Group Code 0244, 00244 NAIC Company Code 28665 Employer's ID Number 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
Mail Address P.O. BOX 145496, CINCINNATI, OH, 45250-5496
Primary Location of Books and Records 6200 SOUTH GILMORE ROAD, FAIRFIELD, OH, 45014-5141 513-870-2000-4938
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OFFICERS

Table with 4 columns: Name, Title, Name, Title. Includes STEVEN JUSTUS JOHNSTON (CHIEF EXECUTIVE OFFICER, PRESIDENT), THERESA ANN HOFFER (VICE PRESIDENT, TREASURER), MICHAEL JAMES SEWELL (CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT).

OTHER OFFICERS

Table with 4 columns: Name, Title, Name, Title. Includes TERESA CURRIN CRACAS (SENIOR VICE PRESIDENT), MARTIN FRANCIS HOLLENBECK (SENIOR VICE PRESIDENT), LISA ANNE LOVE (SENIOR VICE PRESIDENT), JOHN JEFFERSON SCHIFF JR (SENIOR VICE PRESIDENT), etc.

DIRECTORS OR TRUSTEES

Table with 4 columns: Name, Title, Name, Title. Includes WILLIAM FORREST BAHL (GREGORY THOMAS BIER), MARTIN FRANCIS HOLLENBECK (STEVEN JUSTUS JOHNSTON), WILLIAM RODNEY MCMULLEN (MARTIN JOSEPH MULLEN), etc.

State of OHIO
County of BUTLER

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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.

STEVEN J. JOHNSTON
CHIEF EXECUTIVE OFFICER, PRESIDENT

MICHAEL J. SEWELL
CHIEF FINANCIAL OFFICER, SENIOR VICE
PRESIDENT

THERESA A. HOFFER
VICE PRESIDENT, TREASURER

Subscribed and sworn to before me
this 22ND day of FEBRUARY, 2013

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

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CINCINNATI CASUALTY COMPANY

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	221,426,854		221,426,854	218,778,303
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	67,845,400		67,845,400	62,099,899
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
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 (\$9,419,534 , Schedule E-Part 1), cash equivalents (\$0 , Schedule E-Part 2) and short-term investments (\$0 , Schedule DA).....	9,419,534		9,419,534	1,396,748
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....			0	0
8. Other invested assets (Schedule BA)	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	298,691,788	0	298,691,788	282,274,950
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	2,599,517		2,599,517	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	13,208,507		13,208,507	10,908,166
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts	2,101,717		2,101,717	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	12,692,667		12,692,667	13,282,218
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).....	329,294,196	0	329,294,196	313,321,029
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	329,294,196	0	329,294,196	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.			0	0
2502.			0	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)	0	0	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8)	0	0
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)	10	7
3. Loss adjustment expenses (Part 2A, Line 35, Column 9)	0	0
4. Commissions payable, contingent commissions and other similar charges	0	0
5. Other expenses (excluding taxes, licenses and fees)	3,617	3,603
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	0	0
7.1 Current federal and foreign income taxes (including \$ (50,618) on realized capital gains (losses))	192,798	0
7.2 Net deferred tax liability	7,210,592	5,253,268
8. Borrowed money \$ and interest thereon \$	0	0
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ 130,663,270 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	0
10. Advance premium	0	0
11. Dividends declared and unpaid:		
11.1 Stockholders	0	0
11.2 Policyholders	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions)	27,836,752	27,039,620
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)	0	0
14. Amounts withheld or retained by company for account of others	1,403,761	1,039,969
15. Remittances and items not allocated	0	0
16. Provision for reinsurance (including \$ certified) (Schedule F, Part 8)	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates	0	0
18. Drafts outstanding	0	0
19. Payable to parent, subsidiaries and affiliates	0	0
20. Derivatives	0	0
21. Payable for securities	0	0
22. Payable for securities lending	0	0
23. Liability for amounts held under uninsured plans	0	0
24. Capital notes \$ and interest thereon \$	0	0
25. Aggregate write-ins for liabilities	0	5,336
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	36,647,530	33,341,803
27. Protected cell liabilities	0	0
28. Total liabilities (Lines 26 and 27)	36,647,530	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	0
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes	0	0
34. Gross paid in and contributed surplus	18,000,000	18,000,000
35. Unassigned funds (surplus)	270,896,666	258,229,226
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$)	0	0
36.2 shares preferred (value included in Line 31 \$)	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	292,646,666	279,979,226
38. Totals (Page 2, Line 28, Col. 3)	329,294,196	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

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CINCINNATI CASUALTY COMPANY

STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4) .....	.0	.0
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7) .....	.0	.0
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1) .....	.0	.0
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2) .....	.0	.0
5. Aggregate write-ins for underwriting deductions .....	.0	.0
6. Total underwriting deductions (Lines 2 through 5)	0	0
7. Net income of protected cells .....	.0	.0
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7) .....	.0	.0
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17)	12,044,947	11,716,018
10. Net realized capital gains (losses) less capital gains tax of \$ (441,288) (Exhibit of Capital Gains (Losses))	(168,283)	5,830,601
11. Net investment gain (loss) (Lines 9 + 10)	11,876,664	17,546,619
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$ ..... ) .....		.0
13. Finance and service charges not included in premiums .....		.0
14. Aggregate write-ins for miscellaneous income	0	0
15. Total other income (Lines 12 through 14)	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	11,876,664	17,546,619
17. Dividends to policyholders		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)	11,876,664	17,546,619
19. Federal and foreign income taxes incurred	2,116,639	2,354,052
20. Net income (Line 18 minus Line 19) (to Line 22)	9,760,026	15,192,566
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	279,979,226	268,542,983
22. Net income (from Line 20)	9,760,026	15,192,566
23. Net transfers (to) from Protected Cell accounts .....		.0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ 1,702,658	3,162,079	(4,217,338)
25. Change in net unrealized foreign exchange capital gain (loss) .....		.0
26. Change in net deferred income tax	(254,666)	461,017
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3) .....	.0	.0
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) .....	.0	.0
29. Change in surplus notes .....		.0
30. Surplus (contributed to) withdrawn from protected cells .....		.0
31. Cumulative effect of changes in accounting principles .....		.0
32. Capital changes:		
32.1 Paid in .....		.0
32.2 Transferred from surplus (Stock Dividend) .....		.0
32.3 Transferred to surplus .....		.0
33. Surplus adjustments:		
33.1 Paid in .....		.0
33.2 Transferred to capital (Stock Dividend) .....		.0
33.3 Transferred from capital .....		.0
34. Net remittances from or (to) Home Office .....		.0
35. Dividends to stockholders .....		.0
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1) .....	.0	.0
37. Aggregate write-ins for gains and losses in surplus	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37)	12,667,439	11,436,243
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	292,646,666	279,979,226
DETAILS OF WRITE-INS		
0501.		
0502.		
0503.		
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0
1401. ....		.0
1402. ....		.0
1403. ....		.0
1498. Summary of remaining write-ins for Line 14 from overflow page .....	.0	.0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0
3701.		
3702.		
3703.		
3798. Summary of remaining write-ins for Line 37 from overflow page .....	.0	.0
3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)	0	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance.....	684,691	11,344,226
2. Net investment income.....	12,274,593	11,793,402
3. Miscellaneous income.....	0	0
4. Total (Lines 1 through 3).....	12,959,284	23,137,628
5. Benefit and loss related payments.....	1,162,658	(758,706)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	0	0
8. Dividends paid to policyholders.....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ (330,966) tax on capital gains (losses).....	324,524	6,590,252
10. Total (Lines 5 through 9).....	1,487,182	5,831,546
11. Net cash from operations (Line 4 minus Line 10).....	11,472,102	17,306,082
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	29,541,000	23,032,780
12.2 Stocks.....	1,344,175	13,939,251
12.3 Mortgage loans.....	0	0
12.4 Real estate.....	0	0
12.5 Other invested assets.....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	0	0
12.7 Miscellaneous proceeds.....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	30,885,175	36,972,031
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	32,361,691	39,674,434
13.2 Stocks.....	2,920,808	8,918,301
13.3 Mortgage loans.....	0	0
13.4 Real estate.....	0	0
13.5 Other invested assets.....	0	0
13.6 Miscellaneous applications.....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	35,282,499	48,592,735
14. Net increase (decrease) in contract loans and premium notes.....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14).....	(4,397,323)	(11,620,704)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0
16.3 Borrowed funds.....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0
16.5 Dividends to stockholders.....	0	0
16.6 Other cash provided (applied).....	948,007	(11,905,539)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	948,007	(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).....	8,022,786	(6,220,161)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	1,396,750	7,616,911
19.2 End of year (Line 18 plus Line 19.1).....	9,419,537	1,396,750

Part 1

NONE

Part 1A

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Cols. 1 + 2 + 3 - 4 - 5
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire	2,980,433			2,980,433		0
2. Allied lines	2,829,947			2,829,947		0
3. Farmowners multiple peril						0
4. Homeowners multiple peril	78			78		0
5. Commercial multiple peril	61,385,986			61,385,986		0
6. Mortgage guaranty						0
8. Ocean marine						0
9. Inland marine	1,343,003			1,343,003		0
10. Financial guaranty						0
11.1 Medical professional liability-occurrence	1,455,091			1,455,091		0
11.2 Medical professional liability-claims-made	(227)			(227)		0
12. Earthquake	95,269			95,269		0
13. Group accident and health						0
14. Credit accident and health (group and individual)						0
15. Other accident and health						0
16. Workers' compensation	156,570,561		155	156,570,716		0
17.1 Other liability-occurrence	21,022,915			21,022,915		0
17.2 Other liability-claims-made	538,613			538,613		0
17.3 Excess workers' compensation						0
18.1 Products liability-occurrence	7,746,266			7,746,266		0
18.2 Products liability-claims-made						0
19.1,19.2 Private passenger auto liability	15,678			15,678		0
19.3,19.4 Commercial auto liability	18,751,354			18,751,354		0
21. Auto physical damage	6,249,462			6,249,462		0
22. Aircraft (all perils)						0
23. Fidelity						0
24. Surety	218,878			218,878		0
26. Burglary and theft	100,692			100,692		0
27. Boiler and machinery	370,415			370,415		0
28. Credit						0
29. International						0
30. Warranty						0
31. Reinsurance-nonproportional assumed property	XXX					0
32. Reinsurance-nonproportional assumed liability	XXX					0
33. Reinsurance-nonproportional assumed financial lines	XXX					0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0
35. TOTALS	281,674,414	0	155	281,674,569	0	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 above)	0	0	0	0	0	0

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [] No [X]

If yes: 1. The amount of such installment premiums \$

2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CINCINNATI CASUALTY COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5 Net Losses Unpaid Current Year (Part 2A, Col. 8)	6 Net Losses Unpaid Prior Year	7 Losses Incurred Current Year (Cols. 4 + 5 - 6)	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire	1,599,812		1,599,812	.0	0	0	.0	
2. Allied lines	1,079,864		1,079,864	.0	0	0	.0	
3. Farmowners multiple peril				.0	0	0	.0	
4. Homeowners multiple peril	7,225		7,225	.0	0	0	.0	
5. Commercial multiple peril	31,337,473		31,337,473	.0	0	0	.0	
6. Mortgage guaranty				.0	0	0	.0	
8. Ocean marine				.0	0	0	.0	
9. Inland marine	239,020		239,020	.0	0	0	.0	
10. Financial guaranty				.0	0	0	.0	
11.1 Medical professional liability-occurrence				.0	0	0	.0	
11.2 Medical professional liability-claims-made				.0	0	0	.0	
12. Earthquake				.0	0	0	.0	
13. Group accident and health				.0	0	0	.0	
14. Credit accident and health (group and individual)				.0	0	0	.0	
15. Other accident and health				.0	0	0	.0	
16. Workers' compensation	98,153,329	510,881	98,664,210	.0	0	0	.0	
17.1 Other liability-occurrence	100,403		100,403	.0	0	0	.0	
17.2 Other liability-claims-made	19,677		19,677	.0	0	0	.0	
17.3 Excess workers' compensation				.0	0	0	.0	
18.1 Products liability-occurrence	59,613		59,613	.0	0	0	.0	
18.2 Products liability-claims-made				.0	0	0	.0	
19.1,19.2 Private passenger auto liability	248,320		248,320	.0	0	0	.0	
19.3,19.4 Commercial auto liability	3,486,389		3,486,389	.0	0	0	.0	
21. Auto physical damage	3,835,009		3,835,009	.0	0	0	.0	
22. Aircraft (all perils)				.0	0	0	.0	
23. Fidelity				.0	0	0	.0	
24. Surety	(10,000)		(10,000)	.0	0	0	.0	
26. Burglary and theft				.0	0	0	.0	
27. Boiler and machinery	31,803		31,803	.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			.0	0	0	.0	
32. Reinsurance-nonproportional assumed liability	XXX			.0	0	0	.0	
33. Reinsurance-nonproportional assumed financial lines	XXX			.0	0	0	.0	
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0.0	
35. TOTALS	140,187,937	510,881	140,698,818	0	0	0	0.0	
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	0.0	
3499. Totals (Lines 3401 through 3403 + 3498) (Line 34 above)	0	0	0	0	0	0	0.0	

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CINCINNATI CASUALTY COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8 Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	9 Net Unpaid Loss Adjustment Expenses
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable from Authorized and Unauthorized Companies	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire	211,875		211,875	.0				.0	
2. Allied lines	1,932,077		1,932,077	.0				.0	
3. Farmowners multiple peril				.0				.0	
4. Homeowners multiple peril	11,000		11,000	.0				.0	
5. Commercial multiple peril	20,330,985		20,330,985	.0	1,684,000		1,684,000	.0	
6. Mortgage guaranty				.0				.0	
8. Ocean marine				.0				.0	
9. Inland marine	9,258		9,258	.0				.0	
10. Financial guaranty				.0				.0	
11.1 Medical professional liability-occurrence	10,000		10,000	.0	810,000		810,000	.0	
11.2 Medical professional liability-claims-made				.0				.0	
12. Earthquake				.0				.0	
13. Group accident and health				.0				(a)	.0
14. Credit accident and health (group and individual)				.0				(a)	.0
15. Other accident and health				.0				(a)	.0
16. Workers' compensation	193,467,265	5,925,574	199,392,838	.0	213,863,000	5,328,397	219,191,397	.0	
17.1 Other liability-occurrence	2,332,825		2,332,825	.0	4,020,000		4,020,000	.0	
17.2 Other liability-claims-made	129,692		129,692	.0				.0	
17.3 Excess workers' compensation				.0				.0	
18.1 Products liability-occurrence	1,635,280		1,635,280	.0	2,692,000		2,692,000	.0	
18.2 Products liability-claims-made				.0				.0	
19.1,19.2 Private passenger auto liability	798,687		798,687	.0				.0	
19.3,19.4 Commercial auto liability	5,839,157		5,839,157	.0	1,542,000		1,542,000	.0	
21. Auto physical damage	223,874		223,874	.0	(44,000)		(44,000)	.0	
22. Aircraft (all perils)				.0				.0	
23. Fidelity				.0				.0	
24. Surety	24,649		24,649	.0				.0	
26. Burglary and theft				.0				.0	
27. Boiler and machinery				.0				.0	
28. Credit				.0				.0	
29. International				.0				.0	
30. Warranty				.0				.0	
31. Reinsurance-nonproportional assumed property	XXX			.0	XXX			.0	
32. Reinsurance-nonproportional assumed liability	XXX			.0	XXX			.0	
33. Reinsurance-nonproportional assumed financial lines	XXX			.0	XXX			.0	
34. Aggregate write-ins for other lines of business	.0	.0	.0	.0	.0	.0	.0	.0	.0
35. TOTALS	226,956,623	5,925,574	232,882,197	0	224,567,000	5,328,397	229,895,397	0	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	.0	.0	.0
3499. Totals (Lines 3401 through 3403 + 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0

(a) Including \$ for present value of life indemnity claims.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct	12,656,382			12,656,382
1.2 Reinsurance assumed				0
1.3 Reinsurance ceded	12,656,382			12,656,382
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	0	0	0	0
2. Commission and brokerage:				
2.1 Direct, excluding contingent		25,422,151		25,422,151
2.2 Reinsurance assumed, excluding contingent		29,910		29,910
2.3 Reinsurance ceded, excluding contingent		25,452,061		25,452,061
2.4 Contingent-direct		7,500,000		7,500,000
2.5 Contingent-reinsurance assumed				0
2.6 Contingent-reinsurance ceded		7,500,000		7,500,000
2.7 Policy and membership fees				0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)	0	0	0	0
3. Allowances to manager and agents				0
4. Advertising			20	20
5. Boards, bureaus and associations			954	954
6. Surveys and underwriting reports				0
7. Audit of assureds' records			142	142
8. Salary and related items:				
8.1 Salaries			127,197	127,197
8.2 Payroll taxes			7,692	7,692
9. Employee relations and welfare			24,311	24,311
10. Insurance				0
11. Directors' fees				0
12. Travel and travel items			5,236	5,236
13. Rent and rent items			6,125	6,125
14. Equipment			838	838
15. Cost or depreciation of EDP equipment and software			31,145	31,145
16. Printing and stationery			854	854
17. Postage, telephone and telegraph, exchange and express			2,468	2,468
18. Legal and auditing			19,001	19,001
19. Totals (Lines 3 to 18)	0	0	225,984	225,984
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$				0
20.2 Insurance department licenses and fees				0
20.3 Gross guaranty association assessments				0
20.4 All other (excluding federal and foreign income and real estate)				0
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)	0	0	0	0
21. Real estate expenses				0
22. Real estate taxes				0
23. Reimbursements by uninsured plans				0
24. Aggregate write-ins for miscellaneous expenses	0	0	0	0
25. Total expenses incurred	0	0	225,984 (a)	225,984
26. Less unpaid expenses-current year	0		3,617	3,617
27. Add unpaid expenses-prior year	0		3,603	3,603
28. Amounts receivable relating to uninsured plans, prior year	0	0	0	0
29. Amounts receivable relating to uninsured plans, current year				0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	0	0	225,971	225,971
DETAILS OF WRITE-INS				
2401.				0
2402.				0
2403.				0
2498. Summary of remaining write-ins for Line 24 from overflow page	0	0	0	0
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	0	0	0	0

(a) Includes management fees of \$ to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 16,540	19,422
1.1 Bonds exempt from U.S. tax	(a) 5,639,174	5,467,594
1.2 Other bonds (unaffiliated)	(a) 4,413,875	4,625,140
1.3 Bonds of affiliates	(a) 0	
2.1 Preferred stocks (unaffiliated)	(b) 0	
2.11 Preferred stocks of affiliates	(b) 0	
2.2 Common stocks (unaffiliated)	2,162,865	2,158,777
2.21 Common stocks of affiliates	0	
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e)	
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	12,232,454	12,270,932
11. Investment expenses		(g) 225,984
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		225,984
17. Net investment income (Line 10 minus Line 16)		12,044,947
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903) plus 0998 (Line 9 above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 through 1503) plus 1598 (Line 15 above)		0

- (a) Includes \$ 71,426 accrual of discount less \$ 329,863 amortization of premium and less \$ 105,610 paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds			0		
1.1 Bonds exempt from U.S. tax	4,177		4,177		
1.2 Other bonds (unaffiliated)	40,200		40,200	41,920	
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	(653,948)	(653,948)	4,822,817	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	0	0	0	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	44,377	(653,948)	(609,571)	4,864,737	0
DETAILS OF WRITE-INS					
0901.			0		
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903) plus 0998 (Line 9 above)	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	.0	.0	.0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	.0	.0	.0
2.2 Common stocks .....	.0	.0	.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	.0	.0	.0
3.2 Other than first liens .....	.0	.0	.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	.0	.0	.0
4.2 Properties held for the production of income.....	.0	.0	.0
4.3 Properties held for sale .....	.0	.0	.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	.0	.0	.0
6. Contract loans .....	.0	.0	.0
7. Derivatives (Schedule DB).....	.0	.0	.0
8. Other invested assets (Schedule BA) .....	.0	.0	.0
9. Receivables for securities .....	.0	.0	.0
10. Securities lending reinvested collateral assets (Schedule DL).....	.0	.0	.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.0	.0	.0
13. Title plants (for Title insurers only).....	.0	.0	.0
14. Investment income due and accrued .....	.0	.0	.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	.0	.0	.0
15.2 Deferred premiums, agents' balances and installments booked but earned and not yet due.....	.0	.0	.0
15.3 Accrued retrospective premiums.....	.0	.0	.0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	.0	.0	.0
16.2 Funds held by or deposited with reinsured companies .....	.0	.0	.0
16.3 Other amounts receivable under reinsurance contracts .....	.0	.0	.0
17. Amounts receivable relating to uninsured plans .....	.0	.0	.0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	.0	.0	.0
18.2 Net deferred tax asset.....	.0	.0	.0
19. Guaranty funds receivable or on deposit .....	.0	.0	.0
20. Electronic data processing equipment and software.....	.0	.0	.0
21. Furniture and equipment, including health care delivery assets .....	.0	.0	.0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	.0	.0	.0
23. Receivables from parent, subsidiaries and affiliates .....	.0	.0	.0
24. Health care and other amounts receivable.....	.0	.0	.0
25. Aggregate write-ins for other than invested assets .....	.0	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	.0	.0	.0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27)	0	0	0
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.0	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2012 FOR 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.

	STATE OF DOMICILE	2012	2011
NET INCOME			
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	Ohio	\$9,760,026	\$15,192,566
(2) State Prescribed Practices that increase/(decrease) NAIC SAP	Ohio	0	0
(3) State Permitted Practices that increase/(decrease) NAIC SAP	Ohio	0	0
(4) NAIC SAP (1-2-3=4)	Ohio	\$9,760,026	\$15,192,566
SURPLUS			
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	Ohio	\$292,646,665	\$279,979,226
(6) State Prescribed Practices that increase/(decrease) NAIC SAP	Ohio	0	0
(7) State Permitted Practices that increase/(decrease) NAIC SAP	Ohio	0	0
(8) NAIC SAP (5-6-7=8)	Ohio	\$292,646,665	\$279,979,226

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. These reserves are computed by pro rata methods for direct business and are based on reports received from ceding companies for reinsurance. Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans are stated at amortized cost using the effective yield method.
- (3) Common Stocks are stated at market.
- (4) Preferred stocks are stated at book value. Also, Per SSAP 32, lower quality preferred stocks (P3 to P6) are being stated at the lower of book or fair value.
- (5) Not applicable
- (6) Not applicable
- (7) Not applicable
- (8) Not applicable
- (9) Not applicable
- (10) In the event that a first-order approximation (excluding anticipated investment income) of estimated future costs related to unearned premium as of a particular evaluation date exceeds the unearned premium as of that date, we would incorporate consideration of the related investment income we would expect to earn. However, to date we have not had to proceed to this step in order to demonstrate that no premium deficiency exists.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
- (12) The company has not modified its capital policy from a prior period.

2. Accounting Changes and Correction of Errors - The Company had no material changes in accounting principles and/or correction of errors.

3. Business Combinations and Goodwill

- A. Statutory Purchase Method – Not applicable
- B. Statutory Merger – Not applicable
- C. Impairment Loss – Not applicable

4. Discontinued Operations – None

5. Investments

- A. Mortgage Loans - Not applicable
- B. Debt Restructuring - Not applicable
- C. Reverse Mortgages - Not applicable
- D. Loan-Backed Securities - Not applicable
- E. Repurchase Agreements and/or Securities Lending Transactions - Not applicable
- F. Real Estate - Not applicable
- G. Low-income Housing Tax Credit (LIHTC) - Not applicable

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.
- B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income

- A. There was no due and accrued income excluded from investment income in 2012.
- B. Not applicable

ANNUAL STATEMENT FOR THE YEAR 2012 FOR THE CINCINNATI CASUALTY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

8. Derivative Instruments

- A. Not applicable
- B. Not applicable
- C. Not applicable
- D. Not applicable
- E. Not applicable
- F. Not applicable

9 - Income Taxes

A. Components of Deferred Tax Assets (DTAs) and Deferred Tax Liabilities (DTLs):

	2012		
	Ordinary	Capital	Total
(a) Gross deferred tax assets	\$ -	\$ 150,918	\$ 150,918
(b) Statutory valuation allowance	-	-	-
(c) Adjusted gross deferred tax assets (1a - 1b)	-	150,918	150,918
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	-	150,918	150,918
(f) Deferred Tax Liabilities	8,876	7,352,634	7,361,510
(g) Net admitted deferred tax asset/(liability) (1e - 1f)	\$ (8,876)	\$ (7,201,716)	\$ (7,210,592)

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

	Change		
	Ordinary	Capital	Total
(a) Gross deferred tax assets	\$ (17,255)	\$ (237,991)	\$ (255,246)
(b) Statutory valuation allowance	-	-	-
(c) Adjusted gross deferred tax assets (1a - 1b)	(17,255)	(237,991)	(255,246)
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	(17,255)	(237,991)	(255,246)
(f) Deferred Tax Liabilities	(579)	1,702,658	1,702,079
(g) Net admitted deferred tax asset/(liability) (1e - 1f)	\$ (16,676)	\$ (1,940,649)	\$ (1,957,325)

	2012		
	Ordinary	Capital	Total
SSAP 101, paragraphs 11.a., 11.b., and 11.c.:			
(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	43,897,000	43,897,000	43,897,000
(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	-	150,918	150,918
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	-	150,918	150,918

	2011		
	Ordinary	Capital	Total
SSAP 101, paragraphs 11.a., 11.b., and 11.c.:			
(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	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	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))	17,255	388,909	406,164

	Change		
	Ordinary	Capital	Total
SSAP 101, paragraphs 11.a., 11.b., and 11.c.:			
(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	1,900,116	1,900,116	1,900,116
(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)	(237,991)	(255,246)
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	(17,255)	(237,991)	(255,246)

	2012	2011
	Percentage	Percentage
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	3433%	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.

**ANNUAL STATEMENT FOR THE YEAR 2012 FOR THE CINCINNATI CASUALTY COMPANY
NOTES TO THE FINANCIAL STATEMENTS**

4.

	2012		
	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%

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

	2011		
	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%

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	\$ 2,116,639	\$ 2,354,053	\$ (237,414)
(b) Foreign	-	-	-
(c) Subtotal	2,116,639	2,354,053	(237,414)
(d) Federal Income Tax on capital gains/(losses)	(441,288)	3,139,554	(3,580,842)
(e) Utilization of capital loss carryforwards	-	-	-
(f) Other	-	-	-
Federal income taxes incurred	\$ 1,675,351	\$ 5,493,607	\$ (3,818,256)

2. Deferred tax assets

	December 31, 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	150,918	\$ 388,909	(237,991)
(2) Unrealized losses on investments	-	-	-
(99) Subtotal	150,918	388,909	(237,991)
(f) Statutory valuation allowance adj	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets (2e99-2f-2g)	150,918	388,909	(237,991)
(i) Admitted deferred tax assets (2d + 2h)	150,918	406,164	(255,246)

3. Deferred tax liabilities

	December 31, 2012	December 31, 2011	Change
(a) Ordinary			
(1) Other, net	8,876	9,455	(579)
(99) Subtotal	8,876	9,455	(579)
(b) Capital			
(1) Unrealized gains on investments	7,352,634	5,649,976	1,702,658
(2) Other	-	-	-
(99) Subtotal	7,352,634	5,649,976	1,702,658
(c) Deferred tax liabilities (3a99 + 3b99)	7,361,510	5,659,431	1,702,079

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

(7,210,592) (5,253,267) (1,957,325)

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):

	December 31, 2012	December 31, 2011	Change
Total deferred tax assets	\$ 150,918	\$ 406,164	\$ (255,246)
Total deferred tax liabilities	7,361,510	5,659,431	1,702,079
Net deferred tax asset/(liability)	\$ (7,210,592)	\$ (5,253,267)	\$ (1,957,325)
Tax effect of unrealized (gains)/losses			1,702,658
Change in net deferred income tax (charge)/benefit			\$ (254,667)

	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			(2,270,875)
Change in net deferred income tax (charge)/benefit			\$ 461,018

ANNUAL STATEMENT FOR THE YEAR 2012 FOR THE CINCINNATI CASUALTY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

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

The provision for federal 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:			
Description	As of December 31, 2012		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes Tax	\$ 11,435,377	\$ 4,002,382	35.00%
Exempt Interest Dividends received deduction	(4,621,009)	(1,617,353)	-14.14%
Other items permanent in nature	(1,286,906)	(450,417)	-3.94%
Other	-	-	0.00%
DRD on Accrued	(15,559)	(5,446)	-0.05%
Total	2,434	852	0.01%
	<u>\$ 5,514,337</u>	<u>\$ 1,930,018</u>	<u>16.88%</u>
Federal income taxes incurred expense/(benefit)	\$ 6,047,540	\$ 2,116,639	18.51%
Tax on capital gains/(losses)	(1,260,823)	(441,288)	-3.86%
Change in net deferred income tax charge/(benefit)	727,620	254,667	2.23%
Total statutory income taxes	<u>\$ 5,514,337</u>	<u>\$ 1,930,018</u>	<u>16.88%</u>
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	(5,180,292)	(1,813,102)	-8.76%
Other	(1,115,974)	(390,591)	-1.89%
DRD on Accrued	4,674	1,636	0.01%
Total	(15,754)	(5,514)	-0.03%
	<u>\$ 14,378,828</u>	<u>\$ 5,032,590</u>	<u>24.33%</u>
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	<u>\$ 14,378,828</u>	<u>\$ 5,032,590</u>	<u>24.33%</u>

E. Operating Loss and Tax Credit Carryforwards

- (1) At December 31, 2012, the Company had net operating loss carry forwards of: \$ -
(2) At December 31, 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	\$ 2,122,086	\$ (441,288)	\$ 1,680,798
2011	1,890,150	3,596,374	5,486,524
2010	-	48,584	48,584
Total	<u>\$ 4,012,236</u>	<u>\$ 3,203,670</u>	<u>\$ 7,215,906</u>

- (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 the company receiving a current benefit for losses generated to the extent federal taxes are reduced for the consolidated tax group. Furthermore, tax allocations are computed without regard to any amount attributable to any minimum tax arising under Code Section 55 or minimum tax credit arising under Code Section 53.

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 Parent, Subsidiaries, Affiliates and Other Related Parties

- A. Not applicable
B. Not applicable
C. The terms of intercompany management and service agreements were created to include the Company.
D. At December 31, 2012, the Company reported \$12,692,667 due from the Parent Company, The Cincinnati Insurance Company. The terms of the settlement require that these amounts be settled within 30 days.
E. Not applicable
F. The Company has the following management agreements with related parties:
(1) Inter-company Benefits and Expense Allocation Agreement.
(2) Inter-company Cost Sharing and Expense Allocation Agreement.
(3) Inter-company Tax Sharing Agreement.
(4) Inter-company Reinsurance Agreement.
G. All outstanding shares of The Company are owned by the Parent Company, The Cincinnati Insurance Company, an insurance company domiciled in the State of Ohio.
H. Not applicable
I. Not applicable
J. Not applicable
K. Not applicable
L. Not applicable

11. Debt

- A. Capital Notes – Not applicable
B. All Other Debt – Not applicable

ANNUAL STATEMENT FOR THE YEAR 2012 FOR THE CINCINNATI CASUALTY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
- A. Defined Benefit Plan – Not applicable
 - B. Defined Contribution Plans – Not applicable
 - C. Multiemployer Plans – Not applicable
 - D. Consolidated/Holding Company Plans –
 - (1) Defined Benefit Pension Plan - The Company participates in a qualified, noncontributory defined benefit pension plan sponsored by Cincinnati Financial Corporation, the parent. The Company has no legal obligations for benefits under these plans. Cincinnati Financial Corporation allocates amounts to the Company based on the percentage of participants on the Company's payroll. The Company's share of net expense for the qualified pension plan was \$3,350 and \$4,736 for 2012 and 2011 respectively.
 - (2) Defined Contribution Plans - The Company participates in a qualified, defined contribution plan sponsored by The Cincinnati Insurance Company, the parent. The Company has no legal obligations for benefits under these plans. The Cincinnati Insurance Company allocates amounts to the Company based on an inter-company management fee. The Company's share of net expense for the contribution plan was \$3,935 and \$5,123 for 2012 and 2011 respectively.
 - E. Postemployment Benefits and Compensated Absences – Not applicable
 - F. Impact of Medicare Modernization Act on Postretirement Benefits – Not applicable
13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations
- (1) The Company has 2,000 shares authorized, 1,875 shares issued and 1,875 shares outstanding. All shares are Class A shares.
 - (2) The Company has no preferred stock outstanding.
 - (3) Without prior approval from the Ohio Insurance Commissioner, dividends to shareholders are limited by the laws of Ohio which state that dividends are restricted to the greater of 10% of surplus or net income. In 2013 we would be restricted to \$29,264,667. In 2012 10% of surplus was \$29,264,667 and net income was \$9,760,026. In 2012 we would be restricted to \$27,997,923. In 2011 10% of surplus was \$27,997,923 and net income was \$15,192,566.
 - (4) Dividends Paid - Not applicable
 - (5) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
 - (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
 - (7) Not applicable
 - (8) Not applicable
 - (9) Not applicable
 - (10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains & losses are \$3,162,079 net of tax.
 - (11) The Company has no surplus debentures or similar obligations.
 - (12) Not applicable
 - (13) Not applicable
14. Contingencies
- A. The Company is not aware of any material liabilities not disclosed on our balance sheet as of year-end.
 - B. The Company is not aware of any material assessments as of year-end.
 - C. The Company does not have any gain contingencies.
 - D. The Company does not have any bad faith losses stemming from lawsuits.
 - E. The Company does not have product warranties.
 - F. Various lawsuits against the Company have arisen in the course of the Company's business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company. The Company has no assets it considers impaired.
15. Leases - The Company does not have material lease obligations at this time.
16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk – Not applicable
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
- A. Not applicable
 - B. Not applicable
 - C. Not applicable
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans – Not applicable
19. The Company does not have any direct premiums written through managing general agents or third party administrators equal or greater than 5% of surplus.
20. Fair Value Measurement
- A. Not applicable
 - B. Not applicable
 - C.

<u>Type of Financial Instrument</u>	<u>Aggregate Fair Value</u>	<u>Admitted Assets</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	<u>Not Practicable (Carrying Value)</u>
Bonds	241,626,432	221,426,854	1,421,903	240,204,529		
Common Stock	67,845,400	67,845,400	67,845,400			
Perpetual Preferred Stock						
Mortgage Loans						

- D. Not applicable
21. Other Items
- A. Not applicable
 - B. Not applicable
 - C. Assets in the amount of \$8,146,997 and \$8,387,043 at December 31, 2012 and 2011, respectively, were on deposit with government authorities or trustees as required by law.
 - D. Not applicable
 - E. Not applicable
 - F. Not applicable
 - G. Subprime Mortgage Related Risk Exposure - The Cincinnati Casualty Company has no investments in subprime or related areas. This includes direct investments in subprime mortgage loans, RMBS, CMBS, CDO's, hedge funds, credit default swaps or SIVs. Additionally, we have no equity investments in subsidiary, controlled or affiliated entities with subprime exposure nor do we underwrite any form of mortgage guarantee insurance.
22. Subsequent Events – None

**ANNUAL STATEMENT FOR THE YEAR 2012 FOR THE CINCINNATI CASUALTY COMPANY
NOTES TO THE FINANCIAL STATEMENTS**

23. Reinsurance

- A. Unsecured Reinsurance Recoverables - None
- B. Reinsurance Recoverable in Dispute – None
- C. Reinsurance Assumed and Ceded

(1)

	Assumed Reinsurance		Ceded Reinsurance		Assumed Less Ceded	
	Premium	Commission	Premium	Commission	Premium	Commission
	Reserve	Equity	Reserve	Equity	Reserve	Equity
(i) Affiliates	0	0	\$ 130,663,270	\$ 11,645,053	(\$130,663,270)	(\$ 11,645,053)
(ii) All Other	0	0	\$ 0	\$0	\$ 0	\$ 0
(iii) Total	0	0	\$ 130,663,270	\$11,645,053	(\$130,663,270)	(\$ 11,645,053)
(iv) Direct Unearned Premium Reserve			\$130,663,270			

(2)

REINSURANCE				
	Direct	Assumed	Ceded	Net
(i) Contingent Comm	\$7,500,000	\$ 0	\$ 7,500,000	\$0
(ii) Sliding Scale Adj.				
(iii) Other Profit Comm Arrangements				
(iv) Total	\$7,500,000	\$ 0	\$ 7,500,000	\$0

(3) Not applicable

- D. Uncollectible Reinsurance – None
- E. Commutation of Ceded Reinsurance – None
- F. Retroactive Reinsurance – None
- G. Reinsurance Accounted for as a Deposit – None
- H. Disclosures for the Transfer of Property and Casualty Run-off Agreements - None

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination – None

25. Change in Incurred Losses and Loss Adjustment Expenses - None

26. Intercompany Pooling Arrangements – None

27. Structured Settlements - None

28. Health Care Receivables – None

29. Participating Policies – None

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves	\$0
2. Date of most recent evaluation of this liability	01/31/2013
3. Was anticipated investment income utilized in the calculation	No

31. High Deductibles – None

32. The Company does not discount unpaid losses or loss adjustment expenses except for income tax purposes.

33. The Company's exposure arose from the sale of commercial liability products. The Company tries to estimate the full impact of the environmental exposures by establishing full case basis reserves on all known losses and computing IBNR based on generally accepted actuarial methodologies.

	2012	2011	2010	2009	2008
	Direct	Direct	Direct	Direct	Direct
Beginning Reserves	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Incurred Loss and LAE	15,925	0	0	0	0
Calendar Year payments	3,425	0	0	0	0
Ending Reserves	12,500	0	0	0	0
	Assumed	Assumed	Assumed	Assumed	Assumed
Beginning Reserves	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Incurred Loss and LAE					
Calendar Year Payments					
Ending Reserves	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
	Net	Net	Net	Net	Net
Beginning Reserves	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Incurred Loss and LAE					
Calendar Year Payments					
Ending Reserves	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
IBNR Reserves					
Direct	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Assumed					
Net	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
LAE Reserves					
Direct	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Assumed					
Net	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

34. Subscriber Savings Accounts – Not applicable

35. Multiple Peril Crop Insurance – None

36. Financial Guaranty Insurance – None

37. Other

Prior year data included in Schedule P is calculated as follows:

Part 1-Payments made in the current year and current reserves for AY's 2002 & prior.

Parts 2&3-The prior line on last year's statement is combined with the year 2002 total. Paid amounts prior to 2003 are then subtracted from this sum to arrive at the prior figure.

Part 4-The sum of the prior year line and the 2002 line from the prior year's Schedule P compose the prior figures for this section.

Part 5 Section 1&3-The prior line is combined with year 2002 from the prior schedule P. Counts for accident year 2002 in the preceding year are then subtracted from this sum to arrive at the prior figure, removing the cumulative effect.

Part 5 Section 2 - The prior line is combined with the 2002 AY of the prior year's Schedule P to arrive at the new prior number.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No []
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A []
- 1.3 State Regulating? OHIO.....
- 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:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2009
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.12/31/2009
- 3.3 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
- 3.4 By what department or departments? Ohio.....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A []
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A []
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [] No []
- 4.12 renewals? Yes [] No []
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [] No []
- 4.22 renewals? Yes [] No []
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No []
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1 Has the 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 []
- 6.2 If yes, give full information
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No []
- 7.2 If yes,
- 7.21 State the percentage of foreign control
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

- 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 the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Deloitte & Touche LLP, Suite 1900, 250 E. Fifth Street, PO Box 5340, Cincinnati OH 45201-5340.....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Rita Zona, Deloitte Consulting LLP, 111 South Wacker, Chicago, Illinois 60606.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved
- 12.13 Total book/adjusted carrying value \$.....
- 12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 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?
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.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s)
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
.....
.....
.....

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers \$.....
 - 20.12 To stockholders not officers \$.....
 - 20.13 Trustees, supreme or grand (Fraternal only) \$.....
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers \$.....
 - 20.22 To stockholders not officers \$.....
 - 20.23 Trustees, supreme or grand (Fraternal only) \$.....
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others \$.....
 - 21.22 Borrowed from others \$.....
 - 21.23 Leased from others \$.....
 - 21.24 Other \$.....
- 22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$.....
 - 22.22 Amount paid as expenses \$.....
 - 22.23 Other amounts paid \$.....
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....12,692,667

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No []
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] NA [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$.....
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$.....
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] NA [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] NA [X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] NA [X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:
- 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
 - 24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....
 - 24.103 Total payable for securities lending reported on the liability page \$.....

GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [X] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21	Subject to repurchase agreements	\$
25.22	Subject to reverse repurchase agreements	\$
25.23	Subject to dollar repurchase agreements	\$
25.24	Subject to reverse dollar repurchase agreements	\$
25.25	Pledged as collateral	\$
25.26	Placed under option agreements	\$
25.27	Letter stock or securities restricted as to sale	\$
25.28	On deposit with state or other regulatory body	\$8,146,997
25.29	Other	\$

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year. \$

28. 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 []

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

1 Name of Custodian(s)	2 Custodian's Address
Fifth Third Bank.....	Fifth Third Center, Cincinnati, Ohio 45263.....

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]

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

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

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

1 Central Registration Depository Number(s)	2 Name	3 Address

GENERAL INTERROGATORIES

- 29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No []
- 29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 TOTAL		0

- 29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	221,426,854	241,626,432	20,199,578
30.2 Preferred Stocks.....	0		0
30.3 Totals	221,426,854	241,626,432	20,199,578

- 30.4 Describe the sources or methods utilized in determining the fair values:

- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No []
- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []
- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
- 32.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed? Yes [] No []
- 32.2 If no, list exceptions:

GENERAL INTERROGATORIES

OTHER

- 33.1 Amount of payments to Trade associations, service organizations and statistical or rating bureaus, if any? \$2,069,952
- 33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

- 34.1 Amount of payments for legal expenses, if any? \$2,912
- 34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Campbell Hightower & Adams.....	\$.....2,608

- 35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$
- 35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]
 1.2 If yes, indicate premium earned on U. S. business only \$0
 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$
 1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned \$0
 1.62 Total incurred claims \$0
 1.63 Number of covered lives

All years prior to most current three years:

1.64 Total premium earned \$0
 1.65 Total incurred claims \$0
 1.66 Number of covered lives

1.7 Group policies:

Most current three years:

1.71 Total premium earned \$0
 1.72 Total incurred claims \$0
 1.73 Number of covered lives

All years prior to most current three years:

1.74 Total premium earned \$0
 1.75 Total incurred claims \$0
 1.76 Number of covered lives

2. Health Test:

		1		2
		Current Year		Prior Year
2.1	Premium Numerator	\$0	\$	.....0
2.2	Premium Denominator	\$0	\$	.....0
2.3	Premium Ratio (2.1/2.2)	.....0.000		.....0.000
2.4	Reserve Numerator	\$0	\$	.....0
2.5	Reserve Denominator	\$10	\$	.....7
2.6	Reserve Ratio (2.4/2.5)	.....0.000		.....0.000

3.1 Does the reporting entity issue both participating and non-participating policies? Yes [] No [X]

3.2 If yes, state the amount of calendar year premiums written on:

3.21 Participating policies \$
 3.22 Non-participating policies \$

4. For Mutual reporting entities and Reciprocal Exchanges only:

4.1 Does the reporting entity issue assessable policies?..... Yes [] No []
 4.2 Does the reporting entity issue non-assessable policies?..... Yes [] No []
 4.3 If assessable policies are issued, what is the extent of the contingent liability of the policyholders?..... %
 4.4 Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. \$

5. For Reciprocal Exchanges Only:

5.1 Does the exchange appoint local agents?..... Yes [] No []
 5.2 If yes, is the commission paid:
 5.21 Out of Attorney's-in-fact compensation..... Yes [] No [] N/A []
 5.22 As a direct expense of the exchange..... Yes [] No [] N/A []

5.3 What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact?

5.4 Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred?..... Yes [] No []

5.5 If yes, give full information

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

- 6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss:
 Protection is provided through several excess reinsurance contracts for workers compensation coverage.....
- 6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:
 The company has engaged with Towers Watson who uses the catastrophe models from Risk Management Solutions and Applied Insurance Research to model potential maximum loss exposure.....
- 6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?.....
 The company has a catastrophic reinsurance program insuring losses to \$525 million in excess of \$75 million, plus co-participation by layer.....
- 6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?..... Yes No
- 6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to uninsured catastrophic loss

- 7.1 Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?..... Yes No
- 7.2 If yes, indicate the number of reinsurance contracts containing such provisions.....
- 7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?..... Yes No
- 8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?..... Yes No
- 8.2 If yes, give full information

- 9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:
 (a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;
 (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
 (c) Aggregate stop loss reinsurance coverage;
 (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
 (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
 (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity..... Yes No
- 9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:
 (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
 (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract. Yes No
- 9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:
 (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;
 (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
 (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.
- 9.4 Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:
 (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or
 (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? Yes No
- 9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.
- 9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:
 (a) The entity does not utilize reinsurance; or, Yes No
 (b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or Yes No
 (c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement. Yes No
10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? Yes No N/A

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

- 11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force:..... Yes [] No [X]
 11.2 If yes, give full information
- 12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:
 12.11 Unpaid losses..... \$
 12.12 Unpaid underwriting expenses (including loss adjustment expenses)..... \$
- 12.2 Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds?..... \$
- 12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? Yes [] No [X] N/A []
- 12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:
 12.41 From..... %
 12.42 To..... %
- 12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? Yes [] No [X]
- 12.6 If yes, state the amount thereof at December 31 of current year:
 12.61 Letters of Credit..... \$
 12.62 Collateral and other funds..... \$
- 13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): \$
- 13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? Yes [] No [X]
- 13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.
- 14.1 Is the company a cedant in a multiple cedant reinsurance contract?..... Yes [] No [X]
 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:
- 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?..... Yes [] No []
- 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?..... Yes [] No []
- 14.5 If the answer to 14.4 is no, please explain:
- 15.1 Has the reporting entity guaranteed any financed premium accounts?..... Yes [] No [X]
 15.2 If yes, give full information
- 16.1 Does the reporting entity write any warranty business? Yes [] No [X]
 If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home	\$	\$	\$	\$	\$
16.12 Products	\$	\$	\$	\$	\$
16.13 Automobile	\$	\$	\$	\$	\$
16.14 Other*	\$	\$	\$	\$	\$

* Disclose type of coverage:

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that it excludes from Schedule F – Part 5. Yes [] No [X]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F – Part 5. Provide the following information for this exemption:

- 17.11 Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5..... \$.....
- 17.12 Unfunded portion of Interrogatory 17.11..... \$.....
- 17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11 \$.....
- 17.14 Case reserves portion of Interrogatory 17.11..... \$.....
- 17.15 Incurred but not reported portion of Interrogatory 17.11..... \$.....
- 17.16 Unearned premium portion of Interrogatory 17.11..... \$.....
- 17.17 Contingent commission portion of Interrogatory 17.11..... \$.....

Provide the following information for all other amounts included in Schedule F – Part 3 and excluded from Schedule F – Part 5, not included above.

- 17.18 Gross amount of unauthorized reinsurance in Schedule F – Part 3 excluded from Schedule F – Part 5..... \$.....
- 17.19 Unfunded portion of Interrogatory 17.18..... \$.....
- 17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18 \$.....
- 17.21 Case reserves portion of Interrogatory 17.18..... \$.....
- 17.22 Incurred but not reported portion of Interrogatory 17.18..... \$.....
- 17.23 Unearned premium portion of Interrogatory 17.18..... \$.....
- 17.24 Contingent commission portion of Interrogatory 17.18..... \$.....

- 18.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 18.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....
- 18.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 18.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CINCINNATI CASUALTY COMPANY

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6.

	1 2012	2 2011	3 2010	4 2009	5 2008
Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	206,100,406	169,222,613	153,983,023	156,362,529	184,620,217
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	13,598,806	5,408,445	609,625	269,886	0
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	61,756,479	25,844,606	4,083,042	1,291,981	(54,532)
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	218,878	268,925	463,701	157,860	70,830
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
6. Total (Line 35)	281,674,569	200,744,589	159,139,391	158,082,256	184,636,515
Net Premiums Written (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	0	0	0	0	0
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	0	0	0
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
12. Total (Line 35)	0	0	0	0	0
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8)	0	0	0	0	0
14. Net investment gain (loss) (Line 11)	11,876,664	17,546,619	11,549,831	30,959,194	20,232,173
15. Total other income (Line 15)	0	0	0	1,670	0
16. Dividends to policyholders (Line 17)	0	0	0	0	0
17. Federal and foreign income taxes incurred (Line 19)	2,116,639	2,354,052	1,690,032	1,567,293	4,486,896
18. Net income (Line 20)	9,760,026	15,192,566	9,859,799	29,393,571	15,745,277
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	329,294,196	313,321,029	293,228,034	275,898,482	297,501,111
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	0	0	0	0	0
20.2 Deferred and not yet due (Line 15.2)	0	0	0	0	0
20.3 Accrued retrospective premiums (Line 15.3)	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 26)	36,647,530	33,341,803	24,685,052	21,991,187	34,817,770
22. Losses (Page 3, Line 1)	0	0	0	0	0
23. Loss adjustment expenses (Page 3, Line 3)	0	0	0	0	0
24. Unearned premiums (Page 3, Line 9)	0	0	0	0	0
25. Capital paid up (Page 3, Lines 30 & 31)	3,750,000	3,750,000	3,750,000	3,750,000	3,750,000
26. Surplus as regards policyholders (Page 3, Line 37)	292,646,666	279,979,226	268,542,982	253,907,295	262,683,341
Cash Flow (Page 5)					
27. Net cash from operations (Line 11)	11,472,102	17,306,082	12,221,991	(5,279,903)	6,556,086
Risk-Based Capital Analysis					
28. Total adjusted capital	292,646,666	279,979,226	268,542,982	253,907,295	262,683,341
29. Authorized control level risk-based capital	8,523,309	7,491,699	7,379,156	5,638,836	9,479,742
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3)(Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1)	74.1	77.5	73.9	82.0	63.1
31. Stocks (Lines 2.1 & 2.2)	22.7	22.0	23.3	14.4	22.9
32. Mortgage loans on real estate (Lines 3.1 and 3.2)	0.0	0.0	0.0	0.0	0.0
33. Real estate (Lines 4.1, 4.2 & 4.3)	0.0	0.0	0.0	0.0	0.0
34. Cash, cash equivalents and short-term investments (Line 5)	3.2	0.5	2.8	3.6	14.0
35. Contract loans (Line 6)	0.0	0.0	0.0	0.0	0.0
36. Derivatives (Line 7)	0.0	0.0	0.0	XXX	XXX
37. Other invested assets (Line 8)	0.0	0.0	0.0	0.0	0.0
38. Receivables for securities (Line 9)	0.0	0.0	0.0	0.0	0.0
39. Securities lending reinvested collateral assets (Line 10)	0.0	0.0	0.0	XXX	XXX
40. Aggregate write-ins for invested assets (Line 11)	0.0	0.0	0.0	0.0	0.0
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
Investments in Parent, Subsidiaries and Affiliates					
42. Affiliated bonds, (Sch. D, Summary, Line 12, Col. 1)	0	0	0	0	0
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1)	0	0	0	0	0
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1)	0	0	0	0	0
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
46. Affiliated mortgage loans on real estate	0	0	0	0	0
47. All other affiliated	0	0	0	0	0
48. Total of above Lines 42 to 47	0	0	0	0	0
49. Total Investment in parent included in Lines 42 to 47 above					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)	0.0	0.0	0.0	0.0	0.0

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2012	2 2011	3 2010	4 2009	5 2008
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24)	3,162,079	(4,217,338)	4,796,857	(18,067,270)	(34,589,782)
52. Dividends to stockholders (Line 35)	0	0	0	(20,000,000)	0
53. Change in surplus as regards policyholders for the year (Line 38)	12,667,439	11,436,245	14,635,687	(8,776,046)	(15,798,433)
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	102,578,612	103,081,818	111,398,149	117,010,255	117,650,564
55. Property lines (Lines 1, 2, 9, 12, 21 & 26)	6,753,705	1,885,957	293,883	27,135	(49,625)
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	31,376,501	5,305,815	498,594	57,669	18,762
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	(10,000)	0	0	0	0
58. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
59. Total (Line 35)	140,698,818	110,273,590	112,190,626	117,095,059	117,619,701
Net Losses Paid (Page 9, Part 2, Col. 4)					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	0	0	0	0	0
61. Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	0	0	0
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
64. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
65. Total (Line 35)	0	0	0	0	0
Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2)	0.0	0.0	0.0	0.0	0.0
68. Loss expenses incurred (Line 3)	0.0	0.0	0.0	0.0	0.0
69. Other underwriting expenses incurred (Line 4)	0.0	0.0	0.0	0.0	0.0
70. Net underwriting gain (loss) (Line 8)	0.0	0.0	0.0	0.0	0.0
Other Percentages					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0)	0.0	0.0	0.0	0.0	0.0
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	0.0	0.0	0.0	0.0	0.0
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0)	0.0	0.0	0.0	0.0	0.0
One Year Loss Development (000 omitted)					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11)	0	0	0	0	0
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0)	0.0	0.0	0.0	0.0	0.0
Two Year Loss Development (000 omitted)					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12)	0	0	0	0	0
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0)	0.0	0.0	0.0	0.0	0.0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CINCINNATI CASUALTY COMPANY

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES
SCHEDULE P - PART 1 - SUMMARY

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	4,924	4,924	245	245	695	695	0	0	XXX
2. 2003	187,372	187,372	0	113,188	113,188	7,330	7,330	8,928	8,928	0	0	XXX
3. 2004	191,466	191,466	0	115,066	115,066	7,202	7,202	8,518	8,518	0	0	XXX
4. 2005	180,289	180,289	0	102,070	102,070	6,793	6,793	8,752	8,752	0	0	XXX
5. 2006	187,639	187,639	0	111,630	111,630	7,918	7,918	8,690	8,690	0	0	XXX
6. 2007	185,549	185,549	0	109,776	109,776	8,117	8,117	9,539	9,539	0	0	XXX
7. 2008	183,995	183,995	0	104,059	104,059	8,804	8,804	9,681	9,681	0	0	XXX
8. 2009	158,219	158,219	0	83,364	83,364	6,587	6,587	7,738	7,738	0	0	XXX
9. 2010	156,890	156,890	0	81,080	81,080	5,929	5,929	8,819	8,819	0	0	XXX
10. 2011	174,970	174,970	0	72,552	72,552	3,771	3,771	10,271	10,271	0	0	XXX
11. 2012	261,587	261,587	0	61,292	61,292	1,687	1,687	6,403	6,403	0	0	XXX
12. Totals	XXX	XXX	XXX	959,000	959,000	64,382	64,382	88,035	88,035	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	37,430	37,430	46,542	46,542	0	0	2,654	2,654	874	874	0	0	XXX
2.	3,431	3,431	10,126	10,126	0	0	565	565	113	113	0	0	XXX
3.	4,060	4,060	10,715	10,715	0	0	689	689	146	146	0	0	XXX
4.	6,129	6,129	12,597	12,597	0	0	862	862	175	175	0	0	XXX
5.	12,101	12,101	10,409	10,409	0	0	1,117	1,117	317	317	0	0	XXX
6.	7,881	7,881	17,473	17,473	0	0	1,476	1,476	452	452	0	0	XXX
7.	14,210	14,210	17,391	17,391	0	0	2,056	2,056	665	665	0	0	XXX
8.	18,735	18,735	11,494	11,494	0	0	2,614	2,614	719	719	0	0	XXX
9.	26,538	26,538	17,058	17,058	0	0	4,017	4,017	1,394	1,394	0	0	XXX
10.	35,412	35,412	21,734	21,734	0	0	6,402	6,402	3,602	3,602	0	0	XXX
11.	66,954	66,954	54,356	54,356	0	0	17,215	17,215	6,696	6,696	0	0	XXX
12.	232,882	232,882	229,895	229,895	0	0	39,667	39,667	15,152	15,152	0	0	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	143,681	143,681	0	76.7	76.7	0.0	0	0	0	0	0
3.	146,396	146,396	0	76.5	76.5	0.0	0	0	0	0	0
4.	137,378	137,378	0	76.2	76.2	0.0	0	0	0	0	0
5.	152,181	152,181	0	81.1	81.1	0.0	0	0	0	0	0
6.	154,715	154,715	0	83.4	83.4	0.0	0	0	0	0	0
7.	156,866	156,866	0	85.3	85.3	0.0	0	0	0	0	0
8.	131,251	131,251	0	83.0	83.0	0.0	0	0	0	0	0
9.	144,835	144,835	0	92.3	92.3	0.0	0	0	0	0	0
10.	153,743	153,743	0	87.9	87.9	0.0	0	0	0	0	0
11.	214,602	214,602	0	82.0	82.0	0.0	0	0	0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements, which will reconcile Part 1 with Parts 2 and 4.

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CINCINNATI CASUALTY COMPANY

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012	11 One Year	12 Two Year
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2003	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2004	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2005	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2006	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2007	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2008	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 3 - SUMMARY

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11	12
	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
2. 2003	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
3. 2004	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
4. 2005	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
5. 2006	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
6. 2007	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	XXX	XXX
7. 2008	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	XXX	XXX
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	XXX	XXX
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX	XXX
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	XXX	XXX
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	XXX	XXX

SCHEDULE P - PART 4 - SUMMARY

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2003	2 2004	3 2005	4 2006	5 2007	6 2008	7 2009	8 2010	9 2011	10 2012
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2003	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2004	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2005	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2006	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2007	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2008	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2009	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CINCINNATI CASUALTY COMPANY

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated By States And Territories

States, etc.	1 Active Status	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges Not Included in Premiums	9 Direct Premium Written for Federal Purchasing Groups (Included in Col. 2)	
		2 Direct Premiums Written	3 Direct Premiums Earned							
1. Alabama	AL	L	6,087,480	4,865,797	0	1,968,320	2,499,016	2,072,834	1,669	
2. Alaska	AK	L	0	0	0	0	0	0	0	
3. Arizona	AZ	L	1,608,476	1,217,255	0	231,579	327,376	413,049	491	
4. Arkansas	AR	L	2,447,074	2,492,767	0	877,235	1,117,979	2,655,864	659	
5. California	CA	N	0	0	0	0	0	0	0	
6. Colorado	CO	L	2,407,855	2,056,932	0	973,608	3,188,558	2,842,751	861	
7. Connecticut	CT	L	150,569	57,904	0	20,082	45,262	28,187	40	
8. Delaware	DE	L	1,313,342	1,176,947	0	716,513	1,523,539	3,012,464	156	
9. Dist. Columbia	DC	L	169,118	170,314	0	33,154	118,469	105,218	0	
10. Florida	FL	L	848,202	716,322	0	393,404	262,110	2,733,809	0	
11. Georgia	GA	L	11,026,235	9,547,806	0	3,423,228	3,385,409	13,345,843	1,013	
12. Hawaii	HI	L	624	624	0	0	172	172	0	
13. Idaho	ID	L	881,823	743,888	0	50,642	207,894	159,473	224	
14. Illinois	IL	L	50,188,015	48,190,909	0	26,928,320	32,280,920	109,301,446	2,797	
15. Indiana	IN	L	23,711,246	22,797,570	0	11,743,312	14,213,165	46,290,133	1,904	
16. Iowa	IA	L	6,357,256	7,091,732	0	5,195,856	5,735,360	19,219,468	896	
17. Kansas	KS	L	4,123,828	3,653,656	0	1,902,551	1,810,380	4,601,935	424	
18. Kentucky	KY	L	4,386,156	3,889,674	0	927,644	1,549,767	6,175,020	1,027	
19. Louisiana	LA	L	29,249	13,963	0	0	3,839	3,839	0	
20. Maine	ME	L	0	0	0	0	0	0	0	
21. Maryland	MD	L	5,625,870	4,962,031	0	2,929,815	1,914,459	10,514,172	617	
22. Massachusetts	MA	N	0	0	0	0	0	0	0	
23. Michigan	MI	L	19,443,664	17,415,880	0	6,731,046	5,189,632	36,499,589	2,664	
24. Minnesota	MN	L	5,837,005	5,701,032	0	2,185,598	5,304,097	7,003,797	570	
25. Mississippi	MS	L	204,264	180,643	0	8,962	29,690	192,203	0	
26. Missouri	MO	L	9,295,406	9,233,561	0	20,901,740	23,364,953	24,869,716	1,360	
27. Montana	MT	L	537,744	476,086	0	116,439	243,061	164,232	142	
28. Nebraska	NE	L	2,839,221	2,297,844	0	915,924	110,063	3,941,828	170	
29. Nevada	NV	L	21,644	35,322	0	1,794	6,344	11,188	0	
30. New Hampshire	NH	L	845,966	1,024,648	0	383,301	584,556	2,267,641	104	
31. New Jersey	NJ	N	0	0	0	0	0	0	0	
32. New Mexico	NM	L	796,379	756,115	0	303,156	549,837	586,407	56	
33. New York	NY	L	5,422,459	4,315,070	0	910,001	1,859,925	3,578,175	2,130	
34. No. Carolina	NC	L	15,389,374	15,807,955	0	8,588,507	5,021,910	26,994,395	1,282	
35. No. Dakota	ND	L	446,001	363,827	0	45,240	59,490	19,634	108	
36. Ohio	OH	L	22,657,929	18,444,717	0	3,485,598	8,619,320	5,444,030	9,071	
37. Oklahoma	OK	L	400,737	424,593	0	218,632	284,116	546,967	0	
38. Oregon	OR	L	1,437,685	864,455	0	105,027	695,945	598,105	355	
39. Pennsylvania	PA	L	25,847,731	24,279,064	0	10,759,996	10,111,996	35,679,372	3,926	
40. Rhode Island	RI	L	118,304	80,542	0	8,097	29,243	23,124	0	
41. So. Carolina	SC	L	3,236,514	3,082,419	0	1,431,171	698,762	6,762,488	255	
42. So. Dakota	SD	L	594,980	676,811	0	294,170	117,803	1,596,771	29	
43. Tennessee	TN	L	5,532,360	5,304,714	0	2,849,082	3,150,725	11,565,371	584	
44. Texas	TX	L	12,756,316	12,097,515	68,455	10,498,164	17,164,927	17,226,553	957	
45. Utah	UT	L	2,265,044	1,587,062	0	479,668	812,933	513,872	438	
46. Vermont	VT	L	2,250,584	2,203,970	0	1,416,833	1,977,581	7,285,588	269	
47. Virginia	VA	L	8,141,459	7,794,422	0	5,197,767	7,425,002	20,939,447	632	
48. Washington	WA	L	517,364	339,894	0	12,945	64,880	51,867	35	
49. West Virginia	WV	L	2,540,146	2,617,478	0	722,647	1,153,315	1,115,292	574	
50. Wisconsin	WI	L	10,606,404	10,117,877	0	3,257,184	4,930,920	12,514,289	1,633	
51. Wyoming	WY	L	329,312	416,973	0	43,984	37,153	56,006	130	
52. American Samoa	AS	N	0	0	0	0	0	0	0	
53. Guam	GU	N	0	0	0	0	0	0	0	
54. Puerto Rico	PR	N	0	0	0	0	0	0	0	
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0	
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0	
57. Canada	CAN	N	0	0	0	0	0	0	0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	
59. Totals	(a)	48	281,674,414	261,586,580	68,455	140,187,937	169,781,853	451,523,623	40,252	
DETAILS OF WRITE-INS										
58001.		XXX								
58002.		XXX								
58003.		XXX								
58998. Sum. of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0	0	
58999. Totals (Lines 58001 through 58003 + 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	

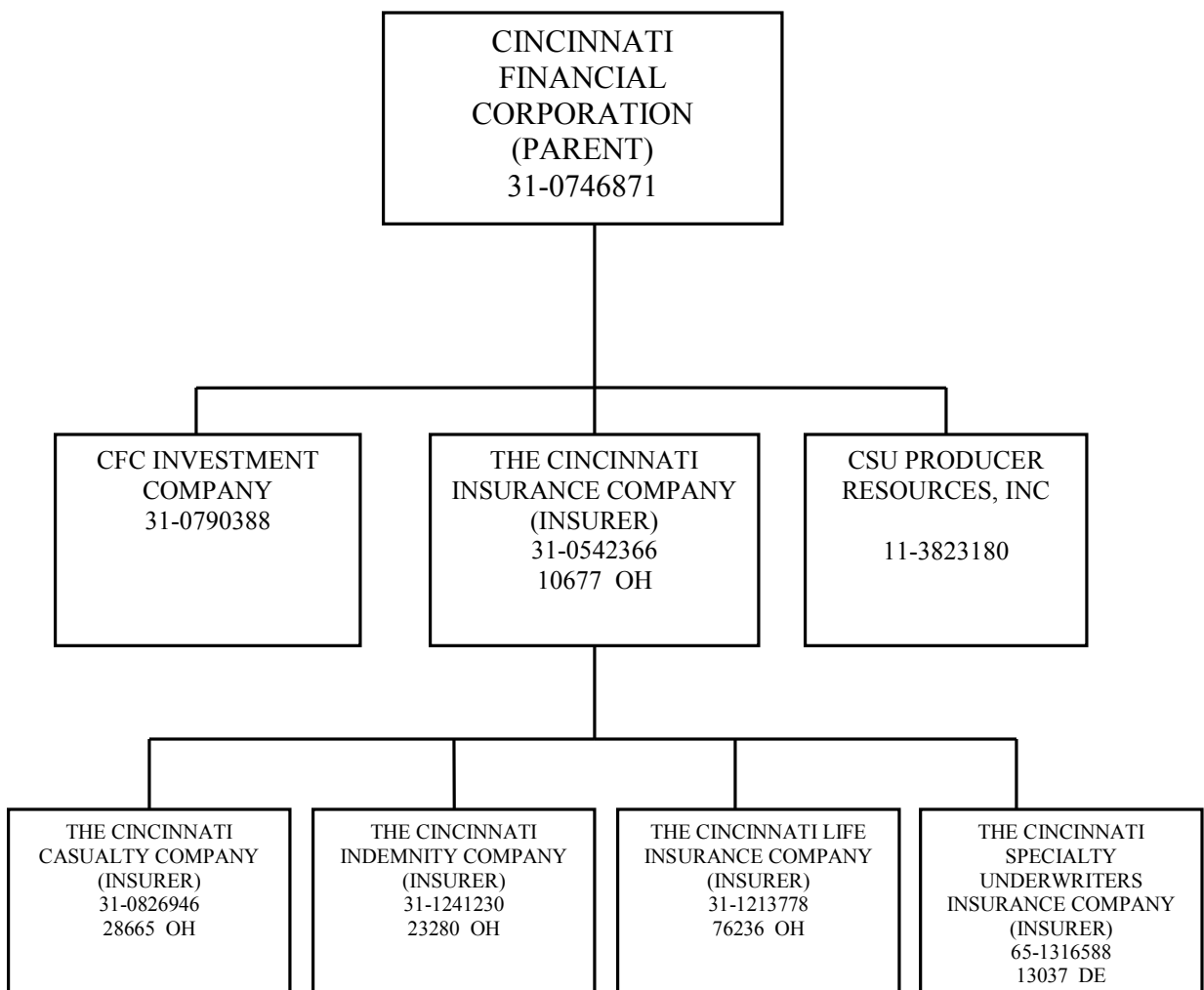
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

Explanation of basis of allocation of premiums by states, etc.

Premiums received on all classes are allocated to the state in which the risk is located.

(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**



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