



QUARTERLY STATEMENT

AS OF JUNE 30, 2013
OF THE CONDITION AND AFFAIRS OF THE

CINCINNATI INDEMNITY COMPANY

NAIC Group Code	0244	0244	NAIC Company Code	23280	Employer's ID Number	31-1241230
	(Current Period)	(Prior Period)				
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States					
Incorporated/Organized	05/19/1988		Commenced Business	01/01/1989		
Statutory Home Office	6200 SOUTH GILMORE ROAD		FAIRFIELD, OH, US 45014-5141			
	(Street and Number)		(City or Town, State, Country and Zip Code)			
Main Administrative Office	6200 SOUTH GILMORE ROAD		FAIRFIELD, OH, US 45014-5141		513-870-2000	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Mail Address	P.O. BOX 145496		CINCINNATI, OH, US 45250-5496			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	6200 SOUTH GILMORE ROAD		FAIRFIELD, OH, US 45014-5141		513-870-2000-4414	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Internet Web Site Address	www.cinfin.com					
Statutory Statement Contact	Steve Draper		513-870-2000			
	(Name)		(Area Code) (Telephone Number) (Extension)			
	stephen_draper@cinfin.com		513-603-5500			
	(E-mail Address)		(Fax Number)			

OFFICERS

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

OTHER OFFICERS

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

DIRECTORS OR TRUSTEES

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

State ofOhio.....

County ofButler.....ss

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

STEVEN J. JOHNSTON CHIEF EXECUTIVE OFFICER, PRESIDENT	MICHAEL J. SEWELL CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT	THERESA A. HOFFER VICE PRESIDENT, TREASURER
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		
Subscribed and sworn to before me this		
1st day of August, 2013		

STATEMENT AS OF JUNE 30, 2013 OF THE CINCINNATI INDEMNITY COMPANY

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	60,690,664		60,690,664	59,108,839
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	19,353,078		19,353,078	16,503,954
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$1,044,742), cash equivalents (\$0) and short-term investments (\$0)	1,044,742		1,044,742	1,602,769
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	81,088,484	0	81,088,484	77,215,562
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	856,301		856,301	839,007
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	12,044,294		12,044,294	8,918,593
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	2,174,278
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
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	7,847,150		7,847,150	12,250,220
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other than invested assets	121,585	0	121,585	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	101,957,814	0	101,957,814	101,397,660
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	101,957,814	0	101,957,814	101,397,660
DETAILS OF WRITE-INS				
1101.				
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. Miscellaneous Receivables	121,585		121,585	0
2502.			0	0
2503.			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	121,585	0	121,585	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$)		0
2. Reinsurance payable on paid losses and loss adjustment expenses	6,928	0
3. Loss adjustment expenses		0
4. Commissions payable, contingent commissions and other similar charges		0
5. Other expenses (excluding taxes, licenses and fees)	5,193	4,519
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		0
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))	6,140	65,394
7.2 Net deferred tax liability	2,132,400	1,172,276
8. Borrowed money \$ and interest thereon \$		0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act)		0
10. Advance premium		0
11. Dividends declared and unpaid:		
11.1 Stockholders		0
11.2 Policyholders		0
12. Ceded reinsurance premiums payable (net of ceding commissions)	19,627,734	23,046,131
13. Funds held by company under reinsurance treaties		0
14. Amounts withheld or retained by company for account of others	952,499	944,389
15. Remittances and items not allocated		0
16. Provision for reinsurance (including \$ certified)		0
17. Net adjustments in assets and liabilities due to foreign exchange rates		0
18. Drafts outstanding		0
19. Payable to parent, subsidiaries and affiliates	49	0
20. Derivatives		0
21. Payable for securities		0
22. Payable for securities lending		0
23. Liability for amounts held under uninsured plans		0
24. Capital notes \$ and interest thereon \$		0
25. Aggregate write-ins for liabilities	18,070	100
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	22,749,014	25,232,809
27. Protected cell liabilities		0
28. Total liabilities (Lines 26 and 27)	22,749,014	25,232,809
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	3,600,000	3,600,000
31. Preferred capital stock		0
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes		0
34. Gross paid in and contributed surplus	21,600,000	21,600,000
35. Unassigned funds (surplus)	54,008,800	50,964,851
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$)		0
36.2 shares preferred (value included in Line 31 \$)		0
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	79,208,800	76,164,851
38. Totals (Page 2, Line 28, Col. 3)	101,957,814	101,397,660
DETAILS OF WRITE-INS		
2501. Accounts Payable Other	18,070	100
2502.		0
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	18,070	100
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

STATEMENT OF INCOME

	1	2	3
	Current Year	Prior Year	Prior Year Ended
	to Date	to Date	December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 182,661,717)	145,380,468	99,626,563	233,507,107
1.2 Assumed (written \$ 0)	0	0	9
1.3 Ceded (written \$ 182,661,717)	145,380,468	99,626,563	233,507,117
1.4 Net (written \$ 0)	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$)::			
2.1 Direct	68,102,905	47,232,709	119,259,687
2.2 Assumed	1,490	5,847	(3,886)
2.3 Ceded	68,104,395	47,238,557	119,255,800
2.4 Net	0	0	0
3. Loss adjustment expenses incurred	0	0	0
4. Other underwriting expenses incurred	0	0	0
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	0	0	0
7. Net income of protected cells		0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	0	0	0
INVESTMENT INCOME			
9. Net investment income earned	1,473,683	1,383,747	2,958,242
10. Net realized capital gains (losses) less capital gains tax of \$ (52,474)	(52,474)	(152,603)	(112,532)
11. Net investment gain (loss) (Lines 9 + 10)	1,421,209	1,231,144	2,845,710
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$)		0	0
13. Finance and service charges not included in premiums		0	0
14. Aggregate write-ins for miscellaneous income 0	0	0	0
15. Total other income (Lines 12 through 14) 0	0	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	1,421,209	1,231,144	2,845,710
17. Dividends to policyholders		0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	1,421,209	1,231,144	2,845,710
19. Federal and foreign income taxes incurred 274,746	274,746	163,068	473,636
20. Net income (Line 18 minus Line 19)(to Line 22)	1,146,463	1,068,076	2,372,074
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	76,164,851	73,019,496	73,019,496
22. Net income (from Line 20)	1,146,463	1,068,076	2,372,074
23. Net transfers (to) from Protected Cell accounts		0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ 1,000,163	1,857,447	364,240	818,836
25. Change in net unrealized foreign exchange capital gain (loss)		0	0
26. Change in net deferred income tax 40,039	40,039	(42,562)	(45,556)
27. Change in nonadmitted assets 0	0	0	0
28. Change in provision for reinsurance		0	0
29. Change in surplus notes		0	0
30. Surplus (contributed to) withdrawn from protected cells		0	0
31. Cumulative effect of changes in accounting principles		0	0
32. Capital changes:			
32.1 Paid in		0	0
32.2 Transferred from surplus (Stock Dividend)		0	0
32.3 Transferred to surplus		0	0
33. Surplus adjustments:			
33.1 Paid in		0	0
33.2 Transferred to capital (Stock Dividend)		0	0
33.3 Transferred from capital		0	0
34. Net remittances from or (to) Home Office		0	0
35. Dividends to stockholders		0	0
36. Change in treasury stock		0	0
37. Aggregate write-ins for gains and losses in surplus 0	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	3,043,949	1,389,754	3,145,355
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	79,208,800	74,409,251	76,164,851
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page 0	0	0	0
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) 0	0	0	0
1401.		0	0
1402.		0	0
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page 0	0	0	0
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) 0	0	0	0
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page 0	0	0	0
3799. TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above) 0	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	(2,919,535)	(2,440,302)	3,393,188
2. Net investment income	1,497,404	1,408,689	3,024,782
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	(1,422,131)	(1,031,614)	6,417,970
5. Benefit and loss related payments	1,443,357	2,894,912	3,108,794
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	0	0	0
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ (30,561) tax on capital gains (losses).....	334,000	(100,000)	185,929
10. Total (Lines 5 through 9)	1,777,357	2,794,912	3,294,723
11. Net cash from operations (Line 4 minus Line 10)	(3,199,488)	(3,826,526)	3,123,247
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	3,976,676	1,563,656	5,283,058
12.2 Stocks	0	1,663,809	1,663,809
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	3,976,676	3,227,465	6,946,868
13. Cost of investments acquired (long-term only):			
13.1 Bonds	5,642,830	2,345,399	6,868,929
13.2 Stocks	0	1,714,075	1,714,075
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	5,642,830	4,059,474	8,583,004
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(1,666,153)	(832,009)	(1,636,136)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied).....	4,307,615	7,942,238	17,889
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	4,307,615	7,942,238	17,889
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)	(558,026)	3,283,704	1,505,000
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	1,602,769	97,769	97,769
19.2 End of period (Line 18 plus Line 19.1)	1,044,742	3,381,473	1,602,769

STATEMENT AS OF JUNE 30, 2013 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO THE FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

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

	STATE OF DOMICILE	2013	2012
NET INCOME			
(1) Company state basis (Page 4, Line 20, Columns 1 & 3)	Ohio	\$1,146,463	\$2,372,074
(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	\$1,146,463	\$2,372,074
SURPLUS			
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	Ohio	\$79,208,800	\$76,164,851
(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	\$79,208,800	\$76,164,851

B. Use of Estimates in the Preparation of the Financial Statements – No Change

C. Accounting Policy –No Change

2. Accounting Changes and Correction of Errors – No Change

3. Business Combinations and Goodwill – No Change

4. Discontinued Operations – None

5. Investments

A. Mortgage Loans - No Change

B. Debt Restructuring - No Change

C. Reverse Mortgages - No Change

D. Loan-Backed Securities - Not Applicable

E. Repurchase Agreements - No Change

F. Real Estate - No Change

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

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

7. Investment Income - No Change

8. Derivative Instruments - No Change

9. Income Taxes

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

1.

	2013		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 25,312	\$ 139,370	\$ 164,682
(b) Statutory Valuation Allowance	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	25,312	139,370	164,682
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	25,312	139,370	164,682
(f) Deferred Tax Liabilities	\$ 6,840	\$ 2,290,242	\$ 2,297,082
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ 18,472	\$ (2,150,872)	\$ (2,132,400)

	2012		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ -	\$ 124,446	\$ 124,446
(b) Statutory Valuation Allowance	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	-	124,446	124,446
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	-	124,446	124,446
(f) Deferred Tax Liabilities	\$ 6,643	\$ 1,290,079	\$ 1,296,722
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (6,643)	\$ (1,165,633)	\$ (1,172,276)

	Change		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 25,312	\$ 14,924	\$ 40,236
(b) Statutory Valuation Allowance	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	25,312	14,924	40,236
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	25,312	14,924	40,236
(f) Deferred Tax Liabilities	\$ 197	\$ 1,000,163	\$ 1,000,360
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ 25,115	\$ (985,239)	\$ (960,124)

2.

	2013		
	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	11,881,320	11,881,320	11,881,320
(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	25,312	139,370	164,682
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No. 101 Total (2(a)+2(b)+2(c))	25,312	139,370	164,682

STATEMENT AS OF JUNE 30, 2013 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO THE FINANCIAL STATEMENTS

SSAP 101, paragraphs 11.a., 11.b., and 11.c.:	2012		
	Ordinary	Capital	Total
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	-	-	-
(b) Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	-	-	-
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	-	-	-
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	11,424,728	11,424,728	11,424,728
(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	-	124,446	124,446
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	-	124,446	124,446

SSAP 101, paragraphs 11.a., 11.b., and 11.c.:	Change		
	Ordinary	Capital	Total
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	-	-	-
(b) Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	-	-	-
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	-	-	-
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	456,592	456,592	456,592
(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	25,312.10	14,924	40,236
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	25,312.10	14,924	40,236

3.

	2013	2012
	Percentage	Percentage
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	3205%	3205%
(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.

4.

Impact of Tax Planning Strategies	2013		
	Ordinary	Capital	Total
(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%

Impact of Tax Planning Strategies	2012		
	Ordinary	Capital	Total
(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.

Impact of Tax Planning Strategies	Change		
	Ordinary	Capital	Total
(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:

	2013	2012	Change
(a) Federal	\$ 274,746	\$ 473,636	\$ (198,890)
(b) Foreign	-	-	-
(c) Subtotal	274,746	473,636	(198,890)
(d) Federal Income Tax on capital gains/(losses)	-	(122,242)	122,242
(e) Utilization of capital loss carryforwards	-	-	-
(f) Other	-	-	-
Federal income taxes incurred	\$ 274,746	\$ 351,394	\$ (76,648)

2. Deferred tax assets

	June 30, 2013	December 31, 2012	Change
(a) Ordinary			
(1) Unearned premium reserve	\$ -	\$ -	\$ -
(2) Unpaid loss reserve	-	-	-
(3) Contingent commission	-	-	-
(4) Nonadmitted assets	-	-	-
(5) Other deferred tax assets	25,312	-	25,312
(99) Subtotal	25,312	-	25,312
(b) Statutory valuation allowance adj	-	-	-
(c) Nonadmitted	-	-	-
(d) Admitted ordinary deferred tax assets (2a99-2b-2c)	\$ 25,312	\$ -	\$ 25,312
(e) Capital			
(1) Investments	\$ 139,370	\$ 124,446	\$ 14,924
(2) Unrealized (gain)/loss on investments	-	-	-
(99) Subtotal	139,370	124,446	14,924
(f) Statutory valuation allowance adj	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets (2e99-2f-2g)	\$ 139,370	\$ 124,446	\$ 14,924
(i) Admitted deferred tax assets (2d + 2h)	\$ 164,682	\$ 124,446	\$ 40,236

STATEMENT AS OF JUNE 30, 2013 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO THE FINANCIAL STATEMENTS

3. Deferred tax liabilities

	June 30, 2013	December 31, 2012	Change
(a) Ordinary			
(1) Commission expense	\$ -	\$ -	\$ -
(2) Other, net	6,840	6,643	197
(99) Subtotal	6,840	6,643	197
(b) Capital			
(1) Unrealized (gain)/loss on investments	\$ 2,290,242	\$ 1,290,079	\$ 1,000,163
(99) Subtotal	2,290,242	1,290,079	1,000,163
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 2,297,082	\$ 1,296,722	\$ 1,000,360
4. Net deferred tax assets/liabilities (2i-3c)	\$ (2,132,400)	\$ (1,172,276)	\$ (960,124)

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):			
	June 30, 2013	December 31, 2012	Change
Total deferred tax assets	\$ 164,682	\$ 124,446	\$ 40,236
Total deferred tax liabilities	2,297,082	1,296,722	1,000,360
Net deferred tax asset(liability)	\$ (2,132,400)	\$ (1,172,276)	\$ (960,124)
Tax effect of unrealized (gains)/losses			1,000,163
Change in net deferred income tax (charge)/benefit			\$ 40,039
	December 31, 2012	December 31, 2011	Change
Total deferred tax assets	\$ 124,446	\$ 169,637	\$ (45,191)
Total deferred tax liabilities	1,296,722	855,446	441,276
Net deferred tax asset(liability)	\$ (1,172,276)	\$ (685,809)	\$ (486,467)
Tax effect of unrealized (gains)/losses			440,912
Change in net deferred income tax (charge)/benefit			\$ (45,555)

STATEMENT AS OF JUNE 30, 2013 OF THE CINCINNATI INDEMNITY 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:			
As of June 30, 2013			
Description	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 1,421,209	\$ 497,423	35.00%
Net tax exempt interest	(597,138)	(208,998)	-14.71%
Net dividends received deduction	(152,654)	(53,429)	-3.76%
Other items permanent, net	0	0	0.00%
DRD on accrued	(826)	(289)	-0.02%
Total	\$ 670,591	\$ 234,707	16.51%
Federal income taxes incurred expense/(benefit)	\$ 784,990	\$ 274,746	19.33%
Tax on capital gains/(losses)	-	-	0.00%
Change in net deferred income tax charge/(benefit)	(114,399)	(40,039)	-2.82%
Total statutory income taxes incurred	\$ 670,591	\$ 234,707	16.51%
As of December 31, 2012			
Description	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 2,723,468	\$ 953,214	35.00%
Net tax exempt interest	(1,280,501)	(448,175)	-16.46%
Net dividends received deduction	(307,485)	(107,620)	-3.95%
Other items permanent, net	189	66	0.00%
DRD on accrued	(1,533)	(536)	-0.02%
Total	\$ 1,134,138	\$ 396,949	14.57%
Federal income taxes incurred expense/(benefit)	\$ 1,353,245	\$ 473,636	17.39%
Tax on capital gains/(losses)	(349,263)	(122,242)	-4.49%
Change in net deferred income tax charge/(benefit)	130,156	45,555	1.67%
Total statutory income taxes incurred	\$ 1,134,138	\$ 396,949	14.57%

E. Operating Loss and Tax Credit Carryforwards

(1) At June 30, 2013, the Company had net operating loss carryforwards of: \$ -

(2) At June 30, 2013, 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
2013	\$ 274,746	\$ -	\$ 274,746
2012	351,394	-	351,394
2011	-	110,696	110,696
Total	\$ 626,140	\$ 110,696	\$ 736,836

(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 Casualty Company
The Cincinnati Specialty Underwriters Insurance Company
The Cincinnati Life 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 and Affiliates

- A. No Change
- B. No Change
- C. No Change
- D. At June 30, 2013, the Company reported \$7,847,150 due from the Parent Company, The Cincinnati Insurance Company. The terms of the settlement require that these amounts be settled within 30 days.
- E. No Change
- F. No Change
- G. No Change
- H. No Change
- I. No Change
- J. No Change
- K. No Change
- L. No Change

11. Debt - No Change

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

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

14. Contingencies - No Change

15. Leases - No Change

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

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. No Change
- B. No Change
- C. Not applicable

STATEMENT AS OF JUNE 30, 2013 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO THE FINANCIAL STATEMENTS

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans – No Change
19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - No Change
20. Fair Value Measurement
- A. Not applicable
- B. Not applicable
- C.

<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	63,843,195	60,690,664	978,358	62864837		
Common Stock	19,353,078	19,353,078	19,353,078			
Perpetual Preferred Stock						
Mortgage Loans						

- D. Not applicable
21. Other Items - No Change
22. Subsequent Events – No Change
23. Reinsurance - No Change
24. Retrospectively Rated Contracts and Contracts Subject to Redetermination– No Change
25. Change in Incurred Losses - None
26. Intercompany Pooling Arrangements – No Change
27. Structured Settlements - No Change
28. Health Care Receivables – No Change
29. Participating Policies – No Change
30. Premium Deficiency Reserves - No Change
31. High Deductibles – No Change
32. The Company does not discount unpaid losses or loss adjustment expenses except for income tax purposes.
33. Asbestos and Environmental Reserves - No Change
34. Subscriber Savings Accounts – No Change
35. Multiple Peril Crop Insurance – No Change
36. Financial Guaranty Insurance – None
37. Other - No Change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2

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

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

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

Yes ☐ No ☒
- 3.2

If the response to 3.1 is yes, provide a brief description of those changes.
.....
- 4.1

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

Yes ☐ No ☒
- 4.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes ☐ No ☒ NA ☐
- 6.1

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

12/31/2009
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

08/03/2010
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

08/03/2010
- 6.4

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

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

Yes ☐ No ☐ NA ☒
- 6.6

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

Yes ☒ No ☐ NA ☐
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2

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

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

Yes ☐ No ☒
- 8.2

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

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

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the 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

GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

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

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

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

(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

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

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

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

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?..... Yes [X] No []

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$7,847,150

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

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

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

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

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

GENERAL INTERROGATORIES

- 16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.3 Total payable for securities lending reported on the liability page
- \$

\$

\$

17. 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 []

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

1	2
Name of Custodian(s)	Custodian Address
FIFTH THIRD BANK.....	FIFTH THIRD CANTER, CINCINNATI, OHIO 45263.....

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes [] No [X]

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

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

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

1	2	3
Central Registration Depository	Name(s)	Address

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

Yes [] No [X]

18.2 If no, list exceptions:
See attached list for securities not on file with the SV0 as of 06/30/2013.....

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [X] NA []
If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [] No [X]
If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]

3.2 If yes, give full and complete information thereto.
.....

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see *Annual Statement Instructions* pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero? Yes [] No [X]

4.2 If yes, complete the following schedule:

			TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
1	2	3	4	5	6	7	8	9	10	11
Line of Business	Maximum Interest	Discount Rate	Unpaid Losses	Unpaid LAE	IBNR	TOTAL	Unpaid Losses	Unpaid LAE	IBNR	TOTAL
TOTAL			0	0	0	0	0	0	0	0

5. Operating Percentages:
5.1 A&H loss percent %
5.2 A&H cost containment percent %
5.3 A&H expense percent excluding cost containment expenses %

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

STATEMENT AS OF JUNE 30, 2013 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

[illegible]

STATEMENT AS OF JUNE 30, 2013 OF THE CINCINNATI INDEMNITY COMPANY

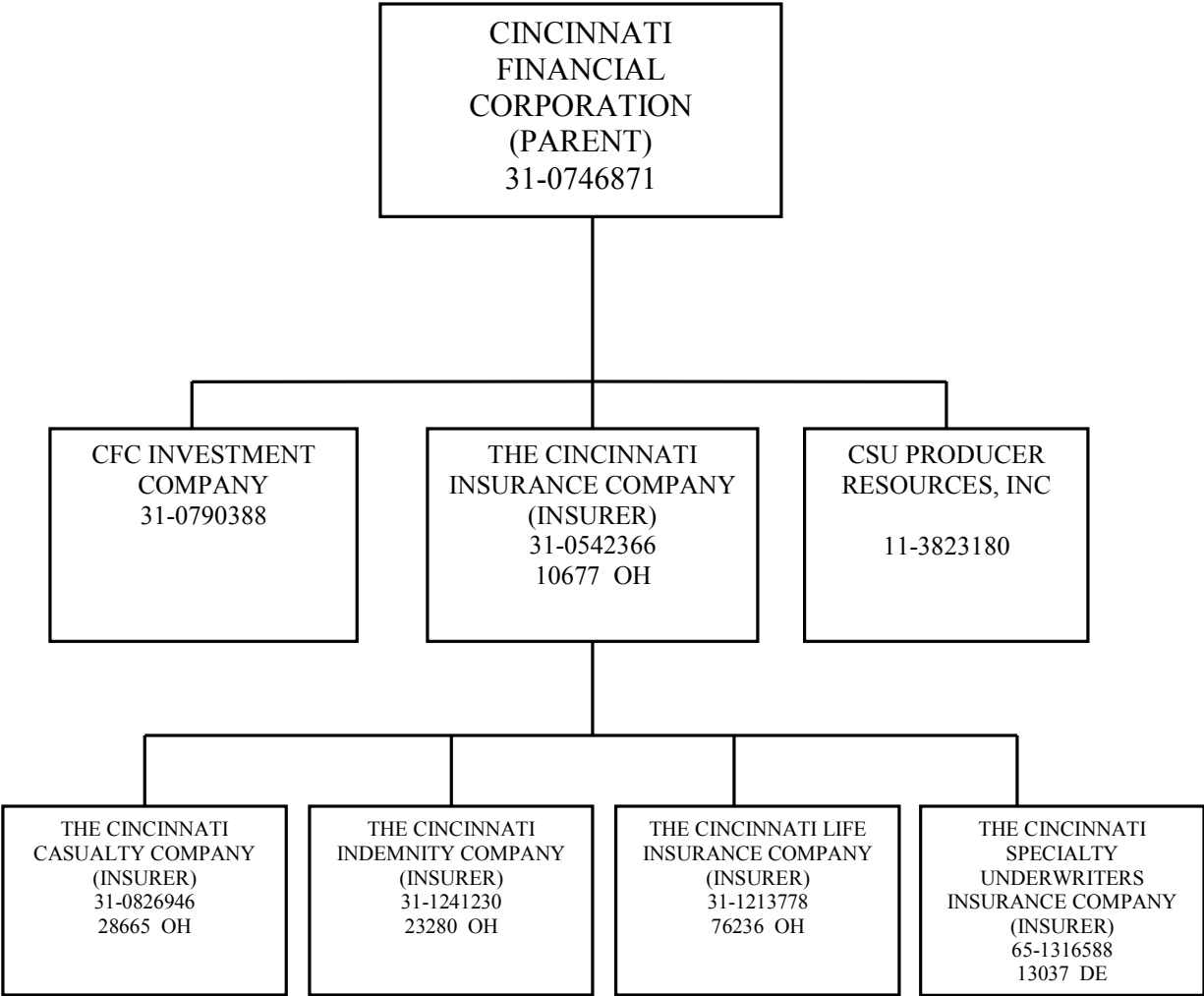
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories							
States, etc.	1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2	3	4	5	6	7
	Active Status	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1. Alabama	AL L	2,022,094	1,661,299	259,662	119,397	1,838,219	1,258,319
2. Alaska	AK L	0	0	0	0	0	0
3. Arizona	AZ L	4,274,269	1,540,854	372,041	658,081	1,964,238	535,223
4. Arkansas	AR L	2,140,963	2,116,301	500,621	443,539	3,584,944	3,197,200
5. California	CA N	0	0	0	0	0	0
6. Colorado	CO L	5,212,242	2,647,564	847,996	381,410	3,637,778	2,862,366
7. Connecticut	CT L	60,333	16,534	0	0	40,295	11,499
8. Delaware	DE L	206,638	266,740	160,090	88,655	539,585	712,085
9. Dist. Columbia	DC L	40,494	3,419	0	0	13,123	2,162
10. Florida	FL L	4,533,379	1,829,685	317,133	75,194	1,640,882	1,120,112
11. Georgia	GA L	5,132,755	4,892,704	1,146,430	1,042,521	7,792,487	6,359,186
12. Hawaii	HI L	465	0	0	0	0	0
13. Idaho	ID L	2,153,655	1,347,682	405,204	51,239	742,751	112,990
14. Illinois	IL L	15,085,531	13,299,681	2,868,425	2,466,241	19,631,112	16,864,186
15. Indiana	IN L	12,422,621	10,465,441	3,048,910	2,627,480	12,810,911	10,112,990
16. Iowa	IA L	8,313,478	8,981,699	2,449,724	1,606,003	17,759,816	15,137,265
17. Kansas	KS L	2,715,013	2,580,242	929,641	1,586,363	6,693,394	6,671,410
18. Kentucky	KY L	3,800,211	3,813,399	815,494	2,853,150	6,073,735	4,847,470
19. Louisiana	LA L	9,219	8,701	0	0	2,876	131
20. Maine	ME L	1,652	0	0	0	124	0
21. Maryland	MD L	4,349,002	3,028,072	1,296,599	714,883	12,724,092	5,684,894
22. Massachusetts	MA L	0	0	0	0	0	0
23. Michigan	MI L	9,997,353	7,998,336	2,325,602	1,400,492	10,841,398	8,332,723
24. Minnesota	MN L	7,126,830	5,069,689	1,104,809	666,075	3,921,536	1,806,908
25. Mississippi	MS L	40,954	659	5,543	0	30,211	10,100
26. Missouri	MO L	5,599,009	4,745,178	1,090,150	1,208,466	10,934,011	9,170,846
27. Montana	MT L	1,663,337	1,503,859	314,659	21,092	418,911	14,551
28. Nebraska	NE L	2,644,622	2,984,788	1,156,436	672,107	8,078,907	7,284,860
29. Nevada	NV L	107,092	14,656	435	0	12,326	251
30. New Hampshire	NH L	939,466	925,766	146,594	117,972	624,290	376,897
31. New Jersey	NJ L	9,086	0	0	0	455	0
32. New Mexico	NM L	750,872	879,852	98,055	98,851	477,086	381,255
33. New York	NY L	3,157,435	3,119,503	1,403,519	296,612	3,178,165	1,502,434
34. No. Carolina	NC L	7,285,536	6,702,706	1,948,820	2,254,998	13,340,934	13,452,953
35. No. Dakota	ND L	1,810,917	1,266,175	336,796	32,842	419,553	115,000
36. Ohio	OH L	12,176,824	9,958,565	2,941,234	944,712	6,218,639	605,849
37. Oklahoma	OK L	59,033	51,560	30,470	3,093	36,854	18,855
38. Oregon	OR L	619,228	566,834	6,007	22,969	337,728	81,387
39. Pennsylvania	PA L	16,475,217	14,571,219	3,626,334	2,830,922	24,967,528	20,161,144
40. Rhode Island	RI L	19,083	0	0	0	5,067	914
41. So. Carolina	SC L	2,297,217	2,025,889	266,377	329,672	2,733,972	2,181,354
42. So. Dakota	SD L	1,229,020	1,497,165	519,440	319,226	2,407,071	1,576,994
43. Tennessee	TN L	7,064,236	6,680,592	2,754,556	1,444,946	9,288,816	7,947,448
44. Texas	TX L	8,193,109	6,398,564	2,313,240	1,969,698	4,923,720	1,364,370
45. Utah	UT L	1,921,079	1,688,222	223,354	288,780	761,498	172,322
46. Vermont	VT L	2,111,541	2,097,950	808,120	383,086	2,422,760	1,179,141
47. Virginia	VA L	9,056,216	6,754,840	1,318,051	2,182,850	11,189,052	9,460,990
48. Washington	WA L	331,175	357,687	30,555	16,314	146,347	70,214
49. West Virginia	WV L	3,169,041	1,655,678	171,371	289,278	1,137,120	344,780
50. Wisconsin	WI L	4,140,888	4,893,875	2,192,756	986,764	5,089,948	5,872,949
51. Wyoming	WY L	192,287	140,130	372,229	46,007	1,142,579	0
52. American Samoa	AS N	0	0	0	0	0	0
53. Guam	GU N	0	0	0	0	0	0
54. Puerto Rico	PR N	0	0	0	0	0	0
55. U.S. Virgin Islands	VI N	0	0	0	0	0	0
56. Northern Mariana Islands	MP N	0	0	0	0	0	0
57. Canada	CAN N	0	0	0	0	0	0
58. Aggregate Other Alien	OT XXX	0	0	0	0	0	0
59. Totals	(a) 50	182,661,717	153,049,954	42,923,484	33,541,984	222,576,845	168,976,976
DETAILS OF WRITE-INS							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page.	XXX	0	0	0	0	0	0
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0

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

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITES OF
INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1
– ORGANIZATIONAL CHART



12

12

12

1212

PART 1 - LOSS EXPERIENCE

Line of Business		Current Year to Date			4 Prior Year to Date Direct Loss Percentage
		1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1.	Fire	4,565,666	754,118	16.5	48.9
2.	Allied lines	4,637,118	1,294,700	27.9	139.9
3.	Farmowners multiple peril	0	0	0.0	0.0
4.	Homeowners multiple peril	156	0	0.0	0.0
5.	Commercial multiple peril	32,430,970	20,673,339	63.7	47.7
6.	Mortgage guaranty	0	0	0.0	0.0
8.	Ocean marine	0	0	0.0	0.0
9.	Inland marine	2,312,967	888,540	38.4	28.2
10.	Financial guaranty	0	0	0.0	0.0
11.1	Medical professional liability -occurrence	240,388	8,000	3.3	0.0
11.2	Medical professional liability -claims made	107	0	0.0	0.0
12.	Earthquake	77,806	0	0.0	0.0
13.	Group accident and health	0	0	0.0	0.0
14.	Credit accident and health	0	0	0.0	0.0
15.	Other accident and health	0	0	0.0	0.0
16.	Workers' compensation	51,446,726	18,890,721	36.7	52.6
17.1	Other liability occurrence	19,661,907	8,946,773	45.5	12.6
17.2	Other liability-claims made	239,618	139,978	58.4	9.5
17.3	Excess Workers' Compensation	0	0	0.0	0.0
18.1	Products liability-occurrence	1,627,217	809,765	49.8	0.0
18.2	Products liability-claims made	0	0	0.0	0.0
19.1,19.2	Private passenger auto liability	18,900	3,865	20.4	(5.1)
19.3,19.4	Commercial auto liability	19,939,037	10,271,423	51.5	35.0
21.	Auto physical damage	7,560,694	5,259,317	69.6	82.8
22.	Aircraft (all perils)	0	0	0.0	0.0
23.	Fidelity	0	0	0.0	0.0
24.	Surety	0	0	0.0	0.0
26.	Burglary and theft	256,640	49,199	19.2	156.8
27.	Boiler and machinery	364,550	113,167	31.0	0.0
28.	Credit	0	0	0.0	0.0
29.	International	0	0	0.0	0.0
30.	Warranty	0	0	0.0	0.0
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business	0	0	0.0	0.0
35.	TOTALS	145,380,468	68,102,905	46.8	47.4
DETAILS OF WRITE-INS					
3401.					
3402.					
3403.					
3498.	Sum. of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire	2,693,584	5,433,003	3,963,557
2.	Allied lines	2,980,416	5,838,615	4,234,937
3.	Farmowners multiple peril	0	0	0
4.	Homeowners multiple peril	82	176	151
5.	Commercial multiple peril	19,364,186	42,240,316	34,726,140
6.	Mortgage guaranty	0	0	0
8.	Ocean marine	0	0	0
9.	Inland marine	1,519,801	2,977,601	2,329,101
10.	Financial guaranty	0	0	0
11.1	Medical professional liability-occurrence	132,083	342,161	239,169
11.2	Medical professional liability-claims made	0	0	0
12.	Earthquake	24,460	72,177	63,381
13.	Group accident and health	0	0	0
14.	Credit accident and health	0	0	0
15.	Other accident and health	0	0	0
16.	Workers' compensation	26,218,088	59,639,595	53,184,891
17.1	Other liability occurrence	11,655,511	25,685,561	21,472,044
17.2	Other liability-claims made	123,485	336,593	285,716
17.3	Excess Workers' Compensation	0	0	0
18.1	Products liability-occurrence	951,685	2,149,000	1,572,730
18.2	Products liability-claims made	0	0	0
19.1,19.2	Private passenger auto liability	15,865	20,730	22,654
19.3,19.4	Commercial auto liability	11,983,929	26,819,995	21,582,375
21.	Auto physical damage	4,634,322	10,373,810	8,828,784
22.	Aircraft (all perils)	0	0	0
23.	Fidelity	0	0	(37)
24.	Surety	0	0	0
26.	Burglary and theft	137,498	320,126	238,673
27.	Boiler and machinery	201,000	412,258	305,688
28.	Credit	0	0	0
29.	International	0	0	0
30.	Warranty	0	0	0
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business	0	0	0
35.	TOTALS	82,635,995	182,661,717	153,049,954
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498.	Sum. of remaining write-ins for Line 34 from overflow page	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2013 Loss and LAE Payments on Claims Reported as of Prior Year-End	2013 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2013 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11 + 12)
1. 2010 + Prior .....			.....0			.....0				.....0	.....0	.....0	.....0
2. 2011 .....			.....0			.....0				.....0	.....0	.....0	.....0
3. Subtotals 2011 + prior .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2012.....			.....0			.....0				.....0	.....0	.....0	.....0
5. Subtotals 2012 + prior .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2013 .....	.....XXX	.....XXX	.....XXX	.....XXX		.....0	.....XXX			.....0	.....XXX	.....XXX	.....XXX
7. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Prior Year-End Surplus As Regards Policy-holders	76,165										Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7
											1. 0.0	2. 0.0	3. 0.0
											Col. 13, Line 7 Line 8		
											4. 0.0		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanation:

- 1.
- 3.

Bar Code:

1.



232802013490000002

3.



232802013365000002

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

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

SCHEDULE B – VERIFICATION

Mortgage Loans

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

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	75,612,793	73,031,441
2. Cost of bonds and stocks acquired	5,642,830	8,583,004
3. Accrual of discount	9,834	14,630
4. Unrealized valuation increase (decrease)	2,857,610	1,259,749
5. Total gain (loss) on disposals		200,355
6. Deduct consideration for bonds and stocks disposed of	3,976,676	6,946,868
7. Deduct amortization of premium	50,175	94,388
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized	52,474	435,130
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	80,043,742	75,612,793
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	80,043,742	75,612,793

STATEMENT AS OF JUNE 30, 2013 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE D - PART 1B

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

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a).....	44,700,499	2,300,640	500,000	(13,445)	44,700,499	46,487,693	0	45,883,840
2. Class 2 (a).....	10,666,845	2,064,420		(14,181)	10,666,845	12,717,084	0	11,680,007
3. Class 3 (a).....	0				0	0	0	0
4. Class 4 (a).....	694,562				694,562	694,562	0	711,238
5. Class 5 (a).....	0				0	0	0	0
6. Class 6 (a).....	831,633			(40,309)	831,633	791,324	0	833,754
7. Total Bonds	56,893,538	4,365,060	500,000	(67,935)	56,893,538	60,690,664	0	59,108,839
PREFERRED STOCK								
8. Class 1	0				0	0	0	0
9. Class 2	0				0	0	0	0
10. Class 3	0				0	0	0	0
11. Class 4	0				0	0	0	0
12. Class 5	0				0	0	0	0
13. Class 6	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	56,893,538	4,365,060	500,000	(67,935)	56,893,538	60,690,664	0	59,108,839

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

Schedule DA - Part 1

NONE

Schedule DA - Verification

NONE

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

E04

[illegible]

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

SCHEDULE D - PART 4

[illegible]

E05

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

STATEMENT AS OF JUNE 30, 2013 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE E - PART 1 - CASH

[illegible]

Schedule E - Part 2

NONE

Supp "A" to T - Physicians

NONE

Supp "A" to T - Hospitals

NONE



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2013 OF THE CINCINNATI INDEMNITY COMPANY

Designate the type of health care providers reported on this page.
Other Health Care Professionals

SUPPLEMENT “A” TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

States, Etc.		1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
				3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama	AL	655	1,427	0	0	(326)	0	0	1,286
2. Alaska	AK	0	0	0	0	0	0	0	0
3. Arizona	AZ	0	0	0	0	0	0	0	0
4. Arkansas	AR	0	490	0	0	(135)	0	0	533
5. California	CA	0	0	0	0	0	0	0	0
6. Colorado	CO	495	1,996	0	0	308	0	0	1,081
7. Connecticut	CT	0	0	0	0	0	0	0	0
8. Delaware	DE	0	0	0	0	0	0	0	0
9. District of Columbia	DC	0	0	0	0	0	0	0	0
10. Florida	FL	33,059	17,476	0	0	5,091	0	0	9,109
11. Georgia	GA	2,399	1,129	0	0	226	0	0	691
12. Hawaii	HI	0	0	0	0	0	0	0	0
13. Idaho	ID	0	0	0	0	0	0	0	0
14. Illinois	IL	0	0	0	0	0	0	0	0
15. Indiana	IN	(73)	266	0	0	(147)	0	0	147
16. Iowa	IA	(116)	2,665	0	0	(526)	0	0	2,634
17. Kansas	KS	4,218	1,946	0	0	(2,679)	0	0	862
18. Kentucky	KY	(2)	1,007	0	0	(1,771)	0	0	5
19. Louisiana	LA	0	0	0	0	0	0	0	0
20. Maine	ME	0	0	0	0	0	0	0	0
21. Maryland	MD	0	0	0	0	0	0	0	0
22. Massachusetts	MA	0	0	0	0	0	0	0	0
23. Michigan	MI	14,080	16,501	0	0	(4,632)	0	0	11,477
24. Minnesota	MN	127	3,011	0	0	(969)	0	0	3,376
25. Mississippi	MS	0	0	0	0	0	0	0	0
26. Missouri	MO	10,811	4,340	0	0	(4,144)	0	0	7,260
27. Montana	MT	0	0	0	0	0	0	0	0
28. Nebraska	NE	50	263	0	0	(2,199)	0	0	2,582
29. Nevada	NV	0	0	0	0	0	0	0	0
30. New Hampshire	NH	126	427	0	0	(100)	0	0	396
31. New Jersey	NJ	0	0	0	0	0	0	0	0
32. New Mexico	NM	0	0	0	0	0	0	0	0
33. New York	NY	(70)	(1)	0	0	(204)	0	0	1,226
34. North Carolina	NC	1,977	1,433	0	0	(54)	0	0	1,075
35. North Dakota	ND	0	0	0	0	0	0	0	0
36. Ohio	OH	34,029	30,922	0	0	(15,583)	0	0	28,100
37. Oklahoma	OK	0	0	0	0	0	0	0	0
38. Oregon	OR	0	0	0	0	8	0	0	2,038
39. Pennsylvania	PA	102,346	68,284	0	0	20,895	0	0	29,266
40. Rhode Island	RI	0	0	0	0	0	0	0	0
41. South Carolina	SC	0	0	0	0	0	0	0	0
42. South Dakota	SD	0	0	0	0	0	0	0	0
43. Tennessee	TN	695	7,590	0	0	1,225	0	0	4,701
44. Texas	TX	17,513	12,416	0	0	(308)	0	0	9,961
45. Utah	UT	14,623	7,797	0	0	(2,361)	0	0	8,697
46. Vermont	VT	0	0	0	0	0	0	0	0
47. Virginia	VA	2,600	542	0	0	220	0	0	220
48. Washington	WA	0	0	0	0	0	0	0	0
49. West Virginia	WV	2,589	1,402	0	0	570	0	0	570
50. Wisconsin	WI	5,638	10,865	0	0	(22,424)	0	0	9,692
51. Wyoming	WY	1,950	975	0	0	(75)	0	0	867
52. American Samoa	AS								
53. Guam	GU								
54. Puerto Rico	PR								
55. U.S. Virgin Islands	VI								
56. Northern Mariana Islands	MP								
57. Canada	CAN								
58. Aggregate other alien	OT	0	0	0	0	0	0	0	0
59. Totals		249,719	195,169	0	0	(30,094)	0	0	137,852
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998.	Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2013 OF THE CINCINNATI INDEMNITY COMPANY

Designate the type of health care providers reported on this page.
Other Health Care Facilities

SUPPLEMENT “A” TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

States, Etc.		1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
				3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama	AL	0	0	0	0	0	0	0	0
2. Alaska	AK	0	0	0	0	0	0	0	0
3. Arizona	AZ	0	0	0	0	0	0	0	0
4. Arkansas	AR	0	0	0	0	0	0	0	0
5. California	CA	0	0	0	0	0	0	0	0
6. Colorado	CO	0	0	0	0	0	0	0	0
7. Connecticut	CT	0	0	0	0	0	0	0	0
8. Delaware	DE	0	0	0	0	0	0	0	0
9. District of Columbia	DC	0	0	0	0	0	0	0	0
10. Florida	FL	0	0	0	0	0	0	0	0
11. Georgia	GA	0	0	0	0	0	0	0	0
12. Hawaii	HI	0	0	0	0	0	0	0	0
13. Idaho	ID	0	0	0	0	0	0	0	0
14. Illinois	IL	0	0	0	0	0	0	0	0
15. Indiana	IN	0	0	0	0	0	0	0	0
16. Iowa	IA	0	0	0	0	0	0	0	0
17. Kansas	KS	19,721	5,743	0	0	4,028	0	0	4,028
18. Kentucky	KY	(669)	322	0	0	1,656	0	0	1,656
19. Louisiana	LA	0	0	0	0	0	0	0	0
20. Maine	ME	0	0	0	0	0	0	0	0
21. Maryland	MD	0	0	0	0	0	0	0	0
22. Massachusetts	MA	0	0	0	0	0	0	0	0
23. Michigan	MI	0	496	0	0	0	0	0	0
24. Minnesota	MN	0	0	0	0	0	0	0	0
25. Mississippi	MS	0	0	0	0	0	0	0	0
26. Missouri	MO	0	0	0	0	0	0	0	0
27. Montana	MT	0	0	0	0	0	0	0	0
28. Nebraska	NE	0	289	0	0	0	0	0	0
29. Nevada	NV	0	0	0	0	0	0	0	0
30. New Hampshire	NH	0	0	0	0	0	0	0	0
31. New Jersey	NJ	0	0	0	0	0	0	0	0
32. New Mexico	NM	0	0	0	0	0	0	0	0
33. New York	NY	0	1,258	0	0	0	0	0	0
34. North Carolina	NC	0	0	0	0	0	0	0	0
35. North Dakota	ND	0	0	0	0	0	0	0	0
36. Ohio	OH	4,832	4,158	0	0	1,934	0	0	3,990
37. Oklahoma	OK	0	0	0	0	0	0	0	0
38. Oregon	OR	0	2,518	0	0	0	0	0	0
39. Pennsylvania	PA	24,890	12,687	0	0	7,117	0	0	7,117
40. Rhode Island	RI	0	0	0	0	0	0	0	0
41. South Carolina	SC	0	0	0	0	0	0	0	0
42. South Dakota	SD	0	0	0	0	0	0	0	0
43. Tennessee	TN	0	0	0	0	0	0	0	0
44. Texas	TX	0	0	0	0	0	0	0	0
45. Utah	UT	0	0	0	0	0	0	0	0
46. Vermont	VT	0	0	0	0	0	0	0	0
47. Virginia	VA	34,699	7,229	0	0	2,937	0	0	2,937
48. Washington	WA	0	0	0	0	0	0	0	0
49. West Virginia	WV	0	0	0	0	0	0	0	0
50. Wisconsin	WI	8,969	10,710	0	0	20,419	5,000	1	15,419
51. Wyoming	WY	0	0	0	0	0	0	0	0
52. American Samoa	AS								
53. Guam	GU								
54. Puerto Rico	PR								
55. U.S. Virgin Islands	VI								
56. Northern Mariana Islands	MP								
57. Canada	CAN								
58. Aggregate other alien	OT	0	0	0	0	0	0	0	0
59. Totals		92,442	45,410	0	0	38,091	5,000	1	35,147
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998.	Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2013 OF THE CINCINNATI INDEMNITY COMPANY

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

NAIC Group Code0244

Year To Date For The Period Ended 2013

NAIC Company Code23280

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

1. Monoline Policies

1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred
\$28,875	\$21,676	\$(653)

2. Commercial Multiple Peril (CMP) Packaged Policies

- 2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy?

Yes ☒ No ☐
- 2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated?

Yes ☒ No ☐
- 2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified:

\$23,955

2.32 Amount estimated using reasonable assumptions:

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

\$(125)