



PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

ANNUAL STATEMENT
For the Year Ended December 31, 2013
OF THE CONDITION AND AFFAIRS OF THE
CINCINNATI INDEMNITY COMPANY

NAIC Group Code	0244 (Current Period)	0244 (Prior Period)	NAIC Company Code	23280	Employer's ID Number	31-1241230
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 (Street and Number)		, FAIRFIELD, OH, US 45014-5141 (City or Town, State, Country and Zip Code)		FAIRFIELD, OH, US 45014-5141 (Area Code) (Telephone Number)	
Main Administrative Office	6200 SOUTH GILMORE ROAD (Street and Number)		FAIRFIELD, OH, US 45014-5141 (City or Town, State, Country and Zip Code)		513-870-2000 (Area Code) (Telephone Number)	
Mail Address	P.O. BOX 145496 (Street and Number or P.O. Box)		, CINCINNATI, OH, US 45250-5496 (City or Town, State, Country and Zip Code)		CINCINNATI, OH, US 45250-5496 (Area Code) (Telephone Number)	
Primary Location of Books and Records	6200 SOUTH GILMORE ROAD (Street and Number)		FAIRFIELD, OH, US 45014-5141 (City or Town, State, Country and Zip Code)		513-870-2000-4414 (Area Code) (Telephone Number)	
Internet Web Site Address	www.cinfin.com					
Statutory Statement Contact	Stephen Draper (Name)		513-870-2000 (Area Code) (Telephone Number) (Extension)			
	stephen_draper@cinfin.com (E-Mail Address)		513-603-5500 (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 of Ohio

County of Butler

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) 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 21st day of February, 2014

- a. Is this an original filing? Yes [] No []
b. If no:
1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY 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).....	60,185,672		60,185,672	59,108,839
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks		21,710,314	21,710,314	16,503,954
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 (\$ 1,671,445 , Schedule E-Part 1), cash equivalents (\$ 0 , Schedule E-Part 2) and short-term investments (\$ 0 , Schedule DA).....		1,671,445	1,671,445	1,602,769
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).....	83,567,432	.0	83,567,432	77,215,562
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	818,423		.818,423	.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	12,304,914		12,304,914	8,918,593
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts	2,570,275		2,570,275	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	11,453,339		11,453,339	12,250,220
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).....	110,714,383	.0	110,714,383	101,397,660
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27).....	110,714,383	0	110,714,383	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.			0	0
2502.			0	0
2503.			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	.0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY COMPANY

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)	.0	0
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)	3,988	4,519
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	.0	0
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))	11,365	65,394
7.2 Net deferred tax liability	2,948,803	1,172,276
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 \$ 155,709,879 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)	24,670,916	23,046,131
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	1,074,532	944,389
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	100
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	28,709,604	25,232,809
27. Protected cell liabilities	.0	0
28. Total liabilities (Lines 26 and 27)	28,709,604	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	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	21,600,000	21,600,000
35. Unassigned funds (surplus)	56,804,779	50,964,851
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)	82,004,779	76,164,851
38. Totals (Page 2, Line 28, Col. 3)	110,714,383	101,397,660
DETAILS OF WRITE-INS		
2501. Accounts Payable Other	100	100
2502.	0	0
2503.	0	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	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

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY 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)	3,059,229	2,958,242
10. Net realized capital gains (losses) less capital gains tax of \$ (Exhibit of Capital Gains (Losses))	(52,474)	(112,532)
11. Net investment gain (loss) (Lines 9 + 10)	3,006,756	2,845,710
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ charged off \$)	amount	0
13. Finance and service charges not included in premiums	0	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)	3,006,756	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)	3,006,756	2,845,710
19. Federal and foreign income taxes incurred	575,365	473,636
20. Net income (Line 18 minus Line 19) (to Line 22)	2,431,391	2,372,074
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	76,164,851	73,019,496
22. Net income (from Line 20)	2,431,391	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 \$	1,814,772	3,370,291
25. Change in net unrealized foreign exchange capital gain (loss)	0	0
26. Change in net deferred income tax	38,245	(45,556)
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	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 (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)	5,839,928	3,145,355
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	82,004,779	76,164,851
DETAILS OF WRITE-INS		
0501.	0	0
0502.	0	0
0503.	0	0
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	0
1402.	0	0
1403.	0	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.	0	0
3702.	0	0
3703.	0	0
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

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY COMPANY

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance.....	2,177,696	3,393,188
2. Net investment income.....	3,174,333	3,024,782
3. Miscellaneous income.....	0	0
4. Total (Lines 1 through 3).....	5,352,030	6,417,970
5. Benefit and loss related payments.....	4,335,230	3,108,794
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 \$ (30,561) tax on capital gains (losses).....	629,394	185,929
10. Total (Lines 5 through 9).....	4,964,624	3,294,723
11. Net cash from operations (Line 4 minus Line 10).....	387,406	3,123,247
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	7,977,176	5,283,058
12.2 Stocks.....	0	1,663,809
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).....	7,977,176	6,946,868
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	9,222,830	6,868,929
13.2 Stocks.....	0	1,714,075
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).....	9,222,830	8,583,004
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).....	(1,245,654)	(1,636,136)
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).....	926,925	17,889
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	926,925	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).....	68,676	1,505,000
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	1,602,769	97,769
19.2 End of year (Line 18 plus Line 19.1).....	1,671,445	1,602,769

Part 1
NONE

Part 1A
NONE

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY COMPANY

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	11,294,612			11,294,612		0
2. Allied lines	11,888,577			11,888,577		0
3. Farmowners multiple peril						0
4. Homeowners multiple peril	339			339		0
5. Commercial multiple peril	77,964,484			77,964,484		0
6. Mortgage guaranty						0
8. Ocean marine						0
9. Inland marine	5,639,800			5,639,800		0
10. Financial guaranty						0
11.1 Medical professional liability-occurrence	1,113,037			1,113,037		0
11.2 Medical professional liability-claims-made						0
12. Earthquake	170,076			170,076		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	114,127,685		1	114,127,685		0
17.1 Other liability-occurrence	48,485,930			48,485,930		0
17.2 Other liability-claims-made	593,784			593,784		0
17.3 Excess workers' compensation						0
18.1 Products liability-occurrence	4,594,619			4,594,619		0
18.2 Products liability-claims-made						0
19.1, 19.2 Private passenger auto liability	45,661			45,661		0
19.3, 19.4 Commercial auto liability	46,913,553			46,913,553		0
21. Auto physical damage	17,967,906			17,967,906		0
22. Aircraft (all perils)						0
23. Fidelity						0
24. Surety						0
26. Burglary and theft	621,687			621,687		0
27. Boiler and machinery	925,803			925,803		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	342,347,553	0	1	342,347,554	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 2013 OF THE CINCINNATI INDEMNITY COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5	6	7	8
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire	1,396,120		1,396,120	0	0	0	0	.0
2. Allied lines	4,119,988		4,119,988	0	0	0	0	.0
3. Farmowners multiple peril				0	0	0	0	.0
4. Homeowners multiple peril				0	0	0	0	.0
5. Commercial multiple peril	26,383,981		26,383,981	0	0	0	0	.0
6. Mortgage guaranty				0	0	0	0	.0
8. Ocean marine				0	0	0	0	.0
9. Inland marine	1,274,829		1,274,829	0	0	0	0	.0
10. Financial guaranty				0	0	0	0	.0
11.1 Medical professional liability-occurrence	30,599		30,599	0	0	0	0	.0
11.2 Medical professional liability-claims-made				0	0	0	0	.0
12. Earthquake				0	0	0	0	.0
13. Group accident and health				0	0	0	0	.0
14. Credit accident and health (group and individual)				0	0	0	0	.0
15. Other accident and health				0	0	0	0	.0
16. Workers' compensation	40,169,641	28,556	40,198,197	0	0	0	0	.0
17.1 Other liability-occurrence	2,845,811		2,845,811	0	0	0	0	.0
17.2 Other liability-claims-made	106,969		106,969	0	0	0	0	.0
17.3 Excess workers' compensation				0	0	0	0	.0
18.1 Products liability-occurrence	218,503		218,503	0	0	0	0	.0
18.2 Products liability-claims-made				0	0	0	0	.0
19.1,19.2 Private passenger auto liability	3,865		3,865	0	0	0	0	.0
19.3,19.4 Commercial auto liability	10,633,189		10,633,189	0	0	0	0	.0
21. Auto physical damage	10,744,248		10,744,248	0	0	0	0	.0
22. Aircraft (all perils)				0	0	0	0	.0
23. Fidelity				0	0	0	0	.0
24. Surety				0	0	0	0	.0
26. Burglary and theft	52,565		52,565	0	0	0	0	.0
27. Boiler and machinery	146,779		146,779	0	0	0	0	.0
28. Credit				0	0	0	0	.0
29. International				0	0	0	0	.0
30. Warranty				0	0	0	0	.0
31. Reinsurance-nonproportional assumed property	XXX			0	0	0	0	.0
32. Reinsurance-nonproportional assumed liability	XXX			0	0	0	0	.0
33. Reinsurance-nonproportional assumed financial lines	XXX			0	0	0	0	.0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	.0
35. TOTALS	98,127,088	28,556	98,155,644	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 2013 OF THE CINCINNATI INDEMNITY COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire	981,008		981,008	0				0	0
2. Allied lines	3,892,553		3,892,553	0				0	0
3. Farmowners multiple peril				0				0	0
4. Homeowners multiple peril				0				0	0
5. Commercial multiple peril	18,482,335		18,482,335	0	4,515,000		4,515,000	0	0
6. Mortgage guaranty				0				0	0
8. Ocean marine				0				0	0
9. Inland marine	175,729		175,729	0				0	0
10. Financial guaranty				0				0	0
11.1 Medical professional liability-occurrence	46,056		46,056	0	176,000		176,000	0	0
11.2 Medical professional liability-claims-made				0				0	0
12. Earthquake				0				0	0
13. Group accident and health				0				(a)	0
14. Credit accident and health (group and individual)				0				0	0
15. Other accident and health				0				(a)	0
16. Workers' compensation	80,337,230	278,467	80,615,697	0	88,834,000	283,494	89,117,494	0	0
17.1 Other liability-occurrence	12,708,861		12,708,861	0	11,917,000		11,917,000	0	0
17.2 Other liability-claims-made	62,557		62,557	0				0	0
17.3 Excess workers' compensation				0				0	0
18.1 Products liability-occurrence	974,433		974,433	0	2,189,000		2,189,000	0	0
18.2 Products liability-claims-made				0				0	0
19.1,19.2 Private passenger auto liability				0				0	0
19.3,19.4 Commercial auto liability	15,952,348		15,952,348	0	4,838,000		4,838,000	0	0
21. Auto physical damage	796,151		796,151	0	(191,000)		(191,000)	0	0
22. Aircraft (all perils)				0				0	0
23. Fidelity				0				0	0
24. Surety				0				0	0
26. Burglary and theft	35,082		35,082	0				0	0
27. Boiler and machinery				0				0	0
28. Credit				0				0	0
29. International				0				0	0
30. Warranty				0				0	0
31. Reinsurance-nonproportional assumed property	XXX			0	XXX			0	0
32. Reinsurance-nonproportional assumed liability	XXX			0	XXX			0	0
33. Reinsurance-nonproportional assumed financial lines	XXX			0	XXX			0	0
34. Aggregate write-ins for other lines of business	0	.0	0	0	0	.0	0	0	.0
35. TOTALS	134,444,343	278,467	134,722,810	0	112,278,000	283,494	112,561,494	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.

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY COMPANY

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	16,364,975	0	0	16,364,975
1.2 Reinsurance assumed	0	0	0	0
1.3 Reinsurance ceded	16,364,975	0	0	16,364,975
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	40,528,413	0	0	40,528,413
2.2 Reinsurance assumed, excluding contingent	682	0	0	682
2.3 Reinsurance ceded, excluding contingent	40,529,095	0	0	40,529,095
2.4 Contingent-direct	9,500,000	0	0	9,500,000
2.5 Contingent-reinsurance assumed	0	0	0	0
2.6 Contingent-reinsurance ceded	0	9,500,000	0	9,500,000
2.7 Policy and membership fees	0	0	0	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	0	0	0
4. Advertising	0	0	0	0
5. Boards, bureaus and associations	0	0	0	0
6. Surveys and underwriting reports	0	0	0	0
7. Audit of assureds' records	0	0	(23)	(23)
8. Salary and related items:				
8.1 Salaries	33,078	0	0	33,078
8.2 Payroll taxes	0	1,888	0	1,888
9. Employee relations and welfare	0	0	7,601	7,601
10. Insurance	0	0	0	0
11. Directors' fees	0	0	0	0
12. Travel and travel items	0	700	0	700
13. Rent and rent items	0	0	0	0
14. Equipment	0	0	7,459	7,459
15. Cost or depreciation of EDP equipment and software	0	0	36	36
16. Printing and stationery	0	0	0	0
17. Postage, telephone and telegraph, exchange and express	0	0	(2)	(2)
18. Legal and auditing	0	0	8,748	8,748
19. Totals (Lines 3 to 18)	0	0	59,485	59,485
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$	0	0	0	0
20.2 Insurance department licenses and fees	0	0	0	0
20.3 Gross guaranty association assessments	0	0	0	0
20.4 All other (excluding federal and foreign income and real estate)	0	0	0	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	0	0	0
22. Real estate taxes	0	0	0	0
23. Reimbursements by uninsured plans	0	0	0	0
24. Aggregate write-ins for miscellaneous expenses	0	0	0	0
25. Total expenses incurred	0	0	59,485	(a) 59,485
26. Less unpaid expenses-current year	0	0	3,988	3,988
27. Add unpaid expenses-prior year	0	0	4,518	4,518
28. Amounts receivable relating to uninsured plans, prior year	0	0	0	0
29. Amounts receivable relating to uninsured plans, current year	0	0	0	0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	0	0	60,015	60,015
DETAILS OF WRITE-INS				
2401.	0	0	0	0
2402.	0	0	0	0
2403.	0	0	0	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.

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) 9,306	10,849
1.1 Bonds exempt from U.S. tax	(a) 1,438,934	1,372,070
1.2 Other bonds (unaffiliated)	(a) 1,171,717	1,203,462
1.3 Bonds of affiliates	(a) 0	0
2.1 Preferred stocks (unaffiliated)	(b) 0	0
2.11 Preferred stocks of affiliates	(b) 0	0
2.2 Common stocks (unaffiliated)	528,724	532,332
2.21 Common stocks of affiliates	0	0
3. Mortgage loans	(c) .....	.....
4. Real estate	(d) .....	.....
5. Contract loans	(e) .....	.....
6. Cash, cash equivalents and short-term investments	(f) .....	.....
7. Derivative instruments	0	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	3,148,681	3,118,713
11. Investment expenses	(g) 59,484	59,484
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	0
16. Total deductions (Lines 11 through 15)	59,484	59,484
17. Net investment income (Line 10 minus Line 16)	3,059,229	3,059,229
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	0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)	0	0

- (a) Includes \$ 28,269 accrual of discount less \$ 123,320 amortization of premium and less \$ 47,115 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	0	0	0	0
1.1 Bonds exempt from U.S. tax	0	0	0	(36,147)	0
1.2 Other bonds (unaffiliated)	0	(52,474)	(52,474)	14,851	0
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	0	0	5,206,360	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)	0	(52,474)	(52,474)	5,185,064	0
DETAILS OF WRITE-INS			0	0	0
0901. .....	.....	.....	0	.....	.....
0902. .....	.....	.....	0	.....	.....
0903. .....	.....	.....	0	.....	.....
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

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 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 deferred 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 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.

	<u>STATE OF DOMICILE</u>	<u>2013</u>	<u>2012</u>
<u>NET INCOME</u>			
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	Ohio	\$2,431,391	\$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	\$2,431,391	\$2,372,074
<u>SURPLUS</u>			
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	Ohio	\$82,004,779	\$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	\$82,004,779	\$76,164,851

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 on Business Combinations and Goodwill – 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
- H. Restricted Assets - None

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 2013.
- B. Not applicable

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY 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):

1.

	2013		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 29,963	\$ 133,240	\$ 163,203
(b) Statutory Valuation Allowance	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	29,963	133,240	163,203
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	29,963	133,240	163,203
(f) Deferred Tax Liabilities	\$ 7,155	\$ 3,104,851	\$ 3,112,006
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ 22,808	\$ (2,971,611)	\$ (2,948,803)

	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	\$ 29,963	\$ 8,794	\$ 38,757
(b) Statutory Valuation Allowance	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	29,963	8,794	38,757
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	29,963	8,794	38,757
(f) Deferred Tax Liabilities	\$ 512	\$ 1,814,772	\$ 1,815,284
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ 29,451	\$ (1,805,978)	\$ (1,776,527)

2.

SSAP 101, paragraphs 11.a., 11.b., and 11.c.:	2013		
	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	12,300,717	12,300,717	12,300,717
(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	29,963	133,240	163,203
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	29,963	133,240	163,203

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	875,989	875,989	875,989
(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	29,963	8,794	38,757
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	29,963	8,794	38,757

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

3.

	2013 Percentage	2012 Percentage
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	2705%	3205%
(b) Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b) 2 above	15%	15%

4.

	2013		
	Ordinary	Capital	Total
Impact of Tax Planning Strategies			
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.			
1. Adjusted Gross DTAs amount from Note 9A1(c)	29,963	133,240	163,203
2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%	0.00%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	29,963	133,240	163,203
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%	0.00%
(b) The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.			

	2012		
	Ordinary	Capital	Total
Impact of Tax Planning Strategies			
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.			
1. Adjusted Gross DTAs amount from Note 9A1(c)	-	124,446	124,446
2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%	0.00%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	-	124,446	124,446
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%	0.00%
(b) 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) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.			
1. Adjusted Gross DTAs amount from Note 9A1(c)	29,963	8,794	38,757
2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%	0.00%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	29,963	8,794	38,757
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%	0.00%
(b) The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.			

B. Unrecognized DTLs

Not applicable

C. Current Tax and Change in Deferred Tax

1. Current income tax:

	2013	2012	Change
(a) Federal	\$ 575,365	\$ 473,636	\$ 101,729
(b) Foreign	-	-	-
(c) Subtotal	575,365	473,636	101,729
(d) Federal Income Tax on capital gains/(losses)	-	(122,242)	122,242
(e) Utilization of capital loss carryforwards	-	-	-
(f) Other	-	-	-
Federal income taxes incurred	\$ 575,365	\$ 351,394	\$ 223,971

2. Deferred tax assets

	December 31, 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	29,963	-	29,963
(99) Subtotal	29,963	-	29,963
(b) Statutory valuation allowance adj	-	-	-
(c) Nonadmitted	-	-	-
(d) Admitted ordinary deferred tax assets (2a99-2b-2c)	\$ 29,963	\$ -	\$ 29,963
(e) Capital			
(1) Investments	\$ 133,240	\$ 124,446	\$ 8,794
(2) Unrealized (gain)/loss on investments	-	-	-
(99) Subtotal	133,240	124,446	8,794
(f) Statutory valuation allowance adj	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets (2e99-2f-2g)	\$ 133,240	\$ 124,446	\$ 8,794
(i) Admitted deferred tax assets (2d + 2h)	\$ 163,203	\$ 124,446	\$ 38,757

3. Deferred tax liabilities

	December 31, 2013	December 31, 2012	Change
(a) Ordinary			
(1) Commission expense	\$ -	\$ -	\$ -
(2) Other, net	7,155	6,643	512
(99) Subtotal	7,155	6,643	512
(b) Capital			
(1) Unrealized (gain)/loss on investments	\$ 3,104,851	\$ 1,290,079	\$ 1,814,772
(99) Subtotal	3,104,851	1,290,079	1,814,772
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 3,112,006	\$ 1,296,722	\$ 1,815,284

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

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

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, 2013	December 31, 2012	Change
Total deferred tax assets	\$ 163,203	\$ 124,446	\$ 38,757
Total deferred tax liabilities	3,112,006	1,296,722	1,815,284
Net deferred tax asset/(liability)	<u>\$ (2,948,803)</u>	<u>\$ (1,172,276)</u>	<u>\$ (1,776,527)</u>
Tax effect of unrealized (gains)/losses			1,814,772
Change in net deferred income tax (charge)/benefit			<u>\$ 38,245</u>

	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)	<u>\$ (1,172,276)</u>	<u>\$ (685,809)</u>	<u>\$ (486,467)</u>
Tax effect of unrealized (gains)/losses			<u>440,912</u>
Change in net deferred income tax (charge)/benefit			<u>\$ (45,555)</u>

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, 2013		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 3,006,755	\$ 1,052,364	35.00%
Net tax exempt interest	(1,155,397)	(404,389)	-13.45%
Net dividends received deduction	(314,591)	(110,107)	-3.66%
Other items permanent, net	8	3	0.00%
DRD on accrued	(2,147)	(751)	-0.02%
Total	\$ 1,534,628	\$ 537,120	17.87%
 Federal income taxes incurred expense/(benefit)	 \$ 1,643,899	 \$ 575,365	 19.14%
Tax on capital gains/(losses)	-	-	0.00%
Change in net deferred income tax charge/(benefit)	(109,271)	(38,245)	-1.27%
Total statutory income taxes incurred	\$ 1,534,628	\$ 537,120	17.87%
As of December 31, 2012			
Description	Effective Tax Rate		
	Amount	Tax Effect	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 December 31, 2013, the Company had net operating loss and tax credit carryforwards of:

\$ -

(2) At December 31, 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	\$ 575,365	\$ -	\$ 575,365
2012	351,394	-	351,394
2011	-	110,696	110,696
Total	\$ 926,759	\$ 110,696	\$ 1,037,455

(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.

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

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, 2013, the Company reported \$11,453,339 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
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
 - A. Defined Benefit Plan – Not applicable
 - B. Not applicable
 - C. Not applicable
 - D. Not applicable
 - E. Defined Contribution Plans – Not applicable
 - F. Multiemployer Plans – Not applicable
 - G. 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 \$0 and \$3,936 for 2013 and 2012 respectively.
 - (2) Defined Contribution Plans - The Company participates in a qualified, defined contribution plan sponsored by Cincinnati Financial Corporation, the parent. The Company has no legal obligations for benefits under these plans. The Cincinnati Financial Corporation allocates amounts to the Company based on an inter-company management fee. The Company's share of net expense for the contribution plan was \$1,228 and \$3,652 for 2013 and 2012 respectively.
 - H. Postemployment Benefits and Compensated Absences – Not applicable
 - I. 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, 1,800 shares issued and 1,800 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 2014 we would be restricted to \$8,200,478. In 2013 10% of surplus was \$8,200,478 and net income was \$2,431,391. In 2013 we would be restricted to \$7,616,485. In 2012 10% of surplus was \$7,616,485 and net income was \$2,372,074.
 - (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 \$3,362,598 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.

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

20. Fair Value Measurement

- A. Not applicable
- B. Not applicable
- C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	63,031,554	60,185,672	977,010	62,054,544		
Common Stock	21,710,314	21,710,314	21,710,314			

- D. Not applicable

21. Other Items

- A. Extraordinary Items – Not applicable
- B. Trouble Debt Restructuring - Not applicable
- C. Assets in the amount of \$10,559,534 and \$10,671,388 at December 31, 2013 and 2012, respectively, were on deposit with government authorities or trustees as required by law.
- D. Not applicable
- E. Not applicable
- F. Subprime Mortgage Related Risk Exposure - The Cincinnati Indemnity 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.
- G. Not applicable

22. Subsequent Events – None

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	\$ 155,709,879	\$ 18,054,315	(\$155,709,879)	(\$ 18,054,315)
(ii) All Other	0	0	\$ 0	\$0	\$ 0	\$ 0
(iii) Total	0	0	\$ 155,709,879	\$18,054,315	(\$155,709,879)	(\$ 18,054,315)
(iv) Direct Unearned Premium Reserve			\$155,709,879			

(2)

	REINSURANCE			
	Direct	Assumed	Ceded	Net
(i) Contingent Comm	\$9,500,000	\$ 0	\$ 9,500,000	\$0
(ii) Sliding Scale Adj.				
(iii) Other Profit Comm Arrangements				
(iv) Total	\$9,500,000	\$ 0	\$ 9,500,000	\$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
- I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – Not applicable

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	01/20/2014
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.

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

33. Asbestos and Environmental Reserves

Does the company have on the books, or has it ever written an insured for which you have identified a potential for the existence of, a liability due to asbestos losses? Yes (X) No ()

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

ASBESTOS LOSSES	2009	2010	2011	2012	2013
	Direct	Direct	Direct	Direct	Direct
Beginning Reserves	\$0	\$0	\$0	\$0	\$0
Incurred Loss & LAE	\$0	\$0	\$0	\$0	\$192,300
Calendar year payments for Loss and LAE	\$0	\$0	\$0	\$0	\$11,900
Ending Reserves	\$0	\$0	\$0	\$0	\$180,400
	Assumed	Assumed	Assumed	Assumed	Assumed
Beginning Reserves	\$0	\$0	\$0	\$0	\$0
Incurred Loss & LAE	\$0	\$0	\$0	\$0	\$0
Calendar year payments for Loss and LAE	\$0	\$0	\$0	\$0	\$0
Ending Reserves	\$0	\$0	\$0	\$0	\$0
	Net	Net	Net	Net	Net
Beginning Reserves	\$0	\$0	\$0	\$0	\$0
Incurred Loss & LAE	\$0	\$0	\$0	\$0	\$0
Calendar year payments for Loss and LAE	\$0	\$0	\$0	\$0	\$0
Ending Reserves	\$0	\$0	\$0	\$0	\$0
IBNR Reserves					
Direct	\$0	\$0	\$0	\$0	\$0
Assumed	\$0	\$0	\$0	\$0	\$0
Net	\$0	\$0	\$0	\$0	\$0
LAE Reserves					
Direct	\$0	\$0	\$0	\$0	\$0
Assumed	\$0	\$0	\$0	\$0	\$0
Net	\$0	\$0	\$0	\$0	\$0

Does the company have on the books, or has it ever written an insured for which you have identified a potential for the existence of, a liability due to environmental losses? Yes (X) No ()

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.

ENVIRONMENTAL LOSSES	2009	2010	2011	2012	2013
	Direct	Direct	Direct	Direct	Direct
Beginning Reserves	\$0	\$0	\$0	\$0	\$0
Incurred Loss & LAE	\$0	\$0	\$0	\$0	\$287,774
Calendar year payments for Loss and LAE	\$0	\$0	\$0	\$0	\$118,774
Ending Reserves	\$0	\$0	\$0	\$0	\$169,000
	Assumed	Assumed	Assumed	Assumed	Assumed
Beginning Reserves	\$0	\$0	\$0	\$0	\$0
Incurred Loss & LAE	\$0	\$0	\$0	\$0	\$0
Calendar year payments for Loss and LAE	\$0	\$0	\$0	\$0	\$0
Ending Reserves	\$0	\$0	\$0	\$0	\$0
	Net	Net	Net	Net	Net
Beginning Reserves	\$0	\$0	\$0	\$0	\$0
Incurred Loss & LAE	\$0	\$0	\$0	\$0	\$0
Calendar year payments for Loss and LAE	\$0	\$0	\$0	\$0	\$0
Ending Reserves	\$0	\$0	\$0	\$0	\$0
IBNR Reserves					
Direct	\$0	\$0	\$0	\$0	\$0
Assumed	\$0	\$0	\$0	\$0	\$0
Net	\$0	\$0	\$0	\$0	\$0
LAE Reserves					
Direct	\$0	\$0	\$0	\$0	\$0
Assumed	\$0	\$0	\$0	\$0	\$0
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 2003 & prior.

Parts 2&3-The prior line on last year's statement is combined with the year 2003 total. Paid amounts prior to 2004 are then subtracted from this sum to arrive at the prior figure.

Part 4-The sum of the prior year line and the 2003 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 2003 from the prior schedule P. Counts for accident year 2003 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 2003 AY of the prior year's Schedule P to arrive at the new prior number.

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY COMPANY

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 [X] No []
- If yes, complete Schedule Y, Parts 1, 1A and 2.
- 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 [X] 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 [X]
- 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 [X] No [] N/A []
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] 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 [X]
- 4.12 renewals? Yes [] No [X]
- 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 [X]
- 4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 5.2 If yes, provide the name of 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. Yes [] No [X]

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 [X]
- 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 [X]
- 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
.....
.....
.....
.....
.....

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY COMPANY

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; Suite 1900; 250 E. 5th St; 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 S. Wacker Dr; Chicago, IL 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? 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.
- 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).

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY COMPANY

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: \$..... 11,453,339

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 | \$..... |

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY COMPANY

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 [] 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	\$..... 10,559,534
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, OH 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

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY COMPANY

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 [X]
- 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.....	60,185,672	63,031,554	2,845,882
30.2 Preferred Stocks.....	0	0	0
30.3 Totals.....	60,185,672	63,031,554	2,845,882

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

The majority of fair market values are obtained from Interactive Data Corporation (IDC). For securities IDC is unable to price, the company looks to Bloomberg and uses a recent historical price method. If this cannot be determined the company uses outside brokers to analytically determine the price.....

- 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 [X]
- 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 [X]
- 32.2 If no, list exceptions:

For securities not filed with the SVO, please see the list included at the back of this statement on Page 101.....

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY COMPANY

GENERAL INTERROGATORIES

OTHER

- 33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 1,457,191
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? \$ 2,973
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
Baker & Hostetler.....	\$..... 2,785

- 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
.....	\$.....
.....	\$.....
.....	\$.....

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY COMPANY

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 0

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 0

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 0

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 0

2. Health Test:

	1 Current Year	2 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	\$ 0	\$ 0
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 [X] No []

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

3.21 Participating policies \$ 114,127,685

3.22 Non-participating policies \$ 228,219,868

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

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY COMPANY

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..... | Yes [X] No [] |
| 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 JLT Towers Re, who uses the catastrophe models from Risk Management Solutions and Applied Insurance Research to model potential maximum loss exposure..... | Yes [X] No [] |
| 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 catastrophe reinsurance program insuring losses to \$525 million in excess of \$75 million, plus co-participation by layer | Yes [X] No [] |
| 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 [X] 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 unreinsured catastrophic loss | Yes [X] No [] |
| 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 [X] |
| 7.2 | If yes, indicate the number of reinsurance contracts containing such provisions..... | Yes [] No [] |
| 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 [X] |
| 8.2 | If yes, give full information | Yes [] No [] |
| 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 noncancelable 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 [X] |
| 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 [X] |
| 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. | Yes [] No [X] |
| 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 [X] |
| 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. | Yes [] No [] |
| 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,
(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
(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 [X]
Yes [X] No []
Yes [] No [X] |
| 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 [X] No [] N/A [] |

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY COMPANY

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:

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY COMPANY

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:

	Gross amount of unauthorized reinsurance in Schedule F – Part 3	\$.....
17.11	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.

	Gross amount of unauthorized reinsurance in Schedule F – Part 3	\$.....
17.18	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 2013 OF THE CINCINNATI INDEMNITY COMPANY

FIVE-YEAR HISTORICAL DATA

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

	1 2013	2 2012	3 2011	4 2010	5 2009
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)	215,874,270	175,685,982	105,452,146	69,347,000	66,741,396
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	47,582,658	37,274,118	12,119,372	1,009,561	367,603
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	78,890,626	62,754,021	21,820,776	2,010,006	900,033
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	(37)	1,112	2,994	3,251
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
6. Total (Line 35)	342,347,554	275,714,084	139,393,406	72,369,561	68,012,283
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)	3,006,756	2,845,710	2,728,511	2,960,088	8,308,287
15. Total other income (Line 15)	0	0	0	0	0
16. Dividends to policyholders (Line 17)	0	0	0	0	0
17. Federal and foreign income taxes incurred (Line 19)	575,365	473,636	651,616	492,778	400,962
18. Net income (Line 20)	2,431,391	2,372,074	2,076,896	2,467,311	7,907,326
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	110,714,383	101,397,660	93,402,039	76,859,227	73,106,425
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)	28,709,604	25,232,809	20,382,543	6,749,975	6,149,643
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)	3,600,000	3,600,000	3,600,000	3,600,000	3,600,000
26. Surplus as regards policyholders (Page 3, Line 37)	82,004,779	76,164,851	73,019,496	70,109,253	66,956,782
Cash Flow (Page 5)					
27. Net cash from operations (Line 11)	387,406	3,123,247	12,735,921	3,322,017	(649,868)
Risk-Based Capital Analysis					
28. Total adjusted capital	82,004,779	76,164,851	73,019,496	70,109,253	66,956,782
29. Authorized control level risk-based capital	3,031,828	2,376,740	2,160,623	1,393,814	506,853
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)	72.0	76.6	78.8	81.6	87.5
31. Stocks (Lines 2.1 & 2.2)	26.0	21.4	21.1	17.8	3.2
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)	2.0	2.1	0.1	0.6	9.2
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	0.0	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	0.0	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					
47. All other affiliated					
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

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY COMPANY

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2013	2 2012	3 2011	4 2010	5 2009
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24)	3,370,291	818,836	645,290	694,278	(6,484,481)
52. Dividends to stockholders (Line 35)	0	0	0	0	0
53. Change in surplus as regards policyholders for the year (Line 38)	5,839,928	3,145,355	2,910,242	3,152,471	1,423,090
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)	54,037,134	47,735,987	38,819,248	35,402,983	41,207,709
55. Property lines (Lines 1, 2, 9, 12, 21 & 26)	17,587,750	15,575,419	2,212,904	285,043	13,606
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	26,530,759	13,857,076	1,084,730	388,077	6,561
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
58. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
59. Total (Line 35)	98,155,644	77,168,482	42,116,881	36,076,103	41,227,876
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 2013 OF THE CINCINNATI INDEMNITY 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	1,359	1,359	.49	.49	.248	.248	0	0	XXX	
2. 2004	81,347	.81,347	0	42,649	42,649	.3,410	.3,410	.4,274	.4,274	0	0	XXX	
3. 2005	84,590	.84,590	0	42,471	42,471	.3,379	.3,379	.4,509	.4,509	0	0	XXX	
4. 2006	88,682	.88,682	0	42,730	42,730	.3,689	.3,689	.4,295	.4,295	0	0	XXX	
5. 2007	88,472	.88,472	0	37,305	37,305	.3,462	.3,462	.4,432	.4,432	0	0	XXX	
6. 2008	76,636	.76,636	0	37,441	37,441	.3,057	.3,057	.4,422	.4,422	0	0	XXX	
7. 2009	69,698	.69,698	0	28,367	28,367	.2,730	.2,730	.3,794	.3,794	0	0	XXX	
8. 2010	67,935	.67,935	0	29,110	29,110	.2,436	.2,436	.5,168	.5,168	0	0	XXX	
9. 2011	94,276	.94,276	0	37,487	37,487	.2,947	.2,947	.9,537	.9,537	0	0	XXX	
10. 2012	233,507	.233,507	0	76,062	76,062	.3,763	.3,763	.15,787	.15,787	0	0	XXX	
11. 2013	312,989	.312,989	0	55,160	55,160	1,504	1,504	8,542	8,542	0	0	XXX	
12. Totals	XXX	XXX	XXX	430,140	430,140	30,428	30,428	65,007	65,007	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	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1.	9,644	.9,644	18,116	18,116	0	0	1,036	1,036	.307	.307	0	0	XXX
2.	1,418	.1,418	4,210	4,210	0	0	237	237	.56	.56	0	0	XXX
3.	3,476	.3,476	4,689	4,689	0	0	247	247	.114	.114	0	0	XXX
4.	2,399	.2,399	4,256	4,256	0	0	.315	.315	.126	.126	0	0	XXX
5.	2,420	.2,420	6,473	6,473	0	0	427	427	.178	.178	0	0	XXX
6.	3,241	.3,241	6,430	6,430	0	0	553	553	.218	.218	0	0	XXX
7.	3,310	.3,310	4,554	4,554	0	0	.623	.623	.219	.219	0	0	XXX
8.	3,790	.3,790	5,607	5,607	0	0	947	947	.294	.294	0	0	XXX
9.	9,476	.9,476	7,062	7,062	0	0	1,534	1,534	.744	.744	0	0	XXX
10.	38,966	.38,966	16,291	16,291	0	0	10,238	10,238	4,159	4,159	0	0	XXX
11.	56,582	.56,582	34,873	34,873	0	0	17,112	17,112	7,712	7,712	0	0	XXX
12.	134,723	.134,723	112,561	112,561	0	0	33,269	33,269	14,128	14,128	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.	.56,254	.56,254	0	.69.2	.69.2	0.0	0	0		0	0
3.	.58,886	.58,886	0	.69.6	.69.6	0.0	0	0		0	0
4.	.57,810	.57,810	0	.65.2	.65.2	0.0	0	0		0	0
5.	.54,698	.54,698	0	.61.8	.61.8	0.0	0	0		0	0
6.	.55,362	.55,362	0	.72.2	.72.2	0.0	0	0		0	0
7.	.43,598	.43,598	0	.62.6	.62.6	0.0	0	0		0	0
8.	.47,351	.47,351	0	.69.7	.69.7	0.0	0	0		0	0
9.	.68,788	.68,788	0	.73.0	.73.0	0.0	0	0		0	0
10.	.165,267	.165,267	0	.70.8	.70.8	0.0	0	0		0	0
11.	.181,484	.181,484	0	.58.0	.58.0	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 2013 OF THE CINCINNATI INDEMNITY 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 2004	2 2005	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011	9 2012	10 2013	11 One Year	12 Two Year	
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	
2. 2004	0	0	0	0	0	0	0	0	0	0	0	0	
3. 2005	XXX	0	0	0	0	0	0	0	0	0	0	0	
4. 2006	XXX	XXX	0	0	0	0	0	0	0	0	0	0	
5. 2007	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0	
6. 2008	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0	
7. 2009	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX	
11. 2013	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 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2004	2 2005	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011	9 2012	10 2013		
1. Prior	000	0	0	0	0	0	0	0	0	0	XXX	XXX
2. 2004	0	0	0	0	0	0	0	0	0	0	XXX	XXX
3. 2005	XXX	0	0	0	0	0	0	0	0	0	XXX	XXX
4. 2006	XXX	XXX	0	0	0	0	0	0	0	0	XXX	XXX
5. 2007	XXX	XXX	XXX	0	0	0	0	0	0	0	XXX	XXX
6. 2008	XXX	XXX	XXX	XXX	0	0	0	0	0	0	XXX	XXX
7. 2009	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	XXX	XXX
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	XXX	XXX
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX	XXX
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX
11. 2013	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)										10 2013
	1 2004	2 2005	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011	9 2012		
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2004	0	0	0	0	0	0	0	0	0	0	0
3. 2005	XXX	0	0	0	0	0	0	0	0	0	0
4. 2006	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2007	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2008	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2009	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CINCINNATI INDEMNITY 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	4,401,987	3,921,439	0	568,530	933,156	2,047,894	1,318	
2. Alaska	AK	0	0	0	0	0	0	0	
3. Arizona	AZ	9,696,168	7,334,141	405	1,429,219	3,583,594	3,418,048	1,441	
4. Arkansas	AR	3,919,068	3,907,712	0	1,256,002	3,071,468	5,351,606	1,256	
5. California	CA	29,925	8,375	0	3,483	8,202	4,719	0	
6. Colorado	CO	9,805,011	8,155,095	0	2,065,021	3,700,679	4,764,107	913	
7. Connecticut	CT	190,973	167,558	0	7,065	72,992	84,768	0	
8. Delaware	DE	1,086,240	1,079,148	0	324,387	453,491	836,738	275	
9. Dist. Columbia	DC	98,577	79,824	0	0	7,920	17,619	0	
10. Florida	FL	12,251,217	9,396,737	0	596,255	1,752,541	2,446,071	5,759	
11. Georgia	GA	10,398,200	9,792,480	0	2,540,867	4,222,790	8,631,733	1,643	
12. Hawaii	HI	3,486	1,749	0	0	200	200	0	
13. Idaho	ID	3,961,229	3,503,376	0	751,377	1,170,314	871,612	751	
14. Illinois	IL	27,563,215	25,218,326	463	6,539,981	9,048,249	20,989,949	6,075	
15. Indiana	IN	20,465,129	19,080,017	1,500	6,605,165	8,232,294	13,190,548	3,434	
16. Iowa	IA	14,590,718	14,047,672	0	5,893,680	8,246,159	19,244,390	2,902	
17. Kansas	KS	5,571,400	5,680,601	0	2,525,555	3,212,660	7,120,446	1,442	
18. Kentucky	KY	7,739,306	7,117,940	0	3,457,731	5,019,512	6,244,687	2,891	
19. Louisiana	LA	34,564	25,435	0	0	3,417	4,544	0	
20. Maine	ME	1,652	1,569	0	0	238	238	0	
21. Maryland	MD	8,989,578	7,915,675	0	2,725,825	7,045,727	12,832,111	1,492	
22. Massachusetts	MA	0	0	0	0	0	0	0	
23. Michigan	MI	17,186,632	15,731,995	88	5,165,911	6,785,151	11,662,943	5,332	
24. Minnesota	MN	11,291,177	10,469,604	0	2,659,850	3,719,369	3,960,294	3,005	
25. Mississippi	MS	108,264	89,174	0	5,504	15,818	23,478	0	
26. Missouri	MO	10,428,908	10,514,054	0	3,776,665	9,184,690	14,833,043	2,337	
27. Montana	MT	2,520,503	2,339,941	0	464,332	1,515,171	1,609,521	1,054	
28. Nebraska	NE	5,386,265	5,333,344	0	2,185,607	1,989,448	7,474,670	457	
29. Nevada	NV	138,107	101,111	0	0	1,556	16,000	16,343	0
30. New Hampshire	NH	1,960,522	1,725,696	0	445,844	612,909	618,728	575	
31. New Jersey	NJ	39,093	19,242	0	0	17,125	38,451	21,325	0
32. New Mexico	NM	1,223,565	1,091,463	0	245,950	486,834	660,150	84	
33. New York	NY	6,051,108	5,969,478	0	1,726,594	2,506,831	3,833,016	1,483	
34. No. Carolina	NC	13,726,244	12,822,163	0	3,926,478	3,512,388	13,083,279	3,035	
35. No. Dakota	ND	3,019,866	2,628,934	0	779,508	1,009,691	427,957	706	
36. Ohio	OH	21,981,051	19,788,473	0	6,443,993	10,747,478	7,280,531	15,843	
37. Oklahoma	OK	98,741	97,928	0	47,908	58,080	37,689	0	
38. Oregon	OR	1,057,027	956,699	0	34,281	359,694	451,523	46	
39. Pennsylvania	PA	31,302,499	29,177,705	499	9,097,764	12,855,934	26,512,153	11,588	
40. Rhode Island	RI	44,800	27,602	0	0	3,904	4,769	0	
41. So. Carolina	SC	3,474,801	3,394,663	0	464,611	275,650	2,365,923	447	
42. So. Dakota	SD	2,093,469	2,085,740	0	899,606	864,104	2,180,933	290	
43. Tennessee	TN	13,535,816	12,541,689	0	4,640,699	11,344,869	15,026,388	2,750	
44. Texas	TX	16,278,769	13,928,360	83	6,555,311	7,374,046	3,312,023	937	
45. Utah	UT	4,214,837	3,860,645	0	788,232	1,396,839	1,247,604	672	
46. Vermont	VT	3,773,984	4,003,506	0	1,547,817	1,866,929	2,626,080	938	
47. Virginia	VA	17,036,836	15,366,212	0	3,598,543	4,029,932	11,279,246	3,190	
48. Washington	WA	1,015,452	726,752	0	86,292	183,555	248,624	120	
49. West Virginia	WV	4,689,978	3,923,454	0	454,464	1,236,640	1,673,041	1,400	
50. Wisconsin	WI	7,173,628	7,221,123	234,377	3,886,143	1,898,416	5,162,474	3,060	
51. Wyoming	WY	697,968	617,353	0	890,354	1,777,581	986,567	444	
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	0
59. Totals		(a) 51	342,347,553	312,988,973	237,415	98,127,088	147,452,007	246,722,343	91,385

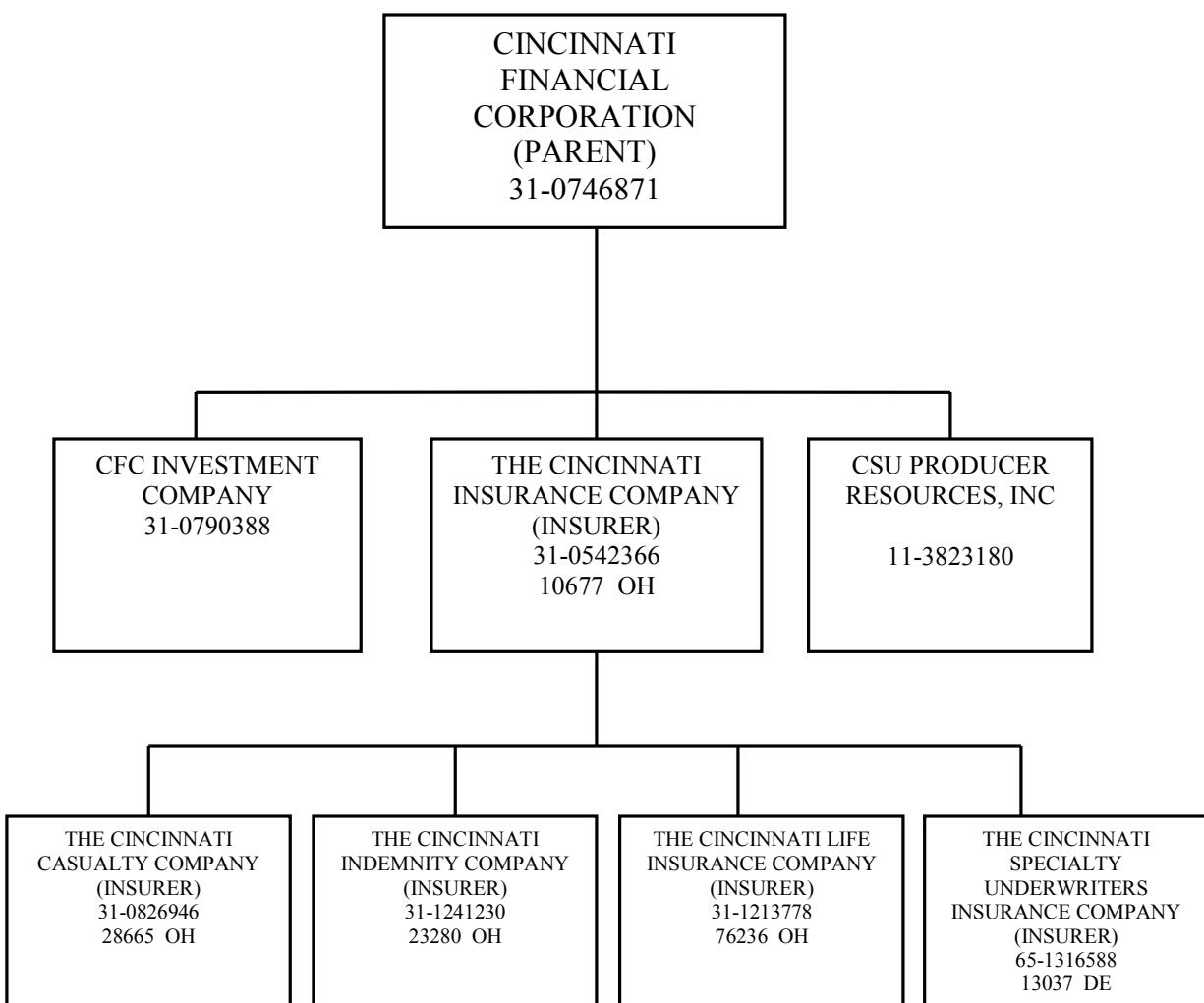
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business 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 ACTIVITES OF
INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1
– ORGANIZATIONAL CHART**



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