



# QUARTERLY STATEMENT

AS OF MARCH 31, 2014  
OF THE CONDITION AND AFFAIRS OF THE

## CINCINNATI INDEMNITY COMPANY

NAIC Group Code 0244 , 0244 NAIC Company Code 23280 Employer's ID Number 31-1241230  
(Current Period) (Prior Period)

Organized under the Laws of Ohio , State of Domicile or Port of Entry Ohio  
Country of Domicile United States

Incorporated/Organized 05/19/1988 Commenced Business 01/01/1989

Statutory Home Office 6200 SOUTH GILMORE ROAD , FAIRFIELD, OH, US 45014-5141  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 6200 SOUTH GILMORE ROAD FAIRFIELD, OH, US 45014-5141 513-870-2000  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address P.O. BOX 145496 , CINCINNATI, OH, US 45250-5496  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 6200 SOUTH GILMORE ROAD FAIRFIELD, OH, US 45014-5141 513-870-2000-4414  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.cinfin.com

Statutory Statement Contact Steve Draper 513-870-2000  
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### OFFICERS

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

### OTHER OFFICERS

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

### DIRECTORS OR TRUSTEES

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

State of Ohio

County of Butler ss

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

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 6th day of May, 2014

a. Is this an original filing? Yes [X] No [ ]

b. If no:  
1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

STATEMENT AS OF MARCH 31, 2014 OF THE CINCINNATI INDEMNITY COMPANY

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	61,817,578		61,817,578	60,185,672
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	21,173,647		21,173,647	21,710,314
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....2,199,244 ), cash equivalents (\$ .....0 ) and short-term investments (\$ .....0 ) .....	2,199,244		2,199,244	1,671,445
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....	457,685		457,685	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	85,648,154	0	85,648,154	83,567,432
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	724,000		724,000	818,423
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 .....	12,516,728		12,516,728	12,304,914
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....	4,271,677		4,271,677	2,570,275
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 .....	15,215,778		15,215,778	11,453,339
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) .....	118,376,337	0	118,376,337	110,714,383
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	118,376,337	0	118,376,337	110,714,383
<b>DETAILS OF WRITE-INS</b>				
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

STATEMENT AS OF MARCH 31, 2014 OF THE CINCINNATI INDEMNITY COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ ..... )		0
2. Reinsurance payable on paid losses and loss adjustment expenses		0
3. Loss adjustment expenses		0
4. Commissions payable, contingent commissions and other similar charges		0
5. Other expenses (excluding taxes, licenses and fees)	3,659	3,988
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		0
7.1 Current federal and foreign income taxes (including \$ .....71,407 on realized capital gains (losses))	228,601	11,365
7.2 Net deferred tax liability	2,861,822	2,948,803
8. Borrowed money \$ ..... and interest thereon \$ .....		0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ ..... and including warranty reserves of \$ ..... and accrued accident and health experience rating refunds including \$ ..... for medical loss ratio rebate per the Public Health Service Act)		0
10. Advance premium		0
11. Dividends declared and unpaid:		
11.1 Stockholders		0
11.2 Policyholders		0
12. Ceded reinsurance premiums payable (net of ceding commissions)	31,536,697	24,670,916
13. Funds held by company under reinsurance treaties		0
14. Amounts withheld or retained by company for account of others	1,115,062	1,074,532
15. Remittances and items not allocated		0
16. Provision for reinsurance (including \$ ..... certified)		0
17. Net adjustments in assets and liabilities due to foreign exchange rates		0
18. Drafts outstanding		0
19. Payable to parent, subsidiaries and affiliates	234	0
20. Derivatives		0
21. Payable for securities		0
22. Payable for securities lending		0
23. Liability for amounts held under uninsured plans		0
24. Capital notes \$ ..... and interest thereon \$ .....		0
25. Aggregate write-ins for liabilities	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	35,746,075	28,709,604
27. Protected cell liabilities		0
28. Total liabilities (Lines 26 and 27)	35,746,075	28,709,604
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	3,600,000	3,600,000
31. Preferred capital stock		0
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes		0
34. Gross paid in and contributed surplus	21,600,000	21,600,000
35. Unassigned funds (surplus)	57,430,262	56,804,779
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 30 \$ ..... )		0
36.2 ..... shares preferred (value included in Line 31 \$ ..... )		0
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	82,630,262	82,004,779
38. Totals (Page 2, Line 28, Col. 3)	118,376,337	110,714,383
<b>DETAILS OF WRITE-INS</b>		
2501. Accounts Payable Other		0
2502. ....		0
2503. ....		0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0
2901. ....		0
2902. ....		0
2903. ....		0
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. ....		0
3202. ....		0
3203. ....		0
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

## STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$ 114,560,302 )	86,735,286	71,490,579	312,988,973
1.2 Assumed (written \$ 2 )	2	0	0
1.3 Ceded (written \$ )	86,735,288	71,490,579	312,988,973
1.4 Net (written \$ 114,560,304 )	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$ ):			
2.1 Direct	41,856,151	30,984,304	147,452,007
2.2 Assumed	3,702	(2,514)	0
2.3 Ceded	41,859,853	30,981,790	147,452,007
2.4 Net	0	0	0
3. Loss adjustment expenses incurred	0	0	0
4. Other underwriting expenses incurred	0	0	0
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	0	0	0
7. Net income of protected cells	0	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	0	0	0
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	810,074	713,555	3,059,229
10. Net realized capital gains (losses) less capital gains tax of \$ 71,449	132,690	(16,972)	(52,474)
11. Net investment gain (loss) (Lines 9 + 10)	942,764	696,583	3,006,756
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$ )	0	0	0
13. Finance and service charges not included in premiums	0	0	0
14. Aggregate write-ins for miscellaneous income	0	0	0
15. Total other income (Lines 12 through 14)	0	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	942,764	696,583	3,006,756
17. Dividends to policyholders	0	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)	942,764	696,583	3,006,756
19. Federal and foreign income taxes incurred	157,288	134,257	575,365
20. Net income (Line 18 minus Line 19)(to Line 22)	785,476	562,326	2,431,391
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	82,004,779	76,164,851	76,164,851
22. Net income (from Line 20)	785,476	562,326	2,431,391
23. Net transfers (to) from Protected Cell accounts	0	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ (86,441)	(160,533)	1,487,512	3,370,291
25. Change in net unrealized foreign exchange capital gain (loss)	0	0	0
26. Change in net deferred income tax	540	23,316	38,245
27. Change in nonadmitted assets	0	0	0
28. Change in provision for reinsurance	0	0	0
29. Change in surplus notes	0	0	0
30. Surplus (contributed to) withdrawn from protected cells	0	0	0
31. Cumulative effect of changes in accounting principles	0	0	0
32. Capital changes:			
32.1 Paid in	0	0	0
32.2 Transferred from surplus (Stock Dividend)	0	0	0
32.3 Transferred to surplus	0	0	0
33. Surplus adjustments:			
33.1 Paid in	0	0	0
33.2 Transferred to capital (Stock Dividend)	0	0	0
33.3 Transferred from capital	0	0	0
34. Net remittances from or (to) Home Office	0	0	0
35. Dividends to stockholders	0	0	0
36. Change in treasury stock	0	0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	625,483	2,073,153	5,839,928
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	82,630,262	78,238,004	82,004,779
<b>DETAILS OF WRITE-INS</b>			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)	0	0	0

STATEMENT AS OF MARCH 31, 2014 OF THE CINCINNATI INDEMNITY COMPANY

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	6,865,781	7,936,309	2,177,696
2. Net investment income .....	932,250	866,791	3,174,333
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	7,798,031	8,803,099	5,352,030
5. Benefit and loss related payments .....	1,913,215	3,283,486	4,335,230
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	0	0	0
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	11,500	65,000	629,394
10. Total (Lines 5 through 9) .....	1,924,715	3,348,486	4,964,624
11. Net cash from operations (Line 4 minus Line 10) .....	5,873,316	5,454,614	387,406
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	39,568	3,476,676	7,977,176
12.2 Stocks .....	711,231	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	750,799	3,476,676	7,977,176
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	1,663,408	1,277,770	9,222,830
13.2 Stocks .....	253,546	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	457,686	760,000	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	2,374,640	2,037,770	9,222,830
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(1,623,841)	1,438,906	(1,245,654)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied).....	(3,721,677)	(5,250,783)	926,925
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(3,721,677)	(5,250,783)	926,925
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	527,798	1,642,737	68,676
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	1,671,445	1,602,769	1,602,769
19.2 End of period (Line 18 plus Line 19.1) .....	2,199,244	3,245,505	1,671,445

**STATEMENT AS OF MARCH 31, 2014 FOR THE CINCINNATI INDEMNITY COMPANY**  
**NOTES TO THE FINANCIAL STATEMENTS**

1. Summary of Significant Accounting Policies

A. Accounting Practices

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

	<b>STATE OF DOMICILE</b>	<b>2014</b>	<b>2013</b>
<b>NET INCOME</b>			
(1) Company state basis (Page 4, Line 20, Columns 1 & 3)	Ohio	\$785,477	\$2,431,391
(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	\$785,477	\$2,431,391
<b>SURPLUS</b>			
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	Ohio	\$82,630,262	\$82,004,779
(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	\$82,630,262	\$82,004,779

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

C. Accounting Policy – No Change

2. Accounting Changes and Correction of Errors – No Change

3. Business Combinations and Goodwill – No Change

4. Discontinued Operations – No Change

5. Investments – No Change

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

7. Investment Income – No Change

8. Derivative Instruments – No Change

**9 - Income Taxes**

A. Components of Deferred Tax Assets (DTAs) and Deferred Tax Liabilities (DTLs): 1.

	<b>2014</b>		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 26,582	\$ 137,453	\$ 164,035
(b) Statutory Valuation Allowance	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	26,582	137,453	164,035
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	26,582	137,453	164,035
(f) Deferred Tax Liabilities	\$ 7,447	\$ 3,018,410	\$ 3,025,857
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ 19,135	\$ (2,880,957)	\$ (2,861,822)

	<b>2013</b>		
	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)

	<b>Change</b>		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ (3,381)	\$ 4,213	\$ 832
(b) Statutory Valuation Allowance	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	(3,381)	4,213	832
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	(3,381)	4,213	832
(f) Deferred Tax Liabilities	\$ 292	\$ (86,441)	\$ (86,149)
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (3,673)	\$ 90,654	\$ 86,981

2.

	<b>2014</b>		
	Ordinary	Capital	Total
<b>SSAP 101, paragraphs 11.a., 11.b., and 11.c.:</b>			
(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	12,394,539	12,394,539	12,394,539
(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	26,582	137,453	164,035
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	26,582	137,453	164,035

**STATEMENT AS OF MARCH 31, 2014 FOR THE CINCINNATI INDEMNITY COMPANY**  
**NOTES TO THE FINANCIAL STATEMENTS**

	2013		
	Ordinary	Capital	Total
<b>SSAP 101, paragraphs 11.a., 11.b., and 11.c.:</b>			
(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

	Change		
	Ordinary	Capital	Total
<b>SSAP 101, paragraphs 11.a., 11.b., and 11.c.:</b>			
(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	93,822	93,822	93,822
(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	(3,381)	4,213	832
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	(3,381)	4,213	832

3.

	2014 Percentage	2013 Percentage
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	2705%	2705%
(b) Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b) 2 above	\$ 82,630,263	\$ 82,004,779

4.

	2014		
	Ordinary	Capital	Total
<b>Impact of Tax Planning Strategies</b>			
(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)	26,582	137,453	164,035
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)	26,582	137,453	164,035
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.			

	2013		
	Ordinary	Capital	Total
<b>Impact of Tax Planning Strategies</b>			
(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.			

	Change		
	Ordinary	Capital	Total
<b>Impact of Tax Planning Strategies</b>			
(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)	(3,381)	4,213	832
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)	(3,381)	4,213	832
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

**STATEMENT AS OF MARCH 31, 2014 FOR THE CINCINNATI INDEMNITY COMPANY**  
**NOTES TO THE FINANCIAL STATEMENTS**

c. Current Tax and Change in Deferred Tax

1. Current income tax:

	2014	2013	Change
(a) Federal	\$ 157,288	\$ 575,365	\$ (418,077)
(b) Foreign	-	-	-
(c) Subtotal	157,288	575,365	(418,077)
(d) Federal Income Tax on capital gains/(losses)	71,449	-	71,449
(e) Utilization of capital loss carryforwards	-	-	-
(f) Other	-	-	-
Federal income taxes incurred	\$ 228,737	\$ 575,365	\$ (346,628)

2. Deferred tax assets

	March 31, 2014	December 31, 2013	Change
(a) Ordinary			
(1) Unearned premium reserve	\$ -	\$ -	\$ -
(2) Unpaid loss reserve	-	-	-
(3) Contingent commission	-	-	-
(4) Nonadmitted assets	-	-	-
(5) Other deferred tax assets	26,582	29,963	(3,381)
(99) Subtotal	26,582	29,963	(3,381)
(b) Statutory valuation allowance adj	-	-	-
(c) Nonadmitted	-	-	-
(d) Admitted ordinary deferred tax assets (2a99-2b-2c)	\$ 26,582	\$ 29,963	\$ (3,381)
(e) Capital			
(1) Investments	\$ 137,453	\$ 133,240	\$ 4,213
(2) Unrealized (gain)/loss on investments	-	-	-
(99) Subtotal	137,453	133,240	4,213
(f) Statutory valuation allowance adj	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets (2e99-2f-2g)	\$ 137,453	\$ 133,240	\$ 4,213
(i) Admitted deferred tax assets (2d + 2h)	\$ 164,035	\$ 163,203	\$ 832

3. Deferred tax liabilities

	March 31, 2014	December 31,	Change
(a) Ordinary			
(1) Commission expense	\$ -	\$ -	\$ -
(2) Other, net	7,447	7,155	292
(99) Subtotal	7,447	7,155	292
(b) Capital			
(1) Unrealized (gain)/loss on investments	\$ 3,018,410	\$ 3,104,851	\$ (86,441)
(99) Subtotal		3,104,851	(86,441)
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 3,025,857	\$ 3,112,006	\$ (86,149)

4. Net deferred tax assets/liabilities (2i-3c)	<u>\$ (2,861,822)</u>	(2,948,803)	\$86,981
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**STATEMENT AS OF MARCH 31, 2014 FOR 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):

	March 31, 2014	December 31, 2013	Change
Total deferred tax assets	\$ 164,035	\$ 163,203	\$ 832
Total deferred tax liabilities	3,025,857	3,112,006	(86,149)
Net deferred tax asset/(liability)	\$ (2,861,822)	\$ (2,948,803)	\$ 86,981
Tax effect of unrealized (gains)/losses			(86,441)
Change in net deferred income tax (charge)/benefit			<u>\$ 540</u>

	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)	\$ (2,948,803)	\$ (1,172,276)	\$ (1,776,527)
Tax effect of unrealized (gains)/losses			1,814,772
Change in net deferred income tax (charge)/benefit			<u>\$ 38,245</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 March 31, 2014		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 1,014,214	\$ 354,975	35.00%
Net tax exempt interest	(277,214)	(97,025)	-9.57%
Net dividends received deduction	(83,782)	(29,324)	-2.89%
Other items permanent, net	1	0	0.00%
DRD on accrued	(1,227)	(429)	-0.04%
Total	<u>\$ 651,992</u>	<u>\$ 228,197</u>	<u>22.50%</u>
Federal income taxes incurred expense/(benefit)	\$ 449,394	\$ 157,288	15.51%
Tax on capital gains/(losses)	204,139	71,449	7.04%
Change in net deferred income tax charge/(benefit)	(1,541)	(540)	-0.05%
Total statutory income taxes incurred	<u>\$ 651,992</u>	<u>\$ 228,197</u>	<u>22.50%</u>

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	<u>\$ 1,534,628</u>	<u>\$ 537,120</u>	<u>17.87%</u>
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	<u>\$ 1,534,628</u>	<u>\$ 537,120</u>	<u>17.87%</u>

E. Operating Loss and Tax Credit Carryforwards

- (1) At March 31, 2014, the Company had net operating loss and tax credit carryforwards of: \$ -  
(2) At March 31, 2014, 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
2014	\$ 157,288	\$ 71,449	\$ 228,737
2013	575,365	-	575,365
2012	-	-	-
Total	<u>\$ 732,653</u>	<u>\$ 71,449</u>	<u>\$ 804,102</u>

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

F. Consolidated Federal Income Tax Return

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

**STATEMENT AS OF MARCH 31, 2014 FOR THE CINCINNATI INDEMNITY COMPANY**  
**NOTES TO THE FINANCIAL STATEMENTS**

- 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties – No Change
- 11. Debt – No Change
- 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans – No Change
- 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations – No Change
- 14. Contingencies – No Change
- 15. Leases - 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 – No Change
- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities – No Change
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans – No Change
- 19. The Company does not have any direct premiums written through managing general agents or third party administrators equal or greater than 5% of surplus.
- 20. Fair Value Measurement
  - A. Not applicable
  - B. Not applicable
  - C.

<u>Type of Financial Instrument</u>	<u>Aggregate Fair Value</u>	<u>Admitted Assets</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	<u>Not Practicable (Carrying Value)</u>
<b>Bonds</b>	65,123,553	61,817,578	980,031	64,143,522		
<b>Common Stock</b>	21,173,647	21,173,647	21,173,647			
<b>Perpetual Preferred Stock</b>						
<b>Mortgage Loans</b>						

- D. Not applicable
- 21. Other Items – No Change
- 22. Subsequent Events – No Change
- 23. Reinsurance – No Change
- 24. Retrospectively Rated Contracts and Contracts Subject to Redetermination– No Change
- 25. Change in Incurred Losses and Loss Adjustment Expenses – No Change
- 26. Intercompany Pooling Arrangements – No Change
- 27. Structured Settlements – No Change
- 28. Health Care Receivables – No Change
- 29. Participating Policies – No Change
- 30. Premium Deficiency Reserves – No Change
- 31. High Deductibles – No Change
- 32. The Company does not discount unpaid losses or loss adjustment expenses except for income tax purposes.
- 33. Asbestos and Environmental Reserves – No Change
- 34. Subscriber Savings Accounts – No Change
- 35. Multiple Peril Crop Insurance – No Change
- 36. Financial Guaranty Insurance – No Change
- 37. Other – No Change

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes  No
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes  No
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes  No
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes  No   
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes  No
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes  No
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes  No  NA   
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ....12/31/2009
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. ....08/03/2010  
This date should be the date of the examined balance sheet and not the date the report was completed or released.
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....08/03/2010
- 6.4 By what department or departments?  
.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes  No  NA
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes  No  NA
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes  No
- 7.2 If yes, give full information:  
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... Yes  No
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... Yes  No
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

## GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes  No
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code.

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

- 9.2 Has the code of ethics for senior managers been amended? ..... Yes  No

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

- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes  No

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

### FINANCIAL

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....15,215,778

### INVESTMENT

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

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

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

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

- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes  No

14.2 If yes, please complete the following:

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

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes  No

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

If no, attach a description with this statement.

**GENERAL INTERROGATORIES**

- 16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ .....
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ .....
- 16.3 Total payable for securities lending reported on the liability page \$ .....

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? ..... Yes [X] No [ ]

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

1 Name of Custodian(s)	2 Custodian Address

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [X]

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

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

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

1 Central Registration Depository	2 Name(s)	3 Address

- 18.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed? ..... Yes [X] No [ ]

- 18.2 If no, list exceptions:
- .....



**SCHEDULE F - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Type of Reinsurer	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating
<b>NONE</b>						

STATEMENT AS OF MARCH 31, 2014 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

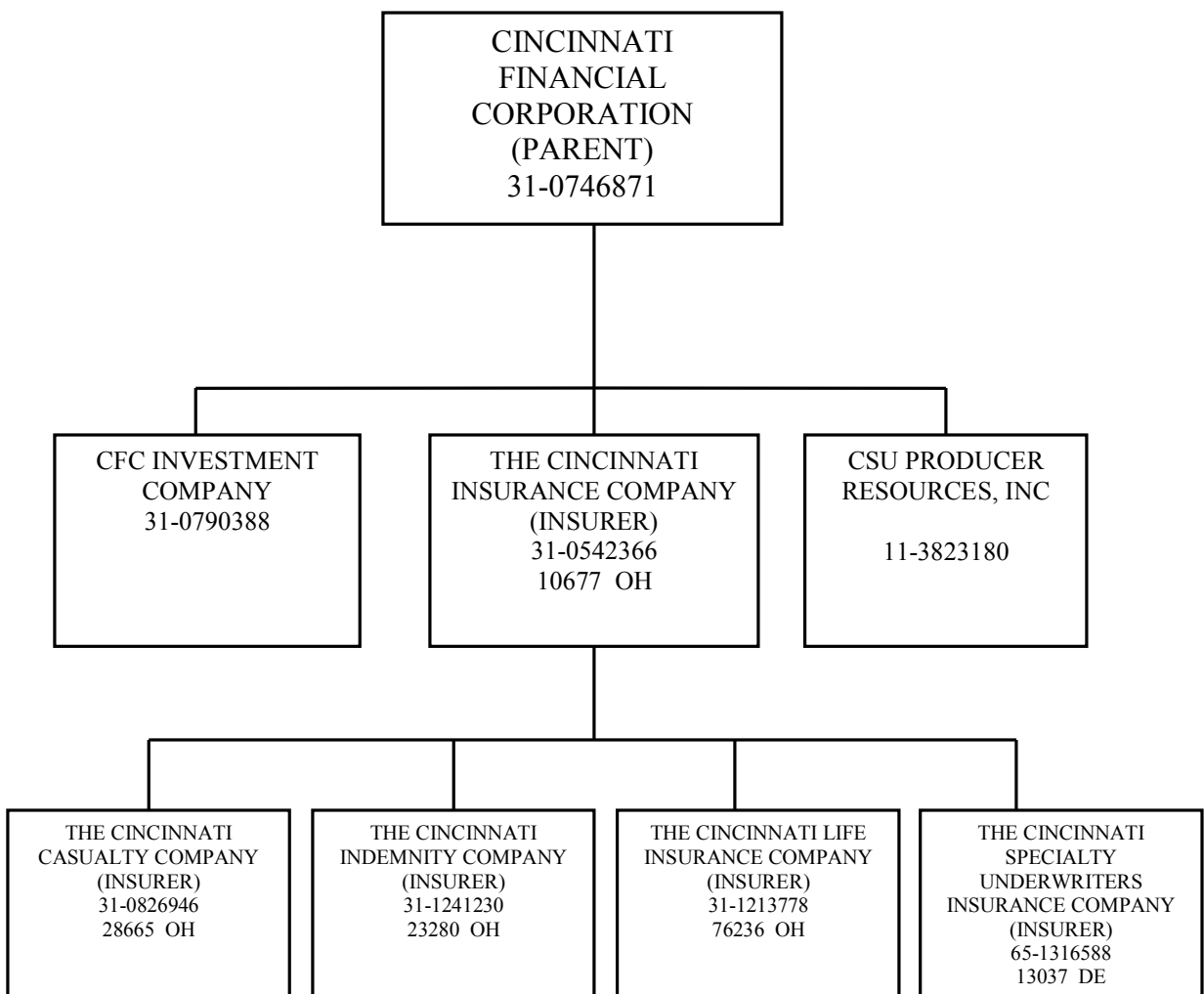
Current Year to Date - Allocated by States and Territories

	1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2	3	4	5	6	7
States, etc.	Active Status	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1. Alabama	AL L	1,797,585	1,154,083	368,109	263,202	2,584,308	1,518,330
2. Alaska	AK L	0	0	0	0	0	0
3. Arizona	AZ L	2,504,811	2,004,165	975,338	182,212	3,815,634	1,656,485
4. Arkansas	AR L	1,320,948	1,317,157	844,634	220,812	4,951,189	3,519,165
5. California	CA L	40,599	0	623	0	4,792	0
6. Colorado	CO L	4,884,842	2,167,766	1,291,760	433,537	5,912,451	3,899,484
7. Connecticut	CT L	50,793	23,420	508	0	235,033	21,443
8. Delaware	DE L	174,487	66,669	69,347	124,566	802,741	610,251
9. Dist. Columbia	DC L	(14,280)	7,226	0	0	18,573	11,646
10. Florida	FL L	4,503,286	2,224,536	209,115	391,969	2,906,024	1,180,501
11. Georgia	GA L	3,091,130	3,249,940	824,413	425,386	8,968,146	7,778,168
12. Hawaii	HI L	1,194	0	0	0	450	0
13. Idaho	ID L	1,159,093	873,471	222,759	71,582	1,142,212	572,180
14. Illinois	IL L	10,888,955	7,979,486	2,961,509	1,256,096	21,078,331	19,296,122
15. Indiana	IN L	7,379,194	7,519,501	1,680,708	1,462,591	13,294,530	12,079,743
16. Iowa	IA L	4,515,799	4,441,770	1,638,469	1,105,466	18,694,413	17,332,786
17. Kansas	KS L	1,978,819	1,643,841	597,117	396,090	7,003,413	6,529,758
18. Kentucky	KY L	2,436,218	2,292,097	634,468	378,025	6,824,982	5,761,113
19. Louisiana	LA L	13,393	5,469	0	0	6,853	2,183
20. Maine	ME L	3,149	157	0	0	453	0
21. Maryland	MD L	2,470,175	2,235,515	845,648	547,826	13,287,675	8,696,900
22. Massachusetts	MA L	0	0	0	0	0	0
23. Michigan	MI L	5,684,664	5,213,785	1,308,126	1,117,452	13,460,585	10,172,306
24. Minnesota	MN L	4,419,613	4,492,483	727,121	614,255	4,228,007	3,259,201
25. Mississippi	MS L	36,681	1,505	44	4,669	28,490	30,769
26. Missouri	MO L	2,872,016	3,072,323	1,294,527	633,318	14,652,058	9,653,104
27. Montana	MT L	1,000,198	861,401	162,742	212,484	1,568,302	566,268
28. Nebraska	NE L	2,047,396	1,833,197	518,103	779,557	7,214,861	7,779,720
29. Nevada	NV L	54,213	24,092	158	435	28,142	4,395
30. New Hampshire	NH L	782,833	567,886	204,219	75,470	1,029,725	466,167
31. New Jersey	NJ L	10,017	2,164	9,356	0	37,589	0
32. New Mexico	NM L	454,956	508,269	61,576	19,115	798,670	449,635
33. New York	NY L	1,693,720	1,295,664	380,714	586,473	4,376,370	3,753,898
34. No. Carolina	NC L	4,070,609	3,958,869	690,285	912,887	14,455,083	13,597,215
35. No. Dakota	ND L	1,273,573	1,131,744	330,392	173,793	1,129,991	324,652
36. Ohio	OH L	7,675,972	6,975,453	1,864,039	1,420,294	8,365,816	3,770,243
37. Oklahoma	OK L	(14,489)	36,657	9,217	5,555	96,781	45,854
38. Oregon	OR L	324,706	224,137	32,839	6,719	670,231	240,562
39. Pennsylvania	PA L	9,847,908	8,936,229	2,555,753	1,960,395	27,254,035	23,073,931
40. Rhode Island	RI L	(3,070)	19,014	0	0	5,358	3,219
41. So. Carolina	SC L	1,184,239	1,251,617	72,187	204,221	2,681,610	2,609,230
42. So. Dakota	SD L	791,143	671,647	84,316	156,848	2,172,145	2,348,311
43. Tennessee	TN L	4,831,474	4,008,141	1,186,576	775,290	15,494,162	10,084,935
44. Texas	TX L	3,973,352	3,537,850	815,936	1,272,369	4,364,828	3,003,307
45. Utah	UT L	1,077,456	1,111,101	176,194	95,180	1,456,155	688,521
46. Vermont	VT L	1,174,635	1,249,876	622,365	452,481	2,447,649	2,495,561
47. Virginia	VA L	5,521,816	5,283,084	1,438,440	500,969	11,870,663	10,796,728
48. Washington	WA L	217,837	225,574	48,563	14,961	298,827	132,691
49. West Virginia	WV L	1,936,253	1,914,206	293,618	108,636	1,611,364	983,203
50. Wisconsin	WI L	2,139,830	2,372,656	666,771	1,462,853	5,374,293	5,191,791
51. Wyoming	WY L	280,561	38,829	186,542	3,654	969,256	1,560,366
52. American Samoa	AS N	0	0	0	0	0	0
53. Guam	GU N	0	0	0	0	0	0
54. Puerto Rico	PR N	0	0	0	0	0	0
55. U.S. Virgin Islands	VI N	0	0	0	0	0	0
56. Northern Mariana Islands	MP N	0	0	0	0	0	0
57. Canada	CAN N	0	0	0	0	0	0
58. Aggregate Other Alien	OT XXX	0	0	0	0	0	0
59. Totals	(a) 51	114,560,302	100,025,722	28,905,244	20,829,692	259,673,251	207,552,036
<b>DETAILS OF WRITE-INS</b>							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page.	XXX	0	0	0	0	0	0
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0

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

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

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





STATEMENT AS OF MARCH 31, 2014 OF THE CINCINNATI INDEMNITY COMPANY

**PART 1 - LOSS EXPERIENCE**

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire	2,907,579	(61,952)	(2.1)	34.0
2. Allied lines	3,095,926	2,971,799	96.0	24.5
3. Farmowners multiple peril	0	0	0.0	0.0
4. Homeowners multiple peril	103	0	0.0	0.0
5. Commercial multiple peril	20,128,531	10,163,963	50.5	71.2
6. Mortgage guaranty	0	0	0.0	0.0
8. Ocean marine	0	0	0.0	0.0
9. Inland marine	1,412,277	155,169	11.0	19.0
10. Financial guaranty	0	0	0.0	0.0
11.1 Medical professional liability -occurrence	296,525	180,000	60.7	100.6
11.2 Medical professional liability -claims made	0	0	0.0	0.0
12. Earthquake	40,815	0	0.0	0.0
13. Group accident and health	0	0	0.0	0.0
14. Credit accident and health	0	0	0.0	0.0
15. Other accident and health	0	0	0.0	0.0
16. Workers' compensation	28,536,788	12,638,142	44.3	30.2
17.1 Other liability occurrence	6,345,668	1,942,294	30.6	24.6
17.2 Other liability-claims made	146,760	(1,468)	(1.0)	93.9
17.3 Excess Workers' Compensation	0	0	0.0	0.0
18.1 Products liability-occurrence	0	0	0.0	49.1
18.2 Products liability-claims made	6,965,408	3,424,400	49.2	0.0
19.1,19.2 Private passenger auto liability	10,413	2,421	23.3	66.3
19.3,19.4 Commercial auto liability	11,881,381	6,957,207	58.6	51.6
21. Auto physical damage	4,559,092	3,397,670	74.5	74.6
22. Aircraft (all perils)	0	0	0.0	0.0
23. Fidelity	594	0	0.0	0.0
24. Surety	0	0	0.0	0.0
26. Burglary and theft	153,875	63,779	41.4	0.0
27. Boiler and machinery	253,551	22,728	9.0	2.6
28. Credit	0	0	0.0	0.0
29. International	0	0	0.0	0.0
30. Warranty	0	0	0.0	0.0
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0.0	0.0
35. TOTALS	86,735,286	41,856,151	48.3	43.3
<b>DETAILS OF WRITE-INS</b>				
3401.				
3402.				
3403.				
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0.0	0.0

**PART 2 - DIRECT PREMIUMS WRITTEN**

Line of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire	0	3,545,482	2,739,419
2. Allied lines	0	3,782,392	2,858,199
3. Farmowners multiple peril	0	0	0
4. Homeowners multiple peril	0	180	94
5. Commercial multiple peril	0	27,997,612	22,876,130
6. Mortgage guaranty	0	0	0
8. Ocean marine	0	0	0
9. Inland marine	0	1,683,522	1,457,800
10. Financial guaranty	0	0	0
11.1 Medical professional liability-occurrence	0	469,727	210,078
11.2 Medical professional liability-claims made	0	0	0
12. Earthquake	0	42,612	47,717
13. Group accident and health	0	0	0
14. Credit accident and health	0	0	0
15. Other accident and health	0	0	0
16. Workers' compensation	0	34,886,707	33,421,507
17.1 Other liability occurrence	0	8,057,517	14,030,050
17.2 Other liability-claims made	0	242,565	213,108
17.3 Excess Workers' Compensation	0	0	0
18.1 Products liability-occurrence	0	0	1,197,315
18.2 Products liability-claims made	0	9,754,510	0
19.1,19.2 Private passenger auto liability	0	3,407	4,865
19.3,19.4 Commercial auto liability	0	16,955,621	14,836,066
21. Auto physical damage	0	6,611,027	5,739,488
22. Aircraft (all perils)	0	0	0
23. Fidelity	0	750	0
24. Surety	0	0	0
26. Burglary and theft	0	207,026	182,628
27. Boiler and machinery	0	319,645	211,258
28. Credit	0	0	0
29. International	0	0	0
30. Warranty	0	0	0
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0
35. TOTALS	0	114,560,302	100,025,722
<b>DETAILS OF WRITE-INS</b>			
3401.			
3402.			
3403.			
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0

STATEMENT AS OF MARCH 31, 2014 OF THE CINCINNATI INDEMNITY COMPANY

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2014 Loss and LAE Payments on Claims Reported as of Prior Year-End	2014 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2014 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11 + 12)
1. 2011 + Prior .....			.0			.0				.0	.0	.0	.0
2. 2012 .....			.0			.0				.0	.0	.0	.0
3. Subtotals 2012 + prior .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2013 .....			.0			.0				.0	.0	.0	.0
5. Subtotals 2013 + prior .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2014 .....	XXX	XXX	XXX	XXX		.0	XXX			.0	XXX	XXX	XXX
7. Totals .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Prior Year-End Surplus As Regards Policy-holders	82,005										Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7
											1. 0.0	2. 0.0	3. 0.0
													Col. 13, Line 7 Line 8
													4. 0.0

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

**Explanation:**

1.

3.

**Bar Code:**



**OVERFLOW PAGE FOR WRITE-INS**

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STATEMENT AS OF MARCH 31, 2014 OF THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE A – VERIFICATION**

Real Estate

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

**NONE**

**SCHEDULE B – VERIFICATION**

Mortgage Loans

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

**NONE**

**SCHEDULE BA – VERIFICATION**

Other Long-Term Invested Assets

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

**NONE**

**SCHEDULE D – VERIFICATION**

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	81,895,986	75,612,793
2. Cost of bonds and stocks acquired .....	1,916,954	9,222,830
3. Accrual of discount .....	9,438	28,269
4. Unrealized valuation increase (decrease) .....	(246,974)	5,185,064
5. Total gain (loss) on disposals .....	204,139	0
6. Deduct consideration for bonds and stocks disposed of .....	750,799	7,977,176
7. Deduct amortization of premium .....	37,520	123,320
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other-than-temporary impairment recognized .....		52,474
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	82,991,225	81,895,986
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11) .....	82,991,225	81,895,986

STATEMENT AS OF MARCH 31, 2014 OF THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE D - PART 1B**

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	43,356,035	1,663,408		738,123	45,757,566	0	0	43,356,035
2. NAIC 2 (a).....	15,470,868			(10,350)	15,460,517	0	0	15,470,868
3. NAIC 3 (a).....	639,063		39,568		599,495	0	0	639,063
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	719,708			(719,708)	0	0	0	719,708
7. Total Bonds	60,185,672	1,663,408	39,568	8,065	61,817,578	0	0	60,185,672
<b>PREFERRED STOCK</b>								
8. NAIC 1.....	0				0	0	0	0
9. NAIC 2.....	0				0	0	0	0
10. NAIC 3.....	0				0	0	0	0
11. NAIC 4.....	0				0	0	0	0
12. NAIC 5.....	0				0	0	0	0
13. NAIC 6.....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	60,185,672	1,663,408	39,568	8,065	61,817,578	0	0	60,185,672

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

S102

Schedule DA - Part 1

**NONE**

Schedule DA - Verification

**NONE**

Schedule DB - Part A - Verification

**NONE**

Schedule DB - Part B - Verification

**NONE**

Schedule DB - Part C - Section 1

**NONE**

Schedule DB - Part C - Section 2

**NONE**

Schedule DB - Verification

**NONE**

Schedule E - Verification

**NONE**

Schedule A - Part 2

**NONE**

Schedule A - Part 3

**NONE**

Schedule B - Part 2

**NONE**

Schedule B - Part 3

**NONE**

Schedule BA - Part 2

**NONE**

Schedule BA - Part 3

**NONE**

STATEMENT AS OF MARCH 31, 2014 OF THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE D - PART 3**

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Political Subdivisions of States, Territories and Possessions</b>									
395100-PZ-7	MA GREENFIELD GO		03/07/2014	RW BAIRD		1,127,543	1,095,000		1FE
597783-L4-9	TX MIDLAND INDPY SCHL DIST GO		01/30/2014	RAYMOND JAMES		535,865	500,000		1FE
<b>2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions</b>						1,663,408	1,595,000	0	XXX
<b>8399997 - Subtotals - Bonds - Part 3</b>						1,663,408	1,595,000	0	XXX
<b>8399999 - Subtotals - Bonds</b>						1,663,408	1,595,000	0	XXX
<b>Common Stocks - Industrial and Miscellaneous</b>									
49926D-10-9	KNOWLES CORP		03/03/2014	CORPORATE ACTION	14,500.000	253,546			
<b>9099999 - Common Stocks - Industrial and Miscellaneous (Unaffiliated)</b>						253,546	XXX	0	XXX
<b>9799997 - Subtotals - Common Stocks - Part 3</b>						253,546	XXX	0	XXX
<b>9799999 - Subtotals - Common Stocks</b>						253,546	XXX	0	XXX
<b>9899999 - Subtotals- Preferred and Common Stocks</b>						253,546	XXX	0	XXX
<b>9999999 Totals</b>						1,916,954	XXX	0	XXX

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

E04

STATEMENT AS OF MARCH 31, 2014 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)	
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																					
023654-AW-6	AMERICA WEST AIRLINES	01/02/2014	SINKING FUND REDEMPTION		39,568	39,568	39,568	39,568				0		39,568			0	1,569	01/02/2019	3FE	
<b>3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																					
					39,568	39,568	39,568	39,568	0	0	0	0	0	39,568	0	0	0	1,569	XXX	XXX	
<b>8399997 - Subtotals - Bonds - Part 4</b>					39,568	39,568	39,568	39,568	0	0	0	0	0	39,568	0	0	0	1,569	XXX	XXX	
<b>8399999 - Subtotals - Bonds</b>					39,568	39,568	39,568	39,568	0	0	0	0	0	39,568	0	0	0	1,569	XXX	XXX	
<b>Common Stocks - Industrial and Miscellaneous (Unaffiliated)</b>																					
260003-10-B	DOVER CORP	03/03/2014	ADJUST BASTS DOWN		253,546	XXX	253,546	253,546				0		253,546			0	XXX		L	
49926D-10-9	KNOWLES CORP	03/28/2014	BLOOMBERG TRADEBOOK	14,500,000	457,685	XXX	253,546				0		253,546			204,139	204,139	0	XXX	XXX	
<b>9099999 - Common Stocks - Industrial and Miscellaneous (Unaffiliated)</b>																					
					711,231	XXX	507,092	253,546	0	0	0	0	0	507,092	0	204,139	204,139	0	XXX	XXX	
<b>9799997 - Subtotals - Common Stocks - Part 4</b>					711,231	XXX	507,092	253,546	0	0	0	0	0	507,092	0	204,139	204,139	0	XXX	XXX	
<b>9799999 - Subtotals - Common Stocks</b>					711,231	XXX	507,092	253,546	0	0	0	0	0	507,092	0	204,139	204,139	0	XXX	XXX	
<b>9899999 - Subtotals - Preferred and Common Stocks</b>					711,231	XXX	507,092	253,546	0	0	0	0	0	507,092	0	204,139	204,139	0	XXX	XXX	
<b>9999999 Totals</b>																					
					750,799	XXX	546,660	293,114	0	0	0	0	0	546,660	0	204,139	204,139	1,569	XXX	XXX	

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

E05

Schedule DB - Part A - Section 1

**NONE**

Schedule DB - Part B - Section 1

**NONE**

Schedule DB - Part D - Section 1

**NONE**

Schedule DB - Part D - Section 2

**NONE**

Schedule DL - Part 1

**NONE**

Schedule DL - Part 2

**NONE**







SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2014 OF THE CINCINNATI INDEMNITY COMPANY

Designate the type of health care providers reported on this page.  
Physicians

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

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama AL	0	0	0	0	0	0	0	0
2. Alaska AK	0	0	0	0	0	0	0	0
3. Arizona AZ	0	0	0	0	0	0	0	0
4. Arkansas AR	0	0	0	0	0	0	0	0
5. California CA	0	0	0	0	0	0	0	0
6. Colorado CO	0	0	0	0	0	0	0	0
7. Connecticut CT	0	0	0	0	0	0	0	0
8. Delaware DE	0	0	0	0	0	0	0	0
9. District of Columbia DC	0	0	0	0	0	0	0	0
10. Florida FL	0	0	0	0	0	0	0	0
11. Georgia GA	0	0	0	0	0	0	0	0
12. Hawaii HI	0	0	0	0	0	0	0	0
13. Idaho ID	0	0	0	0	0	0	0	0
14. Illinois IL	0	0	0	0	0	0	0	0
15. Indiana IN	0	0	0	0	0	0	0	0
16. Iowa IA	0	0	0	0	0	0	0	0
17. Kansas KS	0	0	0	0	0	0	0	0
18. Kentucky KY	0	0	0	0	0	0	0	0
19. Louisiana LA	0	0	0	0	0	0	0	0
20. Maine ME	0	0	0	0	0	0	0	0
21. Maryland MD	0	0	0	0	0	0	0	0
22. Massachusetts MA	0	0	0	0	0	0	0	0
23. Michigan MI	0	0	0	0	0	0	0	0
24. Minnesota MN	0	0	0	0	0	0	0	0
25. Mississippi MS	0	0	0	0	0	0	0	0
26. Missouri MO	0	0	0	0	0	0	0	0
27. Montana MT	0	0	0	0	0	0	0	0
28. Nebraska NE	0	0	0	0	0	0	0	0
29. Nevada NV	0	0	0	0	0	0	0	0
30. New Hampshire NH	0	0	0	0	0	0	0	0
31. New Jersey NJ	0	0	0	0	0	0	0	0
32. New Mexico NM	0	0	0	0	0	0	0	0
33. New York NY	0	0	0	0	0	0	0	0
34. North Carolina NC	0	0	0	0	0	0	0	0
35. North Dakota ND	0	0	0	0	0	0	0	0
36. Ohio OH	9,634	401	0	0	11,929	0	0	11,929
37. Oklahoma OK	0	0	0	0	0	0	0	0
38. Oregon OR	0	0	0	0	0	0	0	0
39. Pennsylvania PA	0	0	0	0	0	0	0	0
40. Rhode Island RI	0	0	0	0	0	0	0	0
41. South Carolina SC	0	0	0	0	0	0	0	0
42. South Dakota SD	0	0	0	0	0	0	0	0
43. Tennessee TN	0	0	0	0	0	0	0	0
44. Texas TX	0	0	0	0	0	0	0	0
45. Utah UT	0	0	0	0	0	0	0	0
46. Vermont VT	0	0	0	0	0	0	0	0
47. Virginia VA	0	0	0	0	0	0	0	0
48. Washington WA	0	0	0	0	0	0	0	0
49. West Virginia WV	0	0	0	0	0	0	0	0
50. Wisconsin WI	0	0	0	0	0	0	0	0
51. Wyoming WY	0	0	0	0	0	0	0	0
52. American Samoa AS	0	0	0	0	0	0	0	0
53. Guam GU	0	0	0	0	0	0	0	0
54. Puerto Rico PR	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands VI	0	0	0	0	0	0	0	0
56. Northern Mariana Islands MP	0	0	0	0	0	0	0	0
57. Canada CAN	0	0	0	0	0	0	0	0
58. Aggregate other alien OT	0	0	0	0	0	0	0	0
59. Totals	9,634	401	0	0	11,929	0	0	11,929
<b>DETAILS OF WRITE-INS</b>								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2014 OF THE CINCINNATI INDEMNITY COMPANY

Designate the type of health care providers reported on this page.  
Hospitals

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

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama AL	0	0	0	0	0	0	0	0
2. Alaska AK	0	0	0	0	0	0	0	0
3. Arizona AZ	0	0	0	0	0	0	0	0
4. Arkansas AR	0	0	0	0	0	0	0	0
5. California CA	0	0	0	0	0	0	0	0
6. Colorado CO	0	0	0	0	0	0	0	0
7. Connecticut CT	0	0	0	0	0	0	0	0
8. Delaware DE	0	0	0	0	0	0	0	0
9. District of Columbia DC	0	0	0	0	0	0	0	0
10. Florida FL	0	0	0	0	0	0	0	0
11. Georgia GA	0	0	0	0	0	0	0	0
12. Hawaii HI	0	0	0	0	0	0	0	0
13. Idaho ID	0	0	0	0	0	0	0	0
14. Illinois IL	0	0	0	0	0	0	0	0
15. Indiana IN	0	0	0	0	0	0	0	0
16. Iowa IA	0	0	0	0	0	0	0	0
17. Kansas KS	0	0	0	0	0	0	0	0
18. Kentucky KY	0	0	0	0	0	0	0	0
19. Louisiana LA	0	0	0	0	0	0	0	0
20. Maine ME	0	0	0	0	0	0	0	0
21. Maryland MD	0	0	0	0	0	0	0	0
22. Massachusetts MA	0	0	0	0	0	0	0	0
23. Michigan MI	0	0	0	0	0	0	0	0
24. Minnesota MN	0	0	0	0	0	0	0	0
25. Mississippi MS	0	0	0	0	0	0	0	0
26. Missouri MO	0	0	0	0	0	0	0	0
27. Montana MT	0	0	0	0	0	0	0	0
28. Nebraska NE	0	0	0	0	0	0	0	0
29. Nevada NV	0	0	0	0	0	0	0	0
30. New Hampshire NH	0	0	0	0	0	0	0	0
31. New Jersey NJ	0	0	0	0	0	0	0	0
32. New Mexico NM	0	0	0	0	0	0	0	0
33. New York NY	0	0	0	0	0	0	0	0
34. North Carolina NC	0	0	0	0	0	0	0	0
35. North Dakota ND	0	0	0	0	0	0	0	0
36. Ohio OH	0	0	0	0	0	0	0	0
37. Oklahoma OK	0	0	0	0	0	0	0	0
38. Oregon OR	0	0	0	0	0	0	0	0
39. Pennsylvania PA	0	0	0	0	0	0	0	0
40. Rhode Island RI	0	0	0	0	0	0	0	0
41. South Carolina SC	0	0	0	0	0	0	0	0
42. South Dakota SD	0	0	0	0	0	0	0	0
43. Tennessee TN	0	0	0	0	0	0	0	0
44. Texas TX	0	0	0	0	0	0	0	0
45. Utah UT	0	0	0	0	0	0	0	0
46. Vermont VT	0	0	0	0	0	0	0	0
47. Virginia VA	0	0	0	0	0	0	0	0
48. Washington WA	0	0	0	0	0	0	0	0
49. West Virginia WV	0	0	0	0	0	0	0	0
50. Wisconsin WI	0	3,498	0	0	(1,932)	0	0	0
51. Wyoming WY	0	0	0	0	0	0	0	0
52. American Samoa AS								
53. Guam GU								
54. Puerto Rico PR								
55. U.S. Virgin Islands VI								
56. Northern Mariana Islands MP								
57. Canada CAN								
58. Aggregate other alien OT	0	0	0	0	0	0	0	0
59. Totals	0	3,498	0	0	(1,932)	0	0	0
<b>DETAILS OF WRITE-INS</b>								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0



**SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2014 OF THE CINCINNATI INDEMNITY COMPANY**

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

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

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama	AL	133,936	17,521	0	0	7,743	0	8,633
2. Alaska	AK	0	0	0	0	0	0	0
3. Arizona	AZ	0	0	0	0	0	0	0
4. Arkansas	AR	0	5,197	0	0	2,010	0	3,525
5. California	CA	0	0	0	0	0	0	0
6. Colorado	CO	0	1,070	0	0	652	0	1,572
7. Connecticut	CT	3,871	1,129	0	0	281	0	281
8. Delaware	DE	0	0	0	0	0	0	0
9. District of Columbia	DC	0	0	0	0	0	0	0
10. Florida	FL	50,784	41,073	0	0	18,589	0	35,561
11. Georgia	GA	8,158	2,528	0	0	957	0	1,675
12. Hawaii	HI	0	0	0	0	0	0	0
13. Idaho	ID	0	0	0	0	0	0	0
14. Illinois	IL	23,442	6,875	0	0	1,814	0	1,877
15. Indiana	IN	0	45	0	0	(2)	0	45
16. Iowa	IA	10,858	2,458	0	0	1,369	0	3,431
17. Kansas	KS	10,479	2,856	0	0	8,819	0	10,859
18. Kentucky	KY	851	1,442	0	0	574	0	1,806
19. Louisiana	LA	0	0	0	0	0	0	0
20. Maine	ME	0	0	0	0	0	0	0
21. Maryland	MD	0	0	0	0	0	0	0
22. Massachusetts	MA	0	0	0	0	0	0	0
23. Michigan	MI	30,591	9,737	0	0	1,527	0	7,742
24. Minnesota	MN	9,952	4,729	0	0	2,047	0	4,615
25. Mississippi	MS	0	0	0	0	0	0	0
26. Missouri	MO	9,262	3,197	0	0	1,810	0	5,845
27. Montana	MT	19,131	4,531	0	0	2,790	20,000	6,174
28. Nebraska	NE	0	131	0	0	52	0	976
29. Nevada	NV	0	0	0	0	0	0	0
30. New Hampshire	NH	0	233	0	0	134	0	397
31. New Jersey	NJ	0	0	0	0	0	0	0
32. New Mexico	NM	0	0	0	0	0	0	0
33. New York	NY	0	0	0	0	1,531	0	1,511
34. North Carolina	NC	2,383	1,607	0	0	801	0	1,825
35. North Dakota	ND	0	0	0	0	0	0	0
36. Ohio	OH	37,746	30,086	0	0	35,554	26,056	46,738
37. Oklahoma	OK	0	0	0	0	0	0	0
38. Oregon	OR	0	0	0	0	251	0	1,116
39. Pennsylvania	PA	27,029	15,137	0	0	36,208	25,000	33,490
40. Rhode Island	RI	0	0	0	0	0	0	0
41. South Carolina	SC	366	15	0	0	0	0	0
42. South Dakota	SD	0	0	0	0	0	0	0
43. Tennessee	TN	3,357	5,392	0	0	3,002	0	6,978
44. Texas	TX	281	8,092	0	0	4,660	0	11,862
45. Utah	UT	15,326	5,721	0	0	3,439	0	9,355
46. Vermont	VT	0	0	0	0	0	0	0
47. Virginia	VA	2,627	2,640	0	0	12,680	0	13,703
48. Washington	WA	0	0	0	0	0	0	0
49. West Virginia	WV	12,278	840	0	0	489	0	1,048
50. Wisconsin	WI	10,582	8,880	0	0	52,400	0	56,641
51. Wyoming	WY	0	487	0	0	325	0	895
52. American Samoa	AS							
53. Guam	GU							
54. Puerto Rico	PR							
55. U.S. Virgin Islands	VI							
56. Northern Mariana Islands	MP							
57. Canada	CAN							
58. Aggregate other alien	OT	0	0	0	0	0	0	0
59. Totals		423,290	183,649	0	0	202,506	71,056	280,176
<b>DETAILS OF WRITE-INS</b>								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2014 OF THE CINCINNATI INDEMNITY COMPANY

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

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

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama	0	0	0	0	0	0	0	0
2. Alaska	0	0	0	0	0	0	0	0
3. Arizona	0	0	0	0	0	0	0	0
4. Arkansas	0	0	0	0	0	0	0	0
5. California	0	0	0	0	0	0	0	0
6. Colorado	0	0	0	0	0	0	0	0
7. Connecticut	0	0	0	0	0	0	0	0
8. Delaware	0	0	0	0	0	0	0	0
9. District of Columbia	0	0	0	0	0	0	0	0
10. Florida	0	0	0	0	0	0	0	0
11. Georgia	0	0	0	0	0	0	0	0
12. Hawaii	0	0	0	0	0	0	0	0
13. Idaho	0	0	0	0	0	0	0	0
14. Illinois	0	0	0	0	0	0	0	0
15. Indiana	0	0	0	0	0	0	0	0
16. Iowa	0	0	0	0	0	0	0	0
17. Kansas	0	4,498	0	0	(4,197)	0	0	0
18. Kentucky	0	0	0	0	163	0	0	0
19. Louisiana	0	0	0	0	0	0	0	0
20. Maine	0	0	0	0	0	0	0	0
21. Maryland	0	0	0	0	0	0	0	0
22. Massachusetts	0	0	0	0	0	0	0	0
23. Michigan	11,875	2,474	0	0	3,005	0	0	3,005
24. Minnesota	0	0	0	0	0	0	0	0
25. Mississippi	0	0	0	0	0	0	0	0
26. Missouri	0	0	0	0	0	0	0	0
27. Montana	0	0	0	0	0	0	0	0
28. Nebraska	0	0	0	0	0	0	0	0
29. Nevada	0	0	0	0	0	0	0	0
30. New Hampshire	0	0	0	0	0	0	0	0
31. New Jersey	0	0	0	0	0	0	0	0
32. New Mexico	0	0	0	0	0	0	0	0
33. New York	0	838	0	0	(971)	0	0	0
34. North Carolina	0	0	0	0	0	0	0	0
35. North Dakota	0	0	0	0	0	0	0	0
36. Ohio	0	26,697	0	0	(16,107)	0	0	0
37. Oklahoma	0	0	0	0	0	0	0	0
38. Oregon	0	0	0	0	0	0	0	0
39. Pennsylvania	24,928	23,034	0	0	15,941	0	0	30,887
40. Rhode Island	0	0	0	0	0	0	0	0
41. South Carolina	0	0	0	0	0	0	0	0
42. South Dakota	0	0	0	0	0	0	0	0
43. Tennessee	0	0	0	0	0	0	0	0
44. Texas	0	0	0	0	0	0	0	0
45. Utah	0	0	0	0	0	0	0	0
46. Vermont	0	0	0	0	0	0	0	0
47. Virginia	0	9,874	0	0	(6,013)	0	0	0
48. Washington	0	0	0	0	0	0	0	0
49. West Virginia	0	0	0	0	0	0	0	0
50. Wisconsin	0	41,595	0	0	(24,325)	5,000	1	0
51. Wyoming	0	0	0	0	0	0	0	0
52. American Samoa	0	0	0	0	0	0	0	0
53. Guam	0	0	0	0	0	0	0	0
54. Puerto Rico	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands	0	0	0	0	0	0	0	0
56. Northern Mariana Islands	0	0	0	0	0	0	0	0
57. Canada	0	0	0	0	0	0	0	0
58. Aggregate other alien	0	0	0	0	0	0	0	0
59. Totals	36,803	109,010	0	0	(32,504)	5,000	1	33,892
<b>DETAILS OF WRITE-INS</b>								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2014 OF THE CINCINNATI INDEMNITY COMPANY

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended 2014

NAIC Group Code 0244

NAIC Company Code 23280

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

1. Monoline Policies

1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred
\$ 17,215	\$ 12,741	\$ 10,000

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? Yes [X] No [ ]

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

2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified: \$ .....16,221

2.32 Amount estimated using reasonable assumptions: \$ .....

2.4 If the answer to question 2.1 is yes, provide direct losses incurred (losses paid plus change in case reserves) for the D&O liability coverage provided in CMP packaged policies. \$ .....(20)