



PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF JUNE 30, 2014
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)			
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)			
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	Steve Draper (Name)		513-870-2000 (Area Code) (Telephone Number) (Extension)		513-603-5500 (Fax Number)	
	stephen_draper@cinfin.com (E-Mail Address)					

OFFICERS

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

OTHER OFFICERS

TERESA CURRIN CRACAS	SENIOR VICE PRESIDENT	DONALD JOSEPH DOYLE JR	SENIOR VICE PRESIDENT
MARTIN FRANCIS 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
JOAN O'CONNOR SHEVCHIK	SENIOR VICE PRESIDENT	STEPHEN MICHAEL SPRAY	SENIOR VICE PRESIDENT
KENNETH WILLIAM STECHER	CHAIRMAN OF THE BOARD	CHARLES PHILIP STONEBURNER	
TIMOTHY LEE TIMMEL	SENIOR VICE PRESIDENT	II	SENIOR VICE PRESIDENT
		WILLIAM HAROLD VAN DEN HEUVEL #	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	DAVID PAUL OSBORN #	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	TIMOTHY LEE TIMMEL
LARRY RUSSELL WEBB		II	

State of Ohio

County of Butler ss

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

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
1st day of August, 2014a. Is this an original filing? Yes No

b. If no:

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

STATEMENT AS OF JUNE 30, 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	61,169,725		61,169,725	60,185,672
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	22,070,782		22,070,782	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 (\$ 3,833,482), cash equivalents (\$ 0) and short-term investments (\$ 0)	3,833,482		3,833,482	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			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	.0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	87,073,989	.0	87,073,989	83,567,432
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	833,717		833,717	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	12,376,738		12,376,738	12,304,914
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts	3,120,229		3,120,229	2,570,275
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	72,131		72,131	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	13,140,740		13,140,740	11,453,339
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other-than-invested assets	176,479	.0	176,479	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	116,794,024	0	116,794,024	110,714,383
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	116,794,024	0	116,794,024	110,714,383
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	.0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Miscellaneous Receivables	176,479		176,479	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)	176,479	0	176,479	0

STATEMENT AS OF JUNE 30, 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	0
2. Reinsurance payable on paid losses and loss adjustment expenses	5,876	0
3. Loss adjustment expenses	0	0
4. Commissions payable, contingent commissions and other similar charges	0	0
5. Other expenses (excluding taxes, licenses and fees)	4,956	3,988
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))	3,211,125	11,365
7.2 Net deferred tax liability	0	2,948,803
8. Borrowed money \$ and interest thereon \$	0	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	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)	28,313,932	24,670,916
13. Funds held by company under reinsurance treaties	0	0
14. Amounts withheld or retained by company for account of others	1,291,339	1,074,532
15. Remittances and items not allocated	0	0
16. Provision for reinsurance (including \$ certified)	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	22,850	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	32,850,078	28,709,604
27. Protected cell liabilities	0	0
28. Total liabilities (Lines 26 and 27)	32,850,078	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	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)	58,743,946	56,804,779
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)	83,943,946	82,004,779
38. Totals (Page 2, Line 28, Col. 3)	116,794,024	110,714,383
DETAILS OF WRITE-INS		
2501. Accounts Payable Other	22,850	0
2502. 2503. 2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	22,850	0
2901. 2902. 2903. 2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0
3201. 3202. 3203. 3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

STATEMENT AS OF JUNE 30, 2014 OF THE CINCINNATI INDEMNITY COMPANY

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 218,010,226)	179,983,883	145,380,468	312,988,973
1.2 Assumed (written \$ 3)	3	0	0
1.3 Ceded (written \$ 218,010,229)	179,983,885	145,380,468	312,988,973
1.4 Net (written \$ 0)	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	85,895,239	68,102,905	147,452,007
2.2 Assumed	(635)	1,490	0
2.3 Ceded	85,894,604	68,104,395	147,452,007
2.4 Net	0	0	0
3. Loss adjustment expenses incurred			0
4. Other underwriting expenses incurred			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
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	0	0	0
INVESTMENT INCOME			
9. Net investment income earned	1,733,193	1,473,683	3,059,229
10. Net realized capital gains (losses) less capital gains tax of \$ 71,449	132,691	(52,474)	(52,474)
11. Net investment gain (loss) (Lines 9 + 10)	1,865,884	1,421,209	3,006,756
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$)			0
13. Finance and service charges not included in premiums			0
14. Aggregate write-ins for miscellaneous income	0	0	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)	1,865,884	1,421,209	3,006,756
17. Dividends to policyholders			0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	1,865,884	1,421,209	3,006,756
19. Federal and foreign income taxes incurred	314,555	274,746	575,365
20. Net income (Line 18 minus Line 19)(to Line 22)	1,551,329	1,146,463	2,431,391
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	82,004,779	76,164,851	76,164,851
22. Net income (from Line 20)	1,551,329	1,146,463	2,431,391
23. Net transfers (to) from Protected Cell accounts			0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ 227,556	422,605	1,857,447	3,370,291
25. Change in net unrealized foreign exchange capital gain (loss)			0
26. Change in net deferred income tax	(34,766)	40,039	38,245
27. Change in nonadmitted assets	0	0	0
28. Change in provision for reinsurance			0
29. Change in surplus notes			0
30. Surplus (contributed to) withdrawn from protected cells			0
31. Cumulative effect of changes in accounting principles			0
32. Capital changes:			
32.1 Paid in			0
32.2 Transferred from surplus (Stock Dividend)			0
32.3 Transferred to surplus			0
33. Surplus adjustments:			
33.1 Paid in			0
33.2 Transferred to capital (Stock Dividend)			0
33.3 Transferred from capital			0
34. Net remittances from or (to) Home Office			0
35. Dividends to stockholders			0
36. Change in treasury stock			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)	1,939,168	3,043,949	5,839,928
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	83,943,946	79,208,800	82,004,779
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0
1401.			
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 JUNE 30, 2014 OF THE CINCINNATI INDEMNITY COMPANY

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	3,643,017	(2,919,535)	2,177,696
2. Net investment income.....	1,758,424	1,497,404	3,174,333
3. Miscellaneous income.....	0	0	0
4. Total (Lines 1 to 3).....	5,401,441	(1,422,131)	5,352,030
5. Benefit and loss related payments.....	615,902	1,443,357	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 \$ 53,587 tax on capital gains (losses).....	469,500	334,000	629,394
10. Total (Lines 5 through 9).....	1,085,402	1,777,357	4,964,624
11. Net cash from operations (Line 4 minus Line 10).....	4,316,039	(3,199,488)	387,406
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	1,508,136	3,976,676	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).....	2,219,367	3,976,676	7,977,176
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	2,495,599	5,642,830	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.....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	2,749,145	5,642,830	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).....	(529,778)	(1,666,153)	(1,245,654)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds.....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0	0
16.5 Dividends to stockholders.....	0	0	0
16.6 Other cash provided (applied).....	(1,624,223)	4,307,615	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).....	(1,624,223)	4,307,615	926,925
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).....	2,162,037	(558,026)	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).....	3,833,482	1,044,742	1,671,445

STATEMENT AS OF JUNE 30, 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.

	<u>STATE OF DOMICILE</u>	<u>2014</u>	<u>2013</u>
NET INCOME			
(1) Company state basis (Page 4, Line 20, Columns 1 & 3)	Ohio	\$1,551,329	\$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	\$1,551,329	\$2,431,391
SURPLUS			
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	Ohio	\$83,943,946	\$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	\$83,943,946	\$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

- 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

1. Restricted Assets (Including Pledged)

Restricted Asset Category	Gross Restricted								Percentage	
	Current Year				6	7	8	9		
	1	2	3	4				Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets	
Restricted Asset Category	Total General Account (G/A)	G/A Supporting S/A Activity (a)	Total Separate Restricted Assets	S/A Assets Supporting G/A Activity (b)	5	6	7	8	9	10
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
b. Collateral held under security lending agreements	- -	- -	- -	- -	- -	- -	- -	- -	0.000%	0.000%
c. Subject to repurchase agreements	- -	- -	- -	- -	- -	- -	- -	- -	0.000%	0.000%
d. Subject to reverse repurchase agreements	- -	- -	- -	- -	- -	- -	- -	- -	0.000%	0.000%
e. Subject to dollar repurchase agreements	- -	- -	- -	- -	- -	- -	- -	- -	0.000%	0.000%
f. Subject to dollar reverse repurchase agreements	- -	- -	- -	- -	- -	- -	- -	- -	0.000%	0.000%
g. Placed under option contracts	- -	- -	- -	- -	- -	- -	- -	- -	0.000%	0.000%
h. Letter stock or securities restricted as to sale	- -	- -	- -	- -	- -	- -	- -	- -	0.000%	0.000%
i. On deposit with states	- -	- -	- -	- -	- -	- -	- -	- -	0.000%	0.000%
j. On deposit with other regulatory bodies	10,548,199	- -	- -	- -	10,548,199	10,559,534	(11,335)	10,548,199	9.031%	9.031%
k. Pledged as collateral not captured in other categories	- -	- -	- -	- -	- -	- -	- -	- -	0.000%	0.000%
l. Other restricted assets	- -	- -	- -	- -	- -	- -	- -	- -	0.000%	0.000%
m. Total Restricted Assets	\$ 10,548,199	\$ -	\$ -	\$ -	\$ 10,548,199	\$ 10,559,534	\$ (11,335)	\$ 10,548,199	9.031%	9.031%

(a) Subset of column 1

(b) Subset of column 3

STATEMENT AS OF JUNE 30, 2014 FOR THE CINCINNATI INDEMNITY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories - None
3. Detail of Other Restricted Assets - None
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.

	2014		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ -	\$ 128,730	\$ 128,730
(b) Statutory Valuation Allowance	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	-	128,730	128,730
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	-	128,730	128,730
(f) Deferred Tax Liabilities	\$ 7,448	\$ 3,332,407	\$ 3,339,855
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (7,448)	\$ (3,203,677)	\$ (3,211,125)

	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)

	Change		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ (29,963)	\$ (4,510)	\$ (34,473)
(b) Statutory Valuation Allowance	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	(29,963)	(4,510)	(34,473)
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	(29,963)	(4,510)	(34,473)
(f) Deferred Tax Liabilities	\$ 293	\$ 227,556	\$ 227,849
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (30,256)	\$ (232,066)	\$ (262,322)

2.

SSAP 101, paragraphs 11.a., 11.b., and 11.c.:	2014		
	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	12,591,592	12,591,592	12,591,592
(c) Adjusted Gross Deferred Tax Assets (Excluding the amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	-	128,730	128,730
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	-	128,730	128,730

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.:	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	290,875	290,875	290,875
(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)	(4,510)	(34,473)
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	(29,963)	(4,510)	(34,473)

STATEMENT AS OF JUNE 30, 2014 FOR THE CINCINNATI INDEMNITY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

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	\$ 83,943,946	\$ 82,004,779

4.

	2014		
	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)	-	128,730	128,730
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)	-	128,730	128,730
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
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.			
	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)	(4,510)	(34,473)
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)	(4,510)	(34,473)
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:

	2014	2013	Change
(a) Federal	\$ 314,555	\$ 575,365	\$ (260,810)
(b) Foreign	-	-	-
(c) Subtotal	314,555	575,365	(260,810)
(d) Federal Income Tax on capital gains/(losses)	71,449	-	71,449
(e) Utilization of capital loss carryforwards	-	-	-
(f) Other	-	-	-
Federal income taxes incurred	\$ 386,004	\$ 575,365	\$ (189,361)

2. Deferred tax assets

	June 30, 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	-	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	\$ 128,730	\$ 133,240	\$ (4,510)
(2) Unrealized (gain)/loss on investments	-	-	-
(99) Subtotal	128,730	133,240	(4,510)
(f) Statutory valuation allowance adj	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets (2e99-2f-2g)	\$ 128,730	\$ 133,240	\$ (4,510)
(i) Admitted deferred tax assets (2d + 2h)	\$ 128,730	\$ 163,203	\$ (34,473)

3. Deferred tax liabilities

	June 30, 2014	December 31, 2013	Change
(a) Ordinary			
(1) Commission expense	\$ -	\$ -	\$ -293
(2) Other, net	\$ 7,448	\$ 7,155	293
(99) Subtotal	7,448	7,155	293
(b) Capital			
(1) Unrealized (gain)/loss on investments	\$ 3,332,407	\$ 3,104,851	227,556
(99) Subtotal		3,104,851	227,556
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 3,339,855	\$ 3,112,006	227,849

STATEMENT AS OF JUNE 30, 2014 FOR THE CINCINNATI INDEMNITY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

4. Net deferred tax assets/liabilities (2i-3c) \$ (3,211,125) \$ (2,948,803) \$(262,322)

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

	June 30, 2014	December 31, 2013	Change
Total deferred tax assets	\$ 128,730	\$ 163,203	\$ (34,473)
Total deferred tax liabilities	\$ 3,339,855	\$ 3,112,006	\$ 227,849
Net deferred tax asset/liability	\$ (3,211,125)	\$ (2,948,803)	\$ (262,322)
Tax effect of unrealized (gains)/losses			\$ 227,556
Change in net deferred income tax (charge)/benefit			\$ (34,766)

	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			\$ 38,245

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 June 30, 2014		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 1,937,333	\$ 678,066	35.00%
Net tax exempt interest	(563,682)	(197,289)	-10.18%
Net dividends received deduction	(170,224)	(59,578)	-3.08%
Other items permanent, net	1	0	0.00%
DRD on accrued	(1,227)	(429)	-0.02%
Total	\$ 1,202,201	\$ 420,770	21.72%
 Federal income taxes incurred expense/(benefit)	 \$ 898,730	 \$ 314,555	 16.24%
Tax on capital gains/(losses)	204,140	71,449	3.69%
Change in net deferred income tax charge/(benefit)	99,331	34,766	1.79%
Total statutory income taxes incurred	\$ 1,202,201	\$ 420,770	21.72%
As of December 31, 2013			
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%

E. Operating Loss and Tax Credit Carryforwards

(1) At June 30, 2014, the Company had net operating loss and tax credit carryforwards of:

\$ -

(2) At June 30, 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	\$ 314,555	\$ 71,449	\$ 386,004
2013	575,365	-	575,365
2012	-	-	-
Total	\$ 889,920	\$ 71,449	\$ 961,369

(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.

The Company did not have tax contingencies under the principles of SSAP No. 5, Liabilities, Contingencies and Impairment of Assets. This is subject to change but it is not expected to significantly increase in the 12 month period following the balance sheet date. The Company is primarily subject to examination by U.S. federal and various U.S. state and local tax authorities. Tax years subsequent to 2008 remain open to examination by the Internal Revenue Service, and years subsequent to 2008 remains open to state and local tax authorities. There are no U.S. federal or state returns under examination.

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.

STATEMENT AS OF JUNE 30, 2014 FOR THE CINCINNATI INDEMNITY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

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>
Bonds	64,796,875	61,169,725	986,744	63,810,131		
Common Stock	22,070,782	22,070,782	22,070,782			
Perpetual Preferred Stock						
Mortgage Loans						

- D. Not applicable
21. Other Items – No Change
22. Subsequent Events – No Change
23. Reinsurance – No Change
24. Retrospectively Rated Contracts and Contracts Subject to Redetermination– No Change
25. Change in Incurred Losses 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

STATEMENT AS OF JUNE 30, 2014 OF THE CINCINNATI INDEMNITY COMPANY

GENERAL INTERROGATORIES

**PART 1 - COMMON INTERROGATORIES
GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change:

3.1 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 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

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 [X]

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []

If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2009

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 08/03/2010

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 08/03/2010

6.4 By what department or departments?

Ohio.....

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] NA [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] NA []

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

7.2 If yes, give full information:

.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

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

.....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

STATEMENT AS OF JUNE 30, 2014 OF THE CINCINNATI INDEMNITY COMPANY**GENERAL INTERROGATORIES**

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

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

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

.....

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

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

.....

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

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

.....

FINANCIAL

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 13,140,740

INVESTMENT

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

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

.....

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

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

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

14.2 If yes, please complete the following:

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

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

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

If no, attach a description with this statement.

STATEMENT AS OF JUNE 30, 2014 OF THE CINCINNATI INDEMNITY COMPANY

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:

.....

STATEMENT AS OF JUNE 30, 2014 OF THE CINCINNATI INDEMNITY COMPANY

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

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

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]
3.2 If yes, give full and complete information thereto.

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

4.2 If yes, complete the following schedule:

5. Operating Percentages:

5.1 A&H loss percent..... %
5.2 A&H cost containment percent .. %
5.3 A&H expense percent excluding cost containment expenses..... %

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

STATEMENT AS OF JUNE 30, 2014 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

STATEMENT AS OF JUNE 30, 2014 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

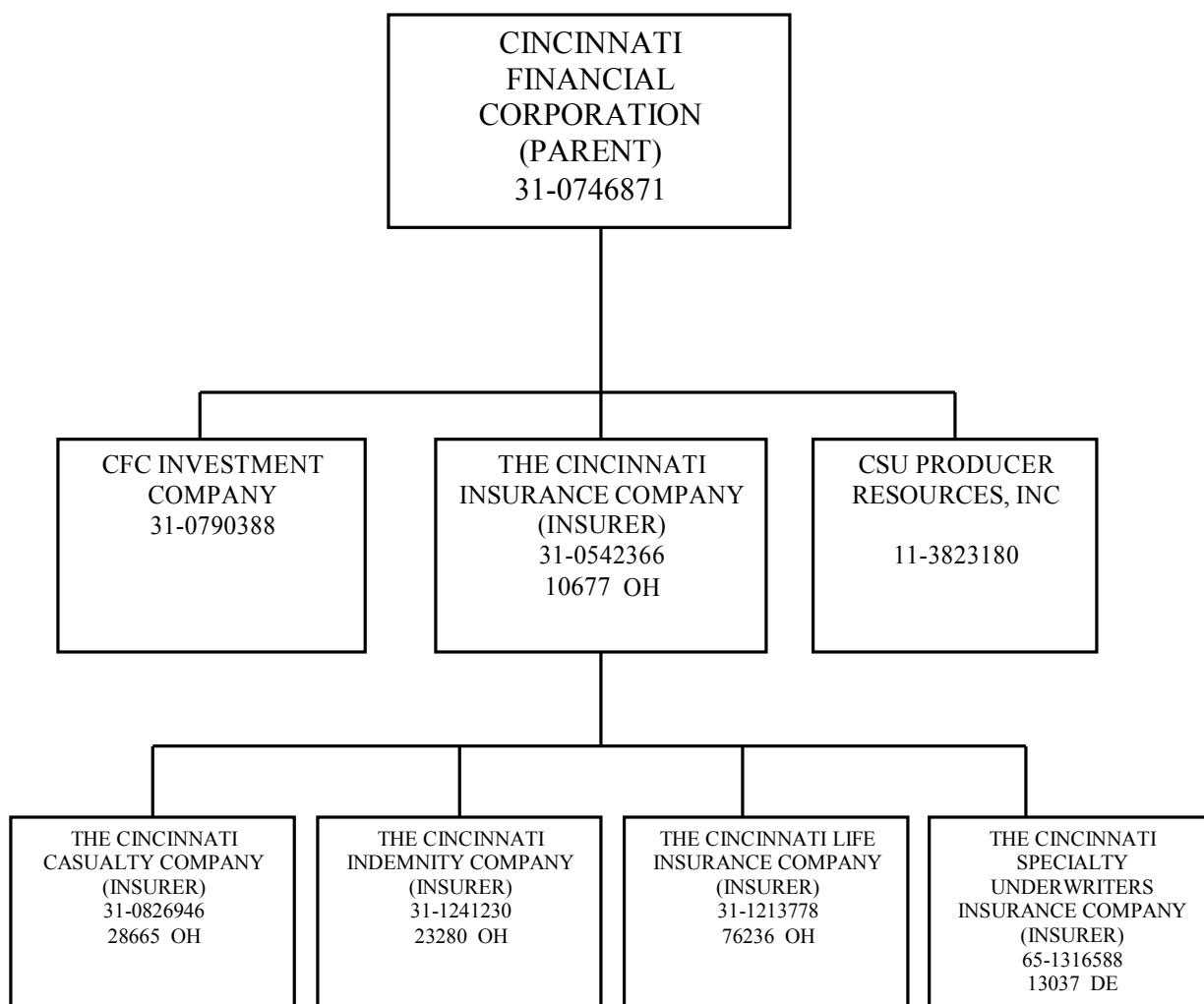
Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama	AL	3,233,764	2,022,094	741,088	259,662	2,379,904	1,838,219
2. Alaska	AK	L	0	0	0	0	0
3. Arizona	AZ	L	6,138,941	4,274,269	1,390,827	372,041	4,751,191
4. Arkansas	AR	L	2,190,868	2,140,963	1,109,252	500,621	4,726,419
5. California	CA	L	90,493	0	623	0	11,512
6. Colorado	CO	L	8,597,771	5,212,242	1,924,443	847,996	7,514,578
7. Connecticut	CT	L	150,315	60,333	38,547	0	293,835
8. Delaware	DE	L	395,350	206,638	114,439	160,090	902,723
9. Dist. Columbia	DC	L	17,020	40,494	0	0	70,447
10. Florida	FL	L	11,340,054	4,533,379	529,506	317,133	3,178,426
11. Georgia	GA	L	5,939,004	5,132,755	1,546,076	1,146,430	8,443,711
12. Hawaii	HI	L	806	465	0	0	551
13. Idaho	ID	L	2,509,541	2,153,655	606,857	405,204	2,482,279
14. Illinois	IL	L	19,737,579	15,085,531	4,662,457	2,868,425	23,611,284
15. Indiana	IN	L	12,266,550	12,422,621	3,302,358	3,048,910	13,968,711
16. Iowa	IA	L	8,074,226	8,313,478	3,168,307	2,449,724	18,893,826
17. Kansas	KS	L	3,208,651	2,715,013	1,085,725	929,641	6,766,663
18. Kentucky	KY	L	4,448,936	3,800,211	1,564,721	815,494	5,919,493
19. Louisiana	LA	L	27,452	9,219	0	0	8,148
20. Maine	ME	L	1,895	1,652	0	0	406
21. Maryland	MD	L	5,169,569	4,349,002	2,170,680	1,296,599	14,448,922
22. Massachusetts	MA	L	0	0	0	0	0
23. Michigan	MI	L	11,120,543	9,997,353	3,039,159	2,325,602	13,360,346
24. Minnesota	MN	L	7,751,833	7,126,830	1,094,192	1,104,809	4,599,975
25. Mississippi	MS	L	61,188	40,954	969	5,543	35,964
26. Missouri	MO	L	5,448,597	5,599,009	2,107,141	1,090,150	14,362,463
27. Montana	MT	L	1,703,056	1,663,337	391,218	314,659	2,014,669
28. Nebraska	NE	L	3,217,262	2,644,622	886,955	1,156,436	8,352,217
29. Nevada	NV	L	97,874	107,092	2,458	435	30,295
30. New Hampshire	NH	L	1,262,539	939,466	419,132	146,594	1,039,206
31. New Jersey	NJ	L	42,570	9,086	18,770	0	40,141
32. New Mexico	NM	L	994,297	750,872	90,416	98,055	1,504,797
33. New York	NY	L	3,700,668	3,157,435	668,560	1,403,519	5,226,552
34. No. Carolina	NC	L	7,943,187	7,285,536	1,888,702	1,948,820	14,226,538
35. No. Dakota	ND	L	1,766,927	1,810,917	589,733	336,796	1,036,307
36. Ohio	OH	L	13,468,748	12,176,824	3,736,485	2,941,234	9,670,256
37. Oklahoma	OK	L	59,460	59,033	11,754	30,470	97,279
38. Oregon	OR	L	892,431	619,228	145,856	6,007	563,584
39. Pennsylvania	PA	L	18,833,910	16,475,217	5,287,475	3,626,334	26,781,940
40. Rhode Island	RI	L	(2,571)	19,083	0	0	6,577
41. So. Carolina	SC	L	2,476,126	2,297,217	267,590	266,377	2,877,782
42. So. Dakota	SD	L	1,467,189	1,229,020	260,131	519,440	2,249,795
43. Tennessee	TN	L	9,445,478	7,064,236	2,250,851	2,754,556	15,460,926
44. Texas	TX	L	9,650,808	8,193,109	2,281,805	2,313,240	7,730,666
45. Utah	UT	L	2,540,799	1,921,079	374,683	223,354	1,940,144
46. Vermont	VT	L	2,048,491	2,111,541	1,231,437	808,120	4,337,535
47. Virginia	VA	L	9,934,641	9,056,216	2,820,951	1,318,051	11,966,295
48. Washington	WA	L	314,950	331,175	101,515	30,555	234,517
49. West Virginia	WV	L	3,809,533	3,169,041	588,965	171,371	2,189,149
50. Wisconsin	WI	L	3,959,694	4,140,888	1,272,178	2,192,756	5,772,277
51. Wyoming	WY	L	461,213	192,287	321,793	372,229	429,585
52. American Samoa	AS	N	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0
58. Aggregate Other Alien	OT	XXX	0	0	0	0	0
59. Totals	(a)	51	218,010,226	182,661,717	56,106,782	42,923,484	276,510,801
DETAILS OF WRITE-INS		XXX					
58001.		XXX					
58002.		XXX					
58003.		XXX					
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	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 JUNE 30, 2014 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation

12

STATEMENT AS OF JUNE 30, 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	6,081,731	2,652,167	43.6	16.5
2. Allied lines	6,451,342	4,212,293	65.3	27.9
3. Farmowners multiple peril			0.0	0.0
4. Homeowners multiple peril	211		0.0	0.0
5. Commercial multiple peril	41,741,736	17,811,210	42.7	63.7
6. Mortgage guaranty			0.0	0.0
8. Ocean marine			0.0	0.0
9. Inland marine	2,938,194	528,341	18.0	38.4
10. Financial guaranty			0.0	0.0
11.1 Medical professional liability -occurrence	652,487	360,584	55.3	3.3
11.2 Medical professional liability -claims made	191		0.0	0.0
12. Earthquake	.81,834		0.0	0.0
13. Group accident and health			0.0	0.0
14. Credit accident and health			0.0	0.0
15. Other accident and health			0.0	0.0
16. Workers' compensation	58,988,267	24,915,847	42.2	36.7
17.1 Other liability occurrence	25,499,239	11,922,709	46.8	45.5
17.2 Other liability-claims made	302,636	18,533	6.1	58.4
17.3 Excess Workers' Compensation			0.0	0.0
18.1 Products liability-occurrence	2,433,409	994,887	40.9	49.8
18.2 Products liability-claims made			0.0	0.0
19.1,19.2 Private passenger auto liability	20,100	4,156	20.7	20.4
19.3,19.4 Commercial auto liability	24,592,303	15,119,107	61.5	51.5
21. Auto physical damage	9,357,904	7,304,246	78.1	69.6
22. Aircraft (all perils)			0.0	0.0
23. Fidelity	.656		0.0	0.0
24. Surety			0.0	0.0
26. Burglary and theft	321,554	22,433	7.0	19.2
27. Boiler and machinery	520,089	28,728	5.5	31.0
28. Credit			0.0	0.0
29. International			0.0	0.0
30. Warranty			0.0	0.0
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0.0	0.0
TOTALS	179,983,883	85,895,239	47.7	46.8
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date	
1. Fire	3,590,599	7,136,081	5,433,003	
2. Allied lines	3,933,170	7,715,562	5,838,615	
3. Farmowners multiple peril	0		0	
4. Homeowners multiple peril	103	283	176	
5. Commercial multiple peril	23,899,278	51,896,890	42,240,316	
6. Mortgage guaranty	0		0	
8. Ocean marine	0		0	
9. Inland marine	2,119,993	3,803,515	2,977,601	
10. Financial guaranty	0		0	
11.1 Medical professional liability-occurrence	309,336	779,063	342,161	
11.2 Medical professional liability-claims made	882	882	0	
12. Earthquake	30,015	72,627	72,177	
13. Group accident and health	0		0	
14. Credit accident and health	0		0	
15. Other accident and health	0		0	
16. Workers' compensation	31,159,956	66,046,663	59,639,595	
17.1 Other liability occurrence	16,645,579	32,875,726	25,685,561	
17.2 Other liability-claims made	166,694	409,259	336,593	
17.3 Excess Workers' Compensation	0		0	
18.1 Products liability-occurrence	1,356,385	2,938,265	2,149,000	
18.2 Products liability-claims made	0		0	
19.1,19.2 Private passenger auto liability	11,637	15,044	20,730	
19.3,19.4 Commercial auto liability	14,419,999	31,375,620	26,819,995	
21. Auto physical damage	5,312,876	11,923,903	10,373,810	
22. Aircraft (all perils)	0		0	
23. Fidelity	0	750	0	
24. Surety	0		0	
26. Burglary and theft	188,663	395,689	320,126	
27. Boiler and machinery	304,759	624,404	412,258	
28. Credit	0		0	
29. International	0		0	
30. Warranty	0		0	
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	
34. Aggregate write-ins for other lines of business	0	0	0	
TOTALS	103,449,924	218,010,226	182,661,717	
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0	0

STATEMENT AS OF JUNE 30, 2014 OF THE CINCINNATI INDEMNITY COMPANY

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

STATEMENT AS OF JUNE 30, 2014 OF THE CINCINNATI INDEMNITY COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? **NO**.....
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement? **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:

1. 
2 3 2 8 0 2 0 1 4 4 9 0 0 0 0 2

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

OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF JUNE 30, 2014 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE A – VERIFICATION

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

SCHEDULE B – VERIFICATION

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

SCHEDULE BA – VERIFICATION

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

SCHEDULE D – VERIFICATION

Bonds and Stocks		1	2
		Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year		81,895,986	75,612,793
2. Cost of bonds and stocks acquired		2,749,145	9,222,830
3. Accrual of discount		37,395	28,269
4. Unrealized valuation increase (decrease)		650,161	5,185,064
5. Total gain (loss) on disposals		204,139	0
6. Deduct consideration for bonds and stocks disposed of		2,219,367	7,977,176
7. Deduct amortization of premium		76,954	123,320
8. Total foreign exchange change in book/adjusted carrying value		0	0
9. Deduct current year's other-than-temporary impairment recognized		0	52,474
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....		83,240,507	81,895,986
11. Deduct total nonadmitted amounts		0	0
12. Statement value at end of current period (Line 10 minus Line 11).....		83,240,507	81,895,986

STATEMENT AS OF JUNE 30, 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
BONDS								
1. NAIC 1 (a).....	45,757,566	832,191	1,468,568	814,769	45,757,566	45,935,957	0	43,356,035
2. NAIC 2 (a).....	15,460,517			(226,750)	15,460,517	15,233,768	0	15,470,868
3. NAIC 3 (a).....	599,495			(599,495)	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).....	0				0	0	0	719,708
7. Total Bonds.....	61,817,578	832,191	1,468,568	(11,476)	61,817,578	61,169,725	0	60,185,672
PREFERRED STOCK								
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.....	61,817,578	832,191	1,468,568	(11,476)	61,817,578	61,169,725	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 \$

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 JUNE 30, 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)
Bonds - U.S. Special Revenue									
532644-JK-8.....	AL LIMESTONE CNTY BRD OF EDU REV.....		05/07/2014.....	RAYMOND JAMES.....		489,795	500,000		.1FE.....
532644-JL-6.....	AL LIMESTONE CNTY BRD OF EDU REV.....		05/07/2014.....	RAYMOND JAMES.....		342,396	300,000		.1FE.....
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions									
8399997 - Subtotals - Bonds - Part 3									
8399999 - Subtotals - Bonds									
9999999 Totals									
(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues									

E04

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

STATEMENT AS OF JUNE 30, 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 CUSIP Identifi- cation	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Design- ation or Market Indicator (a)
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's Other Than Temporary Impairment Recognized	13 Current Year's Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.							
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
46625H-HN-3...	JPMORGAN CHASE & CO...		06/01/2014...	MATURITY...		1,000,000	1,000,000	997,940	999,813		187		187		1,000,000			0	23,250	.06/01/2014...	...1FE...
59832W-AF-6...	MIDWEST GENERATION LLC PASS THRU CERTS...		04/04/2014...	SINKING FUND REDEMPTION...		468,568	468,568	440,454	465,666		2,902		2,902		468,568			0	43,971	01/02/2016...	...1...
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						1,468,568	1,468,568	1,438,394	1,465,479	0	3,089	0	3,089	0	1,468,568	0	0	0	67,221	XXX	XXX
8399997 - Subtotals - Bonds - Part 4						1,468,568	1,468,568	1,438,394	1,465,479	0	3,089	0	3,089	0	1,468,568	0	0	0	67,221	XXX	XXX
8399999 - Subtotals - Bonds						1,468,568	1,468,568	1,438,394	1,465,479	0	3,089	0	3,089	0	1,468,568	0	0	0	67,221	XXX	XXX
9999999 Totals						1,468,568	XXX	1,438,394	1,465,479	0	3,089	0	3,089	0	1,468,568	0	0	0	67,221	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

STATEMENT AS OF JUNE 30, 2014 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
Fifth Third Bank-Regular Account.....Cincinnati, Ohio.....					2,007,962	2,074,389	1,696,818	XXX
Fifth Third Bank-Investment Account.....Cincinnati, Ohio.....					1,295,079	840,905	2,136,664	XXX
019998 Deposits in depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX			0	0	0	XXX
019999 Total Open Depositories	XXX	XXX	0	0	3,303,041	2,915,294	3,833,482	XXX
039999 Total Cash on Deposit	XXX	XXX	0	0	3,303,041	2,915,294	3,833,482	XXX
049999 Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
059999 Total	XXX	XXX	0	0	3,303,041	2,915,294	3,833,482	XXX

STATEMENT AS OF JUNE 30, 2014 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE E - PART 2 - CASH EQUIVALENTS

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

NONE

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SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 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
2. Alaska	AK	0	0	0	0	0	0	0
3. Arizona	AZ	0	0	0	0	0	0	0
4. Arkansas	AR	0	0	0	0	0	0	0
5. California	CA	0	0	0	0	0	0	0
6. Colorado	CO	0	0	0	0	0	0	0
7. Connecticut	CT	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0
11. Georgia	GA	0	0	0	0	0	0	0
12. Hawaii	HI	0	0	0	0	0	0	0
13. Idaho	ID	0	0	0	0	0	0	0
14. Illinois	IL	0	0	0	0	0	0	0
15. Indiana	IN	0	0	0	0	0	0	0
16. Iowa	IA	0	0	0	0	0	0	0
17. Kansas	KS	0	0	0	0	0	0	0
18. Kentucky	KY	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0
24. Minnesota	MN	0	0	0	0	0	0	0
25. Mississippi	MS	0	0	0	0	0	0	0
26. Missouri	MO	0	0	0	0	0	0	0
27. Montana	MT	0	0	0	0	0	0	0
28. Nebraska	NE	0	0	0	0	0	0	0
29. Nevada	NV	0	0	0	0	0	0	0
30. New Hampshire	NH	0	0	0	0	0	0	0
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	0	0	0
34. North Carolina	NC	0	0	0	0	0	0	0
35. North Dakota	ND	0	0	0	0	0	0	0
36. Ohio	OH	9,634	2,810	0	0	7,749	0	0
37. Oklahoma	OK	0	0	0	0	0	0	0
38. Oregon	OR	0	0	0	0	0	0	0
39. Pennsylvania	PA	0	0	0	0	0	0	0
40. Rhode Island	RI	0	0	0	0	0	0	0
41. South Carolina	SC	0	0	0	0	0	0	0
42. South Dakota	SD	0	0	0	0	0	0	0
43. Tennessee	TN	0	0	0	0	0	0	0
44. Texas	TX	0	0	0	0	0	0	0
45. Utah	UT	0	0	0	0	0	0	0
46. Vermont	VT	0	0	0	0	0	0	0
47. Virginia	VA	0	0	0	0	0	0	0
48. Washington	WA	0	0	0	0	0	0	0
49. West Virginia	WV	0	0	0	0	0	0	0
50. Wisconsin	WI	0	0	0	0	0	0	0
51. Wyoming	WY	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
59. Totals		9,634	2,810	0	0	7,749	0	0
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 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
2. Alaska	AK	0	0	0	0	0	0	0
3. Arizona	AZ	0	0	0	0	0	0	0
4. Arkansas	AR	0	0	0	0	0	0	0
5. California	CA	0	0	0	0	0	0	0
6. Colorado	CO	0	0	0	0	0	0	0
7. Connecticut	CT	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0
11. Georgia	GA	0	0	0	0	0	0	0
12. Hawaii	HI	0	0	0	0	0	0	0
13. Idaho	ID	0	0	0	0	0	0	0
14. Illinois	IL	0	0	0	0	0	0	0
15. Indiana	IN	0	0	0	0	0	0	0
16. Iowa	IA	0	0	0	0	0	0	0
17. Kansas	KS	0	0	0	0	0	0	0
18. Kentucky	KY	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0
24. Minnesota	MN	0	0	0	0	0	0	0
25. Mississippi	MS	0	0	0	0	0	0	0
26. Missouri	MO	0	0	0	0	0	0	0
27. Montana	MT	0	0	0	0	0	0	0
28. Nebraska	NE	0	0	0	0	0	0	0
29. Nevada	NV	0	0	0	0	0	0	0
30. New Hampshire	NH	0	0	0	0	0	0	0
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	0	0	0
34. North Carolina	NC	0	0	0	0	0	0	0
35. North Dakota	ND	0	0	0	0	0	0	0
36. Ohio	OH	0	0	0	0	0	0	0
37. Oklahoma	OK	0	0	0	0	0	0	0
38. Oregon	OR	0	0	0	0	0	0	0
39. Pennsylvania	PA	0	0	0	0	0	0	0
40. Rhode Island	RI	0	0	0	0	0	0	0
41. South Carolina	SC	0	0	0	0	0	0	0
42. South Dakota	SD	0	0	0	0	0	0	0
43. Tennessee	TN	0	0	0	0	0	0	0
44. Texas	TX	0	0	0	0	0	0	0
45. Utah	UT	0	0	0	0	0	0	0
46. Vermont	VT	0	0	0	0	0	0	0
47. Virginia	VA	0	0	0	0	0	0	0
48. Washington	WA	0	0	0	0	0	0	0
49. West Virginia	WV	0	0	0	0	0	0	0
50. Wisconsin	WI	0	6,996	0	0	(1,932)	0	0
51. Wyoming	WY	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
59. Totals		0	6,996	0	0	(1,932)	0	0
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 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	135,945	.56,761	0	0	20,531	0	.0
2. Alaska	AK	0	0	0	0	0	0	0
3. Arizona	AZ	6,561	1,156	0	0	377	0	.377
4. Arkansas	AR	905	.10,583	0	0	3,637	0	.5,152
5. California	CA	0	0	0	0	0	0	0
6. Colorado	CO	11,202	5,671	0	0	1,935	0	2,855
7. Connecticut	CT	3,871	2,097	0	0	651	0	.651
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	111,622	.86,643	0	0	30,412	0	.47,384
11. Georgia	GA	13,047	.5,627	0	0	1,865	0	.2,583
12. Hawaii	HI	0	0	0	0	0	0	0
13. Idaho	ID	0	0	0	0	0	0	0
14. Illinois	IL	53,579	.18,850	0	0	125,588	119,465	.6,186
15. Indiana	IN	7,227	2,800	0	0	644	0	.691
16. Iowa	IA	13,655	6,437	0	0	2,278	0	.4,340
17. Kansas	KS	.9,806	5,493	0	0	8,517	0	.10,557
18. Kentucky	KY	4,585	3,190	0	0	929	0	.2,160
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	57,153	.26,282	0	0	7,487	0	.13,701
24. Minnesota	MN	15,254	10,921	0	0	3,735	0	.6,303
25. Mississippi	MS	0	0	0	0	0	0	0
26. Missouri	MO	9,261	6,288	0	0	2,309	0	.6,344
27. Montana	MT	25,890	.10,607	0	0	3,910	.20,000	.1
28. Nebraska	NE	3	.261	0	0	.82	0	.1,006
29. Nevada	NV	0	0	0	0	0	0	0
30. New Hampshire	NH	126	.466	0	0	143	0	.406
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	.20	0	0
34. North Carolina	NC	7,753	.3,737	0	0	1,263	0	.2,288
35. North Dakota	ND	0	0	0	0	0	0	0
36. Ohio	OH	82,808	.65,341	175	1	29,544	0	.66,609
37. Oklahoma	OK	0	0	0	0	0	0	0
38. Oregon	OR	0	0	0	0	.73	0	.939
39. Pennsylvania	PA	40,768	.32,539	0	0	43,762	.25,000	.41,045
40. Rhode Island	RI	0	0	0	0	0	0	0
41. South Carolina	SC	1,866	.419	0	0	137	0	.137
42. South Dakota	SD	0	0	0	0	0	0	0
43. Tennessee	TN	11,426	.12,235	0	0	.9,313	.5,000	.8,289
44. Texas	TX	11,024	15,608	0	0	5,708	0	.12,910
45. Utah	UT	22,908	11,466	0	0	4,294	0	.10,209
46. Vermont	VT	0	0	0	0	0	0	0
47. Virginia	VA	9,513	6,440	0	0	15,479	0	.16,501
48. Washington	WA	0	0	0	0	0	0	0
49. West Virginia	WV	15,500	4,412	0	0	1,512	0	.2,071
50. Wisconsin	WI	41,585	.19,525	0	0	60,554	0	.64,795
51. Wyoming	WY	1,950	.975	0	0	.374	0	.944
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		726,793	432,830	175	1	387,063	169,465	4 366,147
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 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	AL	0	0	0	0	0	0	0
2. Alaska	AK	0	0	0	0	0	0	0
3. Arizona	AZ	0	0	0	0	0	0	0
4. Arkansas	AR	0	0	0	0	0	0	0
5. California	CA	0	0	0	0	0	0	0
6. Colorado	CO	0	0	0	0	0	0	0
7. Connecticut	CT	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0
11. Georgia	GA	0	0	0	0	0	0	0
12. Hawaii	HI	0	0	0	0	0	0	0
13. Idaho	ID	0	0	0	0	0	0	0
14. Illinois	IL	0	0	0	0	0	0	0
15. Indiana	IN	0	0	0	0	0	0	0
16. Iowa	IA	0	0	0	0	0	0	0
17. Kansas	KS	0	5,428	0	0	(4,197)	0	0
18. Kentucky	KY	0	0	0	0	163	0	0
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	11,875	5,443	0	0	2,847	0	2,847
24. Minnesota	MN	0	0	0	0	0	0	0
25. Mississippi	MS	0	0	0	0	0	0	0
26. Missouri	MO	0	0	0	0	0	0	0
27. Montana	MT	0	0	0	0	0	0	0
28. Nebraska	NE	0	0	0	0	0	0	0
29. Nevada	NV	0	0	0	0	0	0	0
30. New Hampshire	NH	0	0	0	0	0	0	0
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	3,692	1,719	0	0	637	0	1,608
34. North Carolina	NC	0	0	0	0	0	0	0
35. North Dakota	ND	0	0	0	0	0	0	0
36. Ohio	OH	212	53,003	0	0	(15,937)	0	171
37. Oklahoma	OK	0	0	0	0	0	0	0
38. Oregon	OR	0	0	0	0	0	0	0
39. Pennsylvania	PA	24,928	42,402	0	0	10,151	0	25,097
40. Rhode Island	RI	0	0	0	0	0	0	0
41. South Carolina	SC	0	0	0	0	0	0	0
42. South Dakota	SD	0	0	0	0	0	0	0
43. Tennessee	TN	0	0	0	0	0	0	0
44. Texas	TX	0	0	0	0	0	0	0
45. Utah	UT	0	0	0	0	0	0	0
46. Vermont	VT	0	0	0	0	0	0	0
47. Virginia	VA	0	19,749	0	0	(6,013)	0	0
48. Washington	WA	0	0	0	0	0	0	0
49. West Virginia	WV	0	0	0	0	0	0	0
50. Wisconsin	WI	2,811	82,369	0	0	(19,945)	5,000	1,4380
51. Wyoming	WY	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
59. Totals		43,518	210,113	0	0	(32,294)	5,000	1,34,103
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 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
\$ 37,571	\$ 26,916	\$ 135,000

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: \$ 33,020

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. \$ 24,897