



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 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
(Name) (Area Code) (Telephone Number) (Extension)

stephen_draper@cinfin.com 513-603-5500
(E-Mail Address) (Fax Number)

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>	<u>WILLIAM HAROLD VAN DEN HEUVEL #</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</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>			

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

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

Subscribed and sworn to before me this
28th day of October, 2014

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

STATEMENT AS OF SEPTEMBER 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	62,068,528		62,068,528	60,185,672
2. Stocks:				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	21,883,670		21,883,670	21,710,314
3. Mortgage loans on real estate:				
3.1 First liens	0		0	0
3.2 Other than first liens	0		0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)	0		0	0
4.2 Properties held for the production of income (less \$ encumbrances)	0		0	0
4.3 Properties held for sale (less \$ encumbrances)	0		0	0
5. Cash (\$3,934,938), cash equivalents (\$0) and short-term investments (\$0)	3,934,938		3,934,938	1,671,445
6. Contract loans (including \$ premium notes)	0		0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities	0		0	0
10. Securities lending reinvested collateral assets	0		0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	87,887,137	0	87,887,137	83,567,432
13. Title plants less \$ charged off (for Title insurers only)	0		0	0
14. Investment income due and accrued	711,657		711,657	818,423
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	0		0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)	0		0	0
15.3 Accrued retrospective premiums	0		0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	15,165,665		15,165,665	12,304,914
16.2 Funds held by or deposited with reinsured companies	0		0	0
16.3 Other amounts receivable under reinsurance contracts	3,055,222		3,055,222	2,570,275
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	15,566		15,566	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	8,548,792		8,548,792	11,453,339
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other-than-invested assets	76,989	0	76,989	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	115,461,028	0	115,461,028	110,714,383
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	115,461,028	0	115,461,028	110,714,383
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Miscellaneous Receivables	76,989		76,989	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)	76,989	0	76,989	0

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	0	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)	2,086	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))	0	11,365
7.2 Net deferred tax liability	3,149,244	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)	25,488,414	24,670,916
13. Funds held by company under reinsurance treaties	0	0
14. Amounts withheld or retained by company for account of others	1,279,423	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	981,010	0
22. Payable for securities lending	0	0
23. Liability for amounts held under uninsured plans	0	0
24. Capital notes \$ and interest thereon \$	0	0
25. Aggregate write-ins for liabilities	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	30,900,177	28,709,604
27. Protected cell liabilities	0	0
28. Total liabilities (Lines 26 and 27)	30,900,177	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)	59,360,851	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)	84,560,851	82,004,779
38. Totals (Page 2, Line 28, Col. 3)	115,461,028	110,714,383
DETAILS OF WRITE-INS		
2501. Accounts Payable Other	0	0
2502.	0	0
2503.	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0
2901.	0	0
2902.	0	0
2903.	0	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	0
3202.	0	0
3203.	0	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
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 304,986,724)	278,404,049	226,153,673	312,988,973
1.2 Assumed (written \$ 5)	5	1	0
1.3 Ceded (written \$ 304,986,729)	278,404,055	226,153,673	312,988,973
1.4 Net (written \$ 0)	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$):)			
2.1 Direct	139,943,523	108,842,977	147,452,007
2.2 Assumed	(745)	23,476	0
2.3 Ceded	139,942,778	108,866,453	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
INVESTMENT INCOME			
9. Net investment income earned	2,552,576	2,254,730	3,059,229
10. Net realized capital gains (losses) less capital gains tax of \$ 106,191	198,132	(52,474)	(52,474)
11. Net investment gain (loss) (Lines 9 + 10)	2,750,708	2,202,256	3,006,756
OTHER INCOME			
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)	2,750,708	2,202,256	3,006,756
17. Dividends to policyholders		0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	2,750,708	2,202,256	3,006,756
19. Federal and foreign income taxes incurred	457,243	423,059	575,365
20. Net income (Line 18 minus Line 19)(to Line 22)	2,293,465	1,779,197	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)	2,293,465	1,779,197	2,431,391
23. Net transfers (to) from Protected Cell accounts		0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ 162,067	300,982	2,374,171	3,370,291
25. Change in net unrealized foreign exchange capital gain (loss)		0	0
26. Change in net deferred income tax	(38,374)	43,615	38,245
27. Change in nonadmitted assets		0	0
28. Change in provision for reinsurance		0	0
29. Change in surplus notes		0	0
30. Surplus (contributed to) withdrawn from protected cells		0	0
31. Cumulative effect of changes in accounting principles		0	0
32. Capital changes:			
32.1 Paid in		0	0
32.2 Transferred from surplus (Stock Dividend)		0	0
32.3 Transferred to surplus		0	0
33. Surplus adjustments:			
33.1 Paid in		0	0
33.2 Transferred to capital (Stock Dividend)		0	0
33.3 Transferred from capital		0	0
34. Net remittances from or (to) Home Office		0	0
35. Dividends to stockholders		0	0
36. Change in treasury stock		0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	2,556,073	4,196,984	5,839,928
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	84,560,851	80,361,835	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

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.....	817,498	19,031,137	2,177,696
2. Net investment income	2,723,734	2,325,048	3,174,333
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	3,541,232	21,356,185	5,352,030
5. Benefit and loss related payments	3,345,698	14,549,427	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 \$79,643 tax on capital gains (losses).....	590,365	479,394	629,394
10. Total (Lines 5 through 9)	3,936,063	15,028,820	4,964,624
11. Net cash from operations (Line 4 minus Line 10)	(394,831)	6,327,365	387,406
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	4,465,562	5,467,176	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	981,010	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	6,157,803	5,467,176	7,977,176
13. Cost of investments acquired (long-term only):			
13.1 Bonds	6,278,381	7,215,406	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)	6,531,927	7,215,406	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)	(374,124)	(1,748,230)	(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).....	3,032,447	(4,846,722)	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).....	3,032,447	(4,846,722)	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)	2,263,493	(267,587)	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)	3,934,938	1,335,182	1,671,445

STATEMENT AS OF SEPTEMBER 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	\$2,293,465	\$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	\$2,293,465	\$2,431,391
SURPLUS			
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	Ohio	\$84,560,851	\$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	\$84,560,851	\$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							Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets
	1 Total General Account (G/A)	2 G/A Supporting S/A Activity (a)	3 Total Separate Account (S/A) Restricted Assets	4 S/A Assets Supporting G/A Activity (b)	5 Total (1 plus 3)	6 Total from Prior Year	7 Increase/ (Decrease) (5 minus 6)			
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	10,542,489	-	-	-	10,542,489	10,559,534	(17,045)	10,542,489	9.131%	9.131%
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	\$ 10,542,489	\$ -	\$ -	\$ -	\$ 10,542,489	\$ 10,559,534	\$ (17,045)	\$ 10,542,489	9.131%	9.131%

(a) Subset of column 1

(b) Subset of column 3

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

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

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	\$ -	\$ 125,122	\$ 125,122
(b) Statutory Valuation Allowance	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	-	125,122	125,122
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	-	125,122	125,122
(f) Deferred Tax Liabilities	\$ 7,448	\$ 3,266,918	\$ 3,274,366
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (7,448)	\$ (3,141,796)	\$ (3,149,244)
	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)	\$ (8,118)	\$ (38,081)
(b) Statutory Valuation Allowance	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	(29,963)	(8,118)	(38,081)
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	(29,963)	(8,118)	(38,081)
(f) Deferred Tax Liabilities	\$ 293	\$ 162,067	\$ 162,360
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (30,256)	\$ (170,185)	\$ (200,441)

2.

	2014		
	Ordinary	Capital	Total
SSAP 101, paragraphs 11.a., 11.b., and 11.c.:			
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	-	-	-
(b) Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	-	-	-
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	-	-	-
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	12,684,128	12,684,128	12,684,128
(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	-	125,122	125,122
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	-	125,122	125,122
	2013		
	Ordinary	Capital	Total
SSAP 101, paragraphs 11.a., 11.b., and 11.c.:			
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	-	-	-
(b) Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	-	-	-
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	-	-	-
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	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
SSAP 101, paragraphs 11.a., 11.b., and 11.c.:			
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	-	-	-
(b) Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	-	-	-
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	-	-	-
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	383,411	383,411	383,411
(c) Adjusted Gross Deferred Tax Assets (Excluding the amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	(29,963)	(8,118)	(38,081)
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	(29,963)	(8,118)	(38,081)

3.

	2014	2013
	Percentage	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	\$ 84,560,851	\$ 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)	-	125,122	125,122
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)	-	125,122	125,122
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.			
6.1			

STATEMENT AS OF SEPTEMBER 30, 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):

	September 30, 2014	December 31, 2013	Change
Total deferred tax assets	\$ 125,122	\$ 163,203	\$ (38,081)
Total deferred tax liabilities	3,274,366	3,112,006	162,360
Net deferred tax asset/(liability)	\$ (3,149,244)	\$ (2,948,803)	\$ (200,441)
Tax effect of unrealized (gains)/losses			162,067
Change in net deferred income tax (charge)/benefit			<u>\$ (38,374)</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>

C. 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 September 30, 2014		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 2,856,899	\$ 999,915	35.00%
Net tax exempt interest	(879,123)	(307,693)	-10.77%
Net dividends received deduction	(257,099)	(89,985)	-3.15%
Other items permanent, net	1	0	0.00%
DRD on accrued	(1,226)	(429)	-0.02%
Total	<u>\$ 1,719,452</u>	<u>\$ 601,808</u>	<u>21.06%</u>
Federal income taxes incurred expense/(benefit)	\$ 1,306,409	\$ 457,243	16.00%
Tax on capital gains/(losses)	303,403	106,191	3.72%
Change in net deferred income tax charge/(benefit)	109,640	38,374	1.34%
Total statutory income taxes incurred	<u>\$ 1,719,452</u>	<u>\$ 601,808</u>	<u>21.06%</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>

D. Operating Loss and Tax Credit Carryforwards

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

\$ -

(2) At September 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	\$ 457,243	\$ 106,191	\$ 563,434
2013	575,365	-	575,365
2012	-	-	-
Total	<u>\$ 1,032,608</u>	<u>\$ 106,191</u>	<u>\$ 1,138,799</u>

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

\$ -

E. 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.

F. 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.

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.

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

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	65,311,268	62,068,528	981,510	64,329,758		
Common Stock	21,883,670	21,883,670	21,883,670			
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

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?
Ohio.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes No NA
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No NA
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes No
- 7.2 If yes, give full information:
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... Yes No
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... Yes No
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes 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: \$ 8,548,792

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
<p>NONE</p>						

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

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

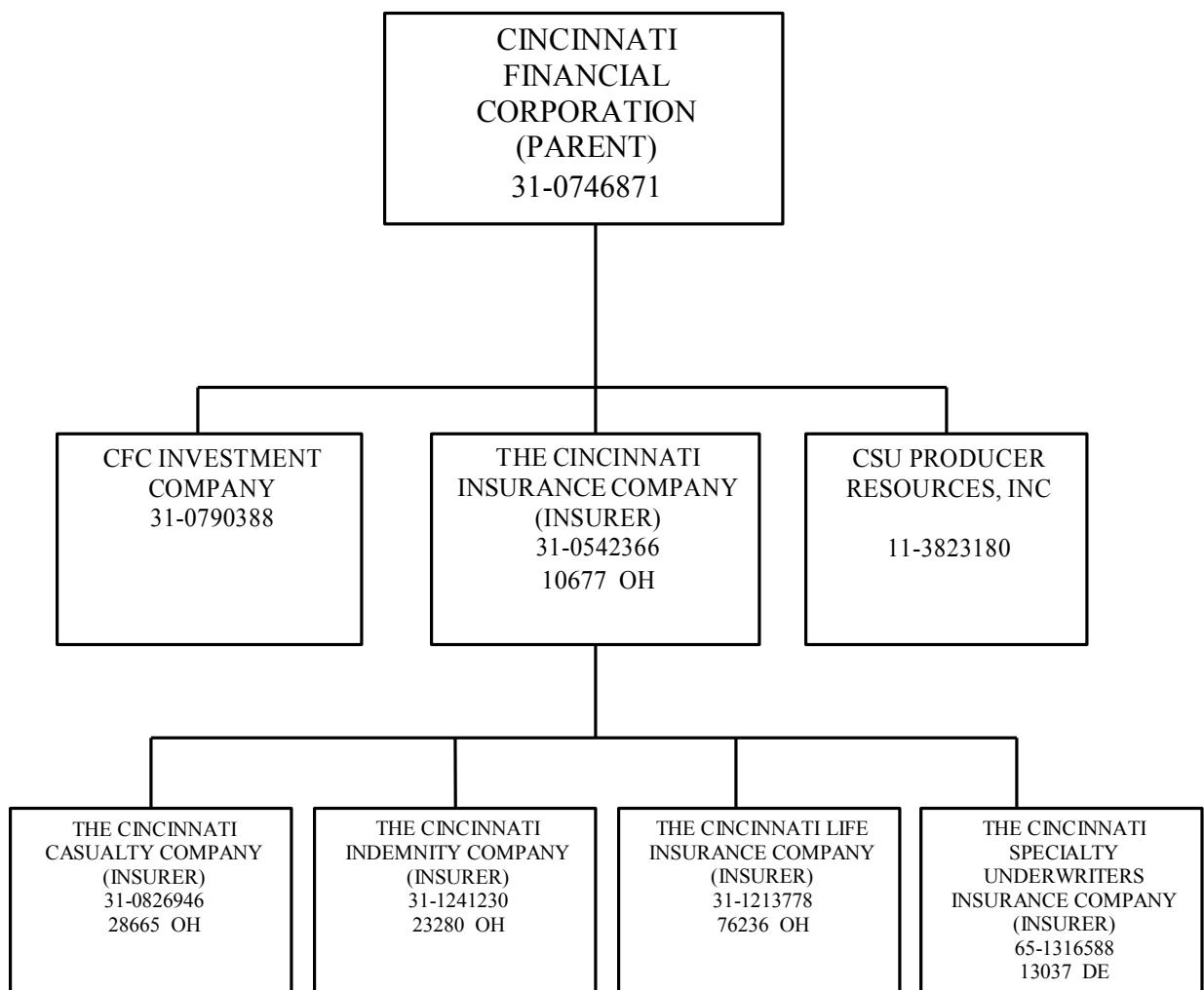
Current Year to Date - Allocated by States and Territories

	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	4,172,205	3,265,256	901,682	440,441	2,733,865	1,855,504
2. Alaska	AK L	0	0	0	0	0	0
3. Arizona	AZ L	9,815,821	7,196,601	2,197,406	902,652	6,111,120	3,041,541
4. Arkansas	AR L	2,903,578	2,701,821	1,309,038	787,193	4,447,184	4,428,479
5. California	CA L	211,776	32,399	623	0	89,561	252
6. Colorado	CO L	11,719,079	7,927,238	5,971,810	1,359,807	9,331,362	5,163,368
7. Connecticut	CT L	290,782	144,392	112,259	1,046	297,862	48,322
8. Delaware	DE L	921,399	813,745	174,718	217,111	1,016,865	638,892
9. Dist. Columbia	DC L	15,761	60,735	3,225	0	77,489	12,197
10. Florida	FL L	16,408,281	8,980,505	762,475	524,048	3,935,906	2,078,156
11. Georgia	GA L	8,691,850	7,687,116	2,562,003	1,893,182	8,400,809	8,160,897
12. Hawaii	HI L	824	1,616	0	0	558	101
13. Idaho	ID L	3,345,955	2,815,222	905,541	564,715	2,663,635	741,997
14. Illinois	IL L	28,523,613	21,160,777	7,137,602	4,680,391	27,236,175	19,256,921
15. Indiana	IN L	16,663,160	16,099,705	5,124,428	4,677,095	15,840,535	13,728,103
16. Iowa	IA L	11,246,177	11,514,547	4,692,602	4,283,238	19,646,004	18,660,164
17. Kansas	KS L	5,200,508	4,714,784	1,598,036	1,915,150	6,997,151	7,053,451
18. Kentucky	KY L	6,737,766	5,381,539	2,197,356	1,462,779	5,947,653	6,679,803
19. Louisiana	LA L	45,166	18,440	0	0	8,782	3,109
20. Maine	ME L	6,068	1,652	0	0	1,093	195
21. Maryland	MD L	8,377,887	6,582,128	3,472,793	2,025,314	14,440,762	12,835,307
22. Massachusetts	MA L	0	0	0	0	0	0
23. Michigan	MI L	15,217,012	12,465,005	5,100,378	3,377,676	14,181,239	11,080,057
24. Minnesota	MN L	10,053,941	9,050,996	1,858,221	2,055,748	5,265,164	3,548,572
25. Mississippi	MS L	113,626	135,371	575	5,882	34,474	24,044
26. Missouri	MO L	8,138,180	8,317,562	3,086,326	2,140,456	13,809,249	16,372,075
27. Montana	MT L	1,896,679	1,853,726	1,598,284	381,311	1,021,867	557,566
28. Nebraska	NE L	4,604,085	3,525,999	1,719,165	1,744,243	8,828,074	8,185,824
29. Nevada	NV L	123,759	116,828	7,070	1,111	27,616	22,274
30. New Hampshire	NH L	1,759,843	1,483,427	566,225	319,822	1,060,552	633,656
31. New Jersey	NJ L	67,061	64,262	18,824	4,653	19,557	5,432
32. New Mexico	NM L	1,487,129	954,632	178,150	165,106	2,808,614	748,066
33. New York	NY L	4,633,845	4,371,690	1,065,596	1,552,859	4,795,616	4,011,073
34. No. Carolina	NC L	11,198,361	10,423,283	2,960,269	3,274,355	14,025,121	13,171,858
35. No. Dakota	ND L	1,948,695	2,200,492	1,090,508	523,177	1,006,443	315,644
36. Ohio	OH L	18,191,738	15,774,364	5,308,341	4,928,872	12,322,283	6,442,666
37. Oklahoma	OK L	143,681	101,034	12,193	36,818	100,309	42,742
38. Oregon	OR L	1,169,957	893,444	216,057	22,856	534,446	372,186
39. Pennsylvania	PA L	25,593,452	23,889,521	7,495,465	5,380,022	28,831,100	24,978,265
40. Rhode Island	RI L	15,191	46,058	0	0	6,650	4,403
41. So. Carolina	SC L	3,438,155	2,805,248	470,572	368,786	3,016,062	2,790,585
42. So. Dakota	SD L	1,836,975	1,564,490	506,542	688,418	2,235,341	2,303,688
43. Tennessee	TN L	12,841,854	10,299,437	3,920,524	3,967,377	16,688,878	10,313,483
44. Texas	TX L	13,345,614	11,524,655	4,619,262	4,091,921	7,035,788	4,421,053
45. Utah	UT L	3,539,111	3,069,254	1,263,252	435,305	1,910,823	1,222,971
46. Vermont	VT L	2,760,491	2,955,667	1,981,323	1,123,205	3,812,679	2,386,647
47. Virginia	VA L	14,019,402	12,819,267	4,526,772	2,395,464	12,025,264	10,892,648
48. Washington	WA L	844,825	826,770	122,174	49,053	815,849	148,378
49. West Virginia	WV L	4,325,780	3,784,502	1,031,395	278,237	2,878,393	1,290,771
50. Wisconsin	WI L	5,802,761	5,865,899	1,814,597	3,163,936	5,519,618	5,039,567
51. Wyoming	WY L	577,865	226,838	548,183	616,087	614,588	1,700,529
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	304,986,724	258,509,939	92,209,839	68,826,918	294,456,027	237,413,483
DETAILS OF WRITE-INS							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page.	XXX	0	0	0	0	0	0
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0

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

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

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



STATEMENT AS OF SEPTEMBER 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	9,562,801	5,320,123	55.6	16.7
2. Allied lines	10,107,916	4,690,118	46.4	88.3
3. Farmowners multiple peril	0	0	0.0	0.0
4. Homeowners multiple peril	323	0	0.0	0.0
5. Commercial multiple peril	64,642,468	33,374,874	51.6	59.3
6. Mortgage guaranty	0	0	0.0	0.0
8. Ocean marine	0	0	0.0	0.0
9. Inland marine	4,600,812	1,180,992	25.7	19.3
10. Financial guaranty	0	0	0.0	0.0
11.1 Medical professional liability -occurrence	1,058,315	611,635	57.8	7.9
11.2 Medical professional liability -claims made	411	0	0.0	0.0
12. Earthquake	132,559	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	90,760,224	38,422,327	42.3	44.0
17.1 Other liability occurrence	39,645,501	18,618,004	47.0	39.7
17.2 Other liability-claims made	482,971	24,275	5.0	35.6
17.3 Excess Workers' Compensation	0	0	0.0	0.0
18.1 Products liability-occurrence	3,836,392	1,647,297	42.9	56.4
18.2 Products liability-claims made	0	0	0.0	0.0
19.1,19.2 Private passenger auto liability	30,324	4,156	13.7	13.5
19.3,19.4 Commercial auto liability	37,737,637	24,570,447	65.1	45.6
21. Auto physical damage	14,473,845	11,359,605	78.5	62.3
22. Aircraft (all perils)	0	0	0.0	0.0
23. Fidelity	719	0	0.0	0.0
24. Surety	0	0	0.0	0.0
26. Burglary and theft	501,762	89,441	17.8	12.2
27. Boiler and machinery	829,071	30,228	3.6	25.4
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	278,404,049	139,943,523	50.3	48.1
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	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire	2,998,994	10,135,075	7,730,660
2. Allied lines	3,372,907	11,088,469	8,414,436
3. Farmowners multiple peril	0	0	0
4. Homeowners multiple peril	85	368	243
5. Commercial multiple peril	19,581,623	71,478,513	57,938,239
6. Mortgage guaranty	0	0	0
8. Ocean marine	0	0	0
9. Inland marine	1,178,748	4,982,263	4,083,588
10. Financial guaranty	0	0	0
11.1 Medical professional liability-occurrence	631,685	1,410,748	848,620
11.2 Medical professional liability-claims made	0	882	0
12. Earthquake	69,189	141,816	120,701
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	32,762,722	98,809,385	88,929,244
17.1 Other liability occurrence	10,558,657	43,434,383	36,109,351
17.2 Other liability-claims made	168,013	577,272	457,117
17.3 Excess Workers' Compensation	0	0	0
18.1 Products liability-occurrence	1,447,469	4,385,734	3,355,037
18.2 Products liability-claims made	0	0	0
19.1,19.2 Private passenger auto liability	4,994	20,038	31,371
19.3,19.4 Commercial auto liability	9,790,342	41,165,962	35,548,903
21. Auto physical damage	3,969,685	15,893,588	13,868,127
22. Aircraft (all perils)	0	0	0
23. Fidelity	0	750	0
24. Surety	0	0	0
26. Burglary and theft	148,339	544,028	441,337
27. Boiler and machinery	293,046	917,450	632,965
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	86,976,498	304,986,724	258,509,939
DETAILS OF WRITE-INS			
3401.			
3402.			
3403.			
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0

STATEMENT AS OF SEPTEMBER 30, 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

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	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

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	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

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	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

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	6,531,927	9,222,830
3. Accrual of discount	50,222	28,269
4. Unrealized valuation increase (decrease)	463,049	5,185,064
5. Total gain (loss) on disposals	304,323	0
6. Deduct consideration for bonds and stocks disposed of	5,176,793	7,977,176
7. Deduct amortization of premium	116,516	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)	83,952,198	81,895,986
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	83,952,198	81,895,986

STATEMENT AS OF SEPTEMBER 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).....	45,935,957	3,782,781	169,736	(13,454)	45,757,566	45,935,957	49,535,549	43,356,035
2. NAIC 2 (a).....	15,233,768		2,687,506	(13,282)	15,460,517	15,233,768	12,532,979	15,470,868
3. NAIC 3 (a).....	0				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	61,169,725	3,782,781	2,857,242	(26,736)	61,817,578	61,169,725	62,068,528	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	61,169,725	3,782,781	2,857,242	(26,736)	61,817,578	61,169,725	62,068,528	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 SEPTEMBER 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. Political Subdivisions of States, Territories and Possessions									
304657-MW-6	OH FAIRFIELD CITY SCHL DIST GO		.08/28/2014	RBC CAPITAL MARKETS		1,359,286	1,380,000		1FE
467075-DL-8	KS JACKSON CNTY UNIF SCHL DIST GO		.07/24/2014	PIPER JAFFRAY		561,650	500,000		1FE
824178-XE-2	TX SHERMAN INDPNT SCHL DIST GO		.07/16/2014	RAYMOND JAMES		247,415	250,000		1FE
889278-UY-1	OH TOLEDO LMTD TX CAP GO		.09/19/2014	FIFTH THIRD BANK		981,010	1,000,000		1FE
2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						3,149,361	3,130,000	0	XXX
Bonds - U.S. Special Revenue									
850777-EX-7	MA SPRINGFIELD WTR & SWR COM REV		.07/09/2014	STIFEL NICOLAUS		633,420	600,000		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						633,420	600,000	0	XXX
8399997 - Subtotals - Bonds - Part 3						3,782,781	3,730,000	0	XXX
8399999 - Subtotals - Bonds						3,782,781	3,730,000	0	XXX
9999999 Totals						3,782,781	XXX	0	XXX

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

E04

STATEMENT AS OF SEPTEMBER 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	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)
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
023654-AW-6	AMERICA WEST AIRLINES		07/02/2014	SINKING FUND REDEMPTION		75,965	75,965	75,965	75,965				0		75,965			0	6,024	01/02/2019	2FE
59832W-AF-6	MIDWEST GENERATION LLC PASS THRU CERTS.		07/02/2014	SINKING FUND REDEMPTION		169,736	169,736	159,552	158,743		10,992		10,992		169,736			0	41,602	01/02/2016	1
620076-AZ-2	MOTOROLA SOLUTIONS INC.		09/11/2014	SECURITY CALLED BY ISSUER at 114.115		1,711,725	1,500,000	1,701,495	1,634,332		(22,791)		(22,791)		1,611,541		100,184	100,184	74,000	11/15/2017	2FE
887389-AG-9	TIMKEN CO.		09/15/2014	MATURITY		1,000,000	1,000,000	998,630	999,782		218		218		1,000,000		0	0	60,000	09/15/2014	2FE
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						2,957,426	2,745,701	2,935,642	2,868,823	0	(11,581)	0	(11,581)	0	2,857,242	0	100,184	100,184	181,626	XXX	XXX
8399997 - Subtotals - Bonds - Part 4						2,957,426	2,745,701	2,935,642	2,868,823	0	(11,581)	0	(11,581)	0	2,857,242	0	100,184	100,184	181,626	XXX	XXX
8399999 - Subtotals - Bonds						2,957,426	2,745,701	2,935,642	2,868,823	0	(11,581)	0	(11,581)	0	2,857,242	0	100,184	100,184	181,626	XXX	XXX
9999999 Totals						2,957,426	XXX	2,935,642	2,868,823	0	(11,581)	0	(11,581)	0	2,857,242	0	100,184	100,184	181,626	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 SEPTEMBER 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							
8699999 Total Cash Equivalents					0	0	0



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 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	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	0	0	0	0	0	0	0
18. Kentucky	0	0	0	0	0	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	0	0	0	0	0	0	0	0
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	0	0	0	0	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	9,634	5,218	0	0	3,181	0	0	3,181
37. Oklahoma	0	0	0	0	0	0	0	0
38. Oregon	0	0	0	0	0	0	0	0
39. Pennsylvania	0	0	0	0	0	0	0	0
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	0	0	0	0	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	0	0	0	0	0	0	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	9,634	5,218	0	0	3,181	0	0	3,181
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 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	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	0	0	0	0	0	0	0
18. Kentucky	0	0	0	0	0	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	0	0	0	0	0	0	0	0
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	0	0	0	0	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	0	0	0	0	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	0	0	0	0	0	0	0	0
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	0	0	0	0	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	10,494	0	0	(1,932)	0	0	0
51. Wyoming	0	0	0	0	0	0	0	0
52. American Samoa								
53. Guam								
54. Puerto Rico								
55. U.S. Virgin Islands								
56. Northern Mariana Islands								
57. Canada								
58. Aggregate other alien	0	0	0	0	0	0	0	0
59. Totals	0	10,494	0	0	(1,932)	0	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	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 SEPTEMBER 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	143,994	99,161	0	0	29,251	0	30,140
2. Alaska	AK	0	0	0	0	0	0	0
3. Arizona	AZ	6,495	2,631	0	0	755	0	755
4. Arkansas	AR	8,200	15,642	0	0	4,538	0	6,053
5. California	CA	0	0	0	0	0	0	0
6. Colorado	CO	15,574	9,797	0	0	2,763	0	3,683
7. Connecticut	CT	3,871	3,065	0	0	938	0	938
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	147,663	134,321	0	0	38,456	0	55,429
11. Georgia	GA	30,546	11,442	0	0	3,305	0	4,023
12. Hawaii	HI	0	0	0	0	0	0	0
13. Idaho	ID	0	0	0	0	0	0	0
14. Illinois	IL	89,000	40,015	0	0	292,766	280,516	12,313
15. Indiana	IN	13,894	5,505	0	0	1,232	0	1,278
16. Iowa	IA	14,942	10,148	0	0	2,692	0	4,754
17. Kansas	KS	9,805	8,074	0	0	7,378	0	9,418
18. Kentucky	KY	38,205	14,073	0	0	3,922	0	5,153
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	102,260	51,600	0	0	44,367	30,000	20,582
24. Minnesota	MN	28,657	17,952	0	0	4,956	0	7,525
25. Mississippi	MS	0	0	0	0	0	0	0
26. Missouri	MO	18,300	10,343	0	0	2,374	0	6,409
27. Montana	MT	46,078	21,032	0	0	5,917	20,000	9,301
28. Nebraska	NE	112	380	0	0	(110)	0	814
29. Nevada	NV	0	0	0	0	0	0	0
30. New Hampshire	NH	204	699	0	0	121	0	384
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	14,371	6,968	0	0	1,916	0	2,941
35. North Dakota	ND	0	0	0	0	0	0	0
36. Ohio	OH	142,124	102,507	175	1	9,863	0	46,928
37. Oklahoma	OK	0	0	0	0	0	0	0
38. Oregon	OR	0	0	0	0	(155)	0	710
39. Pennsylvania	PA	62,029	51,873	0	0	46,822	25,000	44,104
40. Rhode Island	RI	0	0	0	0	0	0	0
41. South Carolina	SC	3,918	1,237	0	0	379	0	379
42. South Dakota	SD	0	0	0	0	0	0	0
43. Tennessee	TN	14,603	19,871	0	0	10,345	5,000	9,321
44. Texas	TX	27,953	33,213	0	0	8,782	0	15,984
45. Utah	UT	23,449	17,413	0	0	4,299	0	10,215
46. Vermont	VT	0	0	0	0	0	0	0
47. Virginia	VA	22,344	11,942	0	0	17,132	0	18,154
48. Washington	WA	0	0	0	0	0	0	0
49. West Virginia	WV	15,500	8,287	0	0	2,451	0	3,010
50. Wisconsin	WI	61,702	34,415	0	0	18,590	0	22,831
51. Wyoming	WY	1,950	1,462	0	0	350	0	920
52. American Samoa	AS	0	0	0	0	0	0	0
53. Guam	GU	0	0	0	0	0	0	0
54. Puerto Rico	PR	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	0	0	0	0	0	0	0
57. Canada	CAN	0	0	0	0	0	0	0
58. Aggregate other alien	OT	0	0	0	0	0	0	0
59. Totals		1,107,743	745,068	175	1	566,415	360,516	354,449
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 SEPTEMBER 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	7,708	2,248	0	0	1,613	0	0	1,613
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	5,583	0	0	(4,197)	0	0	0
18. Kentucky	KY	0	0	0	0	163	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	11,875	8,411	0	0	2,390	0	0	2,390
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	3,692	2,642	0	0	627	0	0	1,598
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	100,145	79,190	0	0	16,960	0	0	33,067
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	24,886	48,622	0	0	2,749	0	0	17,695
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	27,978	0	0	(6,013)	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	145,947	123,378	0	0	29,679	5,000	1	54,004
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		294,253	298,052	0	0	43,971	5,000	1	110,367
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998. Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 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
\$ 48,549	\$ 42,343	\$ 189,599

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: \$51,304

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. \$39,735