



QUARTERLY STATEMENT

AS OF MARCH 31, 2015
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 Andrew Schnell 513-870-2000
(Name) (Area Code) (Telephone Number) (Extension)
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(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>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>WILLIAM HAROLD VAN DEN HEUVEL #</u>	<u>LARRY RUSSEL WEBB</u>		

State ofOhio.....

County ofButler.....ss

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

STEVEN J JOHNSTON
CHIEF EXECUTIVE OFFICER, PRESIDENT

MICHAEL J SEWELL
CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT

THERESA A HOFFER
VICE PRESIDENT, TREASURER

Subscribed and sworn to before me this
5th day of May, 2015

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

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

STATEMENT AS OF MARCH 31, 2015 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	66,186,743		66,186,743	61,563,498
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	21,720,788		21,720,788	21,897,476
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$1,838,824), cash equivalents (\$0) and short-term investments (\$0)	1,838,824		1,838,824	5,610,715
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives	0		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)	89,746,355	0	89,746,355	89,071,689
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	712,938		712,938	877,712
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	13,932,401		13,932,401	14,569,151
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts	7,469,236		7,469,236	3,195,790
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	15,180,915		15,180,915	15,306,194
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other-than-invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	127,041,845	0	127,041,845	123,020,536
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	127,041,845	0	127,041,845	123,020,536
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501.			0	0
2502.			0	0
2503.			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0

STATEMENT AS OF MARCH 31, 2015 OF THE CINCINNATI INDEMNITY COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$)		.0
2. Reinsurance payable on paid losses and loss adjustment expenses	5,261	.0
3. Loss adjustment expenses		.0
4. Commissions payable, contingent commissions and other similar charges		.0
5. Other expenses (excluding taxes, licenses and fees)	1,117	2,545
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		.0
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))	131,667	73,160
7.2 Net deferred tax liability	3,159,474	3,218,848
8. Borrowed money \$ and interest thereon \$ .....		.0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act)		.0
10. Advance premium		.0
11. Dividends declared and unpaid:		
11.1 Stockholders		.0
11.2 Policyholders		.0
12. Ceded reinsurance premiums payable (net of ceding commissions)	36,334,176	32,797,632
13. Funds held by company under reinsurance treaties		.0
14. Amounts withheld or retained by company for account of others	1,290,366	1,349,096
15. Remittances and items not allocated		.0
16. Provision for reinsurance (including \$ certified)		.0
17. Net adjustments in assets and liabilities due to foreign exchange rates		.0
18. Drafts outstanding		.0
19. Payable to parent, subsidiaries and affiliates		.0
20. Derivatives	.0	.0
21. Payable for securities		.0
22. Payable for securities lending		.0
23. Liability for amounts held under uninsured plans		.0
24. Capital notes \$ and interest thereon \$ .....		.0
25. Aggregate write-ins for liabilities	.0	.0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	40,922,061	37,441,282
27. Protected cell liabilities		.0
28. Total liabilities (Lines 26 and 27)	40,922,061	37,441,282
29. Aggregate write-ins for special surplus funds	.0	.0
30. Common capital stock	3,600,000	3,600,000
31. Preferred capital stock		.0
32. Aggregate write-ins for other than special surplus funds	.0	.0
33. Surplus notes		.0
34. Gross paid in and contributed surplus	21,600,000	21,600,000
35. Unassigned funds (surplus)	60,919,784	60,379,254
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$)		.0
36.2 shares preferred (value included in Line 31 \$)		.0
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	86,119,784	85,579,254
38. Totals (Page 2, Line 28, Col. 3)	127,041,845	123,020,536
DETAILS OF WRITE-INS		
2501. ....		.0
2502. ....		.0
2503. ....		.0
2598. Summary of remaining write-ins for Line 25 from overflow page	.0	.0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	.0	.0
2901. ....		.0
2902. ....		.0
2903. ....		.0
2998. Summary of remaining write-ins for Line 29 from overflow page	.0	.0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	.0	.0
3201. ....		.0
3202. ....		.0
3203. ....		.0
3298. Summary of remaining write-ins for Line 32 from overflow page	.0	.0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	.0	.0

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 130,463,040)	101,842,800	86,735,286	375,994,005
1.2 Assumed (written \$ 2)	2	2	6
1.3 Ceded (written \$ 130,463,042)	101,842,802	86,735,288	375,994,011
1.4 Net (written \$ 0)	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$)::			
2.1 Direct	48,913,304	41,856,151	191,135,486
2.2 Assumed	(4,006)	3,702	(6,741)
2.3 Ceded	48,909,298	41,859,853	191,128,745
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	789,353	810,074	3,355,032
10. Net realized capital gains (losses) less capital gains tax of \$	0	132,690	386,215
11. Net investment gain (loss) (Lines 9 + 10)	789,353	942,764	3,741,247
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)	789,353	942,764	3,741,247
17. Dividends to policyholders	0	0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	789,353	942,764	3,741,247
19. Federal and foreign income taxes incurred	131,508	157,288	616,693
20. Net income (Line 18 minus Line 19)(to Line 22)	657,845	785,476	3,124,554
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	85,579,254	82,004,779	82,004,779
22. Net income (from Line 20)	657,845	785,476	3,124,554
23. Net transfers (to) from Protected Cell accounts	0	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$	(114,847)	(160,533)	467,978
25. Change in net unrealized foreign exchange capital gain (loss)	0	0	0
26. Change in net deferred income tax	(2,468)	540	(18,057)
27. Change in nonadmitted assets	0	0	0
28. Change in provision for reinsurance	0	0	0
29. Change in surplus notes	0	0	0
30. Surplus (contributed to) withdrawn from protected cells	0	0	0
31. Cumulative effect of changes in accounting principles	0	0	0
32. Capital changes:			
32.1 Paid in	0	0	0
32.2 Transferred from surplus (Stock Dividend)	0	0	0
32.3 Transferred to surplus	0	0	0
33. Surplus adjustments:			
33.1 Paid in	0	0	0
33.2 Transferred to capital (Stock Dividend)	0	0	0
33.3 Transferred from capital	0	0	0
34. Net remittances from or (to) Home Office	0	0	0
35. Dividends to stockholders	0	0	0
36. Change in treasury stock	0	0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	540,530	625,483	3,574,475
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	86,119,784	82,630,262	85,579,254
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 MARCH 31, 2015 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.....	3,536,543	6,865,781	8,126,717
2. Net investment income	981,332	932,250	3,388,616
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	4,517,875	7,798,031	11,515,333
5. Benefit and loss related payments	3,631,435	1,913,215	2,889,752
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 \$51,867 tax on capital gains (losses).....	73,000	11,500	762,365
10. Total (Lines 5 through 9)	3,704,435	1,924,715	3,652,117
11. Net cash from operations (Line 4 minus Line 10)	813,440	5,873,316	7,863,216
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	2,157,457	39,568	7,965,562
12.2 Stocks	0	711,231	1,486,812
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)	2,157,457	750,799	9,452,373
13. Cost of investments acquired (long-term only):			
13.1 Bonds	6,809,337	1,663,408	9,301,371
13.2 Stocks	0	253,546	496,657
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	457,686	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	6,809,337	2,374,640	9,798,028
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)	(4,651,881)	(1,623,841)	(345,654)
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).....	66,549	(3,721,677)	(3,578,292)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	66,549	(3,721,677)	(3,578,292)
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)	(3,771,892)	527,798	3,939,270
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	5,610,715	1,671,445	1,671,445
19.2 End of period (Line 18 plus Line 19.1)	1,838,824	2,199,244	5,610,715

STATEMENT AS OF MARCH 31, 2015 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>2015</u>	<u>2014</u>
NET INCOME			
(1) Company state basis (Page 4, Line 20, Columns 1 & 3)	Ohio	\$657,845	\$3,124,554
(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	\$657,845	\$3,124,554
SURPLUS			
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	Ohio	\$86,119,784	\$85,579,254
(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	\$86,119,784	\$85,579,254

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								9	10
	1	2	3	4	5	6	7	8		
Total General Account (G/A)	G/A Supporting S/A Activity (a)	Total Separate Account (S/A) Restricted Assets	S/A Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total from Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets	
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 - excluding FHLB capital stock	-	-	-	-	-	-	-	-	0.000%	0.000%
i. FHLB capital stock	-	-	-	-	-	-	-	-	0.000%	0.000%
j. On deposit with states	10,842,545	-	-	-	10,842,545	10,536,758	305,787	10,842,545	8.535%	8.535%
k. On deposit with other regulatory bodies	-	-	-	-	-	-	-	-	0.000%	0.000%
l. Pledged collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-	-	-	0.000%	0.000%
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-	-	0.000%	0.000%
n. Other restricted assets	-	-	-	-	-	-	-	-	0.000%	0.000%
o. Total Restricted Assets	\$ 10,842,545	\$ -	\$ -	\$ -	\$ 10,842,545	\$ 10,536,758	\$ 305,787	\$ 10,842,545	8.535%	8.535%
(a) Subset of column 1										
(b) Subset of column 3										

(a) Subset of column 1
(b) Subset of column 3

STATEMENT AS OF MARCH 31, 2015 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):

	2015		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ -	\$ 143,380	\$ 143,380
(b) Statutory Valuation Allowance	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	-	143,380	143,380
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	-	143,380	143,380
(f) Deferred Tax Liabilities	\$ 7,857	\$ 3,294,998	\$ 3,302,855
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (7,857)	\$ (3,151,618)	\$ (3,159,475)
	2014		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ -	\$ 145,515	\$ 145,515
(b) Statutory Valuation Allowance	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	-	145,515	145,515
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	-	145,515	145,515
(f) Deferred Tax Liabilities	\$ 7,524	\$ 3,356,839	\$ 3,364,363
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (7,524)	\$ (3,211,324)	\$ (3,218,848)
	Change		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ -	\$ (2,135)	\$ (2,135)
(b) Statutory Valuation Allowance	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	-	(2,135)	(2,135)
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	-	(2,135)	(2,135)
(f) Deferred Tax Liabilities	\$ 333	\$ (61,841)	\$ (61,508)
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (333)	\$ 59,706	\$ 59,373

	2015		
	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	12,917,968	12,917,968	12,917,968
(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	-	143,380	143,380
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	-	143,380	143,380
	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	12,836,888	12,836,888	12,836,888
(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	-	145,515	145,515
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	-	145,515	145,515
	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	81,080	81,080	81,080
(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	-	(2,135)	(2,135)
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	-	(2,135)	(2,135)

3.

	2015 Percentage	2014 Percentage
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	2744%	2744%
(b) Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b) 2 above	\$ 85,579,254	\$ 85,579,254

STATEMENT AS OF MARCH 31, 2015 FOR THE CINCINNATI INDEMNITY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

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

	March 31,		December 31,		
	2015	2014	2014	2013	Change
Total deferred tax assets	\$ 143,380	\$ 145,515	\$ 145,515	\$ 163,203	\$ (2,135)
Total deferred tax liabilities	3,302,855	3,364,363	3,364,363	3,112,006	(61,508)
Net deferred tax asset/(liability)	\$ (3,159,475)	\$ (3,218,848)	\$ (3,218,848)	\$ (270,045)	\$ 59,373
Tax effect of unrealized (gains)/losses					(61,841)
Change in net deferred income tax (charge)/benefit					\$ (2,468)

	December 31,		December 31,		
	2014	2013	2014	2013	Change
Total deferred tax assets	\$ 145,515	\$ 163,203	\$ 145,515	\$ 163,203	\$ (17,688)
Total deferred tax liabilities	3,364,363	3,112,006	3,364,363	3,112,006	252,357
Net deferred tax asset/(liability)	\$ (3,218,848)	\$ (2,948,803)	\$ (3,218,848)	\$ (2,948,803)	\$ (270,045)
Tax effect of unrealized (gains)/losses					251,988
Change in net deferred income tax (charge)/benefit					\$ (18,057)

D. Reconciliation of Federal income Tax Rate to Actual Effective Rate

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

Description	As of March 31, 2015		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 789,352	\$ 276,273	35.00%
Net tax exempt interest	(315,943)	(110,580)	-14.01%
Net dividends received deduction	(89,223)	(31,228)	-3.96%
Other items permanent, net	-	-	0.00%
DRD on accrued	(1,399)	(489)	-0.06%
Total	\$ 382,787	\$ 133,976	16.97%
Federal income taxes incurred expense/(benefit)	\$ 375,737	\$ 131,508	16.66%
Tax on capital gains/(losses)	-	-	0.00%
Change in net deferred income tax charge/(benefit)	7,050	2,468	0.31%
Total statutory income taxes incurred	\$ 382,787	\$ 133,976	16.97%

Description	As of December 31, 2014		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 3,948,714	\$ 1,382,050	35.00%
Net tax exempt interest	(1,195,423)	(418,398)	-10.60%
Net dividends received deduction	(345,422)	(120,898)	-3.06%
Other items permanent, net	12	4	0.00%
DRD on accrued	(1,547)	(541)	-0.01%
Total	\$ 2,406,334	\$ 842,217	21.33%
Federal income taxes incurred expense/(benefit)	\$ 1,761,981	\$ 616,693	15.62%
Tax on capital gains/(losses)	592,762	207,467	5.25%
Change in net deferred income tax charge/(benefit)	51,591	18,057	0.46%
Total statutory income taxes incurred	\$ 2,406,334	\$ 842,217	21.33%

E. Operating Loss and Tax Credit Carryforwards

(1) At March 31, 2015, the Company had net operating loss and tax credit carryforwards of: \$ -

(2) At March 31, 2015, 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
2015	\$ 131,508	\$ -	\$ 131,508
2014	616,693	207,467	824,160
2013	-	-	-
Total	\$ 748,201	\$ 207,467	\$ 955,668

(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. The statute of limitations for federal tax purposes have closed for tax years 2008 and earlier. The statute of limitations for state income tax purposes has closed for tax years 2009 and earlier. 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

STATEMENT AS OF MARCH 31, 2015 FOR THE CINCINNATI INDEMNITY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

- A. Not applicable
- B. Not applicable
- 2.
 - a. Not applicable
 - b. Not applicable
 - c. Not applicable

C. Not applicable

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	69,402,763	66,186,743	995,164	68,407,599		
Common Stock	21,720,788	21,720,788	21,720,788			
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 [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.12/31/2014
- 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

GENERAL INTERROGATORIES

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

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

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

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

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

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

FINANCIAL

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$15,180,915

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

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

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 Reinsurers - 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
NONE						

STATEMENT AS OF MARCH 31, 2015 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

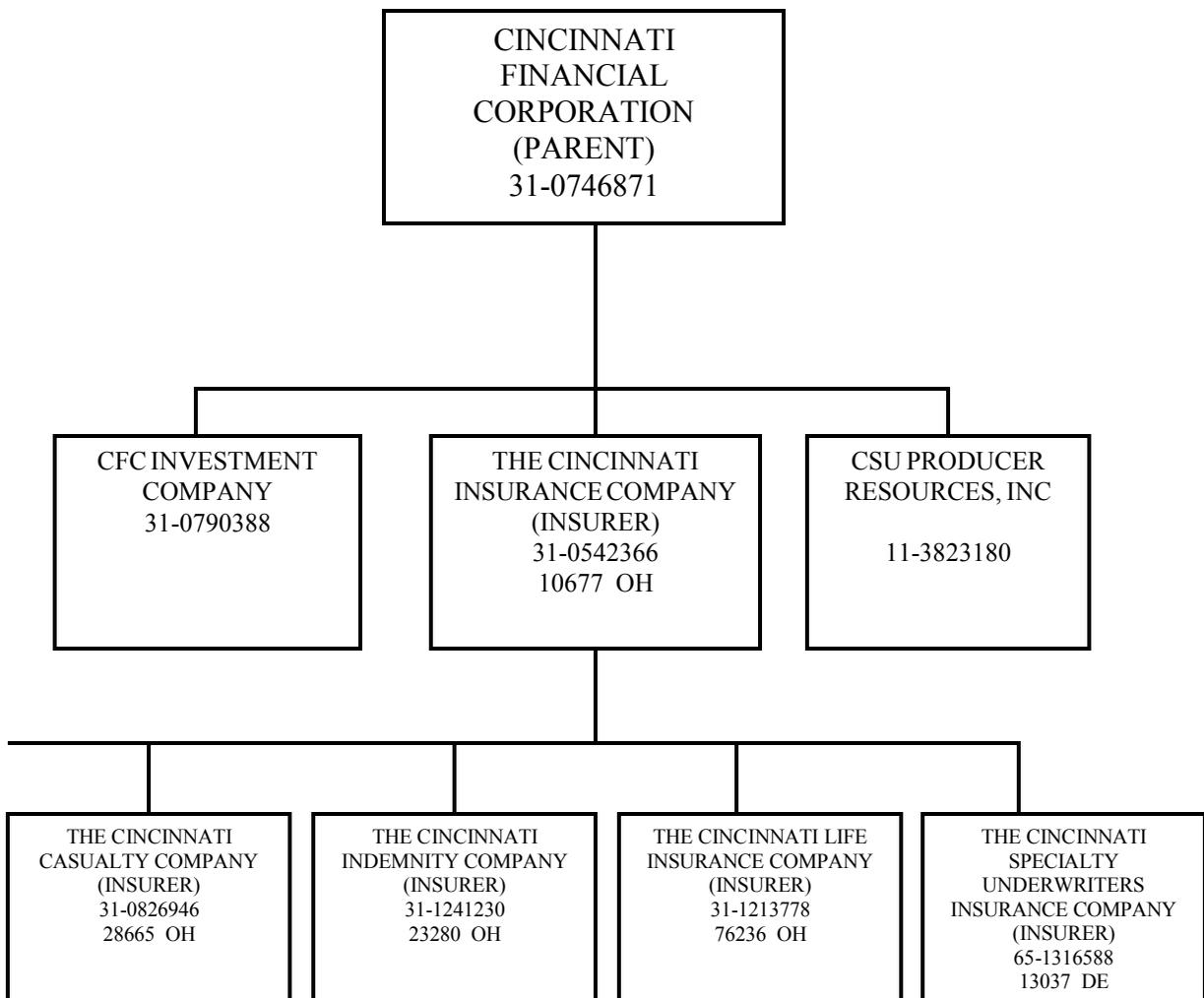
Current Year to Date - Allocated by States and Territories

	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	2,354,672	1,797,585	440,376	368,109	3,234,311	2,584,308
2. Alaska	AK L	0	0	0	0	0	0
3. Arizona	AZ L	3,361,682	2,504,811	598,068	975,338	7,226,724	3,815,634
4. Arkansas	AR L	1,379,031	1,320,948	493,577	844,634	3,707,701	4,951,189
5. California	CA L	53,647	40,599	5,217	623	81,450	4,792
6. Colorado	CO L	4,530,298	4,884,842	2,082,289	1,291,760	11,062,203	5,912,451
7. Connecticut	CT L	55,316	50,793	22,665	508	331,375	235,033
8. Delaware	DE L	448,458	174,487	311,175	69,347	918,127	802,741
9. Dist. Columbia	DC L	18,646	(14,280)	0	0	68,365	18,573
10. Florida	FL L	6,057,498	4,503,286	684,170	209,115	6,186,006	2,906,024
11. Georgia	GA L	3,606,924	3,091,130	1,546,102	824,413	8,880,969	8,968,146
12. Hawaii	HI L	2,067	1,194	0	0	816	450
13. Idaho	ID L	1,243,425	1,159,093	245,886	222,759	3,744,892	1,142,212
14. Illinois	IL L	12,871,207	10,888,955	2,774,957	2,961,509	33,692,893	21,078,331
15. Indiana	IN L	7,405,720	7,379,194	1,849,844	1,680,708	18,820,032	13,294,530
16. Iowa	IA L	4,471,815	4,515,799	2,546,326	1,638,469	20,335,119	18,694,413
17. Kansas	KS L	2,105,904	1,978,819	937,892	597,117	7,655,750	7,003,413
18. Kentucky	KY L	2,758,517	2,436,218	604,570	634,468	6,601,978	6,824,982
19. Louisiana	LA L	102,823	13,393	0	0	21,383	6,853
20. Maine	ME L	5,306	3,149	0	0	1,916	453
21. Maryland	MD L	2,587,833	2,470,175	670,967	845,648	15,300,450	13,287,675
22. Massachusetts	MA L	0	0	0	0	0	0
23. Michigan	MI L	6,529,482	5,684,664	1,636,556	1,308,126	15,693,999	13,460,585
24. Minnesota	MN L	6,022,674	4,419,613	652,320	727,121	7,107,040	4,228,007
25. Mississippi	MS L	43,298	36,681	235	44	45,533	28,490
26. Missouri	MO L	3,022,451	2,872,016	598,866	1,294,527	15,432,410	14,652,058
27. Montana	MT L	1,404,096	1,000,198	147,445	162,742	1,028,710	1,568,302
28. Nebraska	NE L	2,411,269	2,047,396	825,919	518,103	7,420,068	7,214,861
29. Nevada	NV L	73,294	54,213	0	158	62,542	28,142
30. New Hampshire	NH L	992,255	782,833	212,045	204,219	881,837	1,029,725
31. New Jersey	NJ L	6,364	10,017	686	9,356	15,386	37,589
32. New Mexico	NM L	1,175,167	454,956	41,555	61,576	2,840,901	798,670
33. New York	NY L	1,828,317	1,693,720	346,545	380,714	5,149,384	4,376,370
34. No. Carolina	NC L	4,864,073	4,070,609	2,082,875	690,285	12,576,893	14,455,083
35. No. Dakota	ND L	1,181,590	1,273,573	166,439	330,392	808,389	1,129,991
36. Ohio	OH L	9,010,195	7,675,972	3,410,183	1,864,039	9,954,421	8,365,816
37. Oklahoma	OK L	50,671	(14,489)	2,939	9,217	87,840	96,781
38. Oregon	OR L	456,776	324,706	269,932	32,839	1,060,363	670,231
39. Pennsylvania	PA L	10,810,384	9,847,908	2,780,414	2,555,753	29,684,483	27,254,035
40. Rhode Island	RI L	(24)	(3,070)	0	0	5,379	5,358
41. So. Carolina	SC L	1,401,782	1,184,239	313,336	72,187	3,546,767	2,681,610
42. So. Dakota	SD L	825,884	791,143	481,806	84,316	2,152,138	2,172,145
43. Tennessee	TN L	5,179,124	4,831,474	1,335,658	1,186,576	19,869,664	15,494,162
44. Texas	TX L	5,302,323	3,973,352	1,399,917	815,936	9,741,323	4,364,828
45. Utah	UT L	1,187,687	1,077,456	130,806	176,194	2,506,274	1,456,155
46. Vermont	VT L	990,636	1,174,635	453,826	622,365	4,632,255	2,447,649
47. Virginia	VA L	5,717,048	5,521,816	1,145,704	1,438,440	12,574,354	11,870,663
48. Washington	WA L	320,970	217,837	170,568	48,563	394,161	298,827
49. West Virginia	WV L	1,716,579	1,936,253	299,260	293,618	3,134,101	1,611,364
50. Wisconsin	WI L	2,195,115	2,139,830	890,067	666,771	5,734,259	5,374,293
51. Wyoming	WY L	322,771	280,561	9,053	186,542	601,610	969,256
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	130,463,040	114,560,302	35,619,035	28,905,244	322,614,946	259,673,251
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 MARCH 31, 2015 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	3,591,429	1,994,679	55.5	(2.1)
2. Allied lines	3,869,687	2,766,511	71.5	96.0
3. Farmowners multiple peril	0	0	0.0	0.0
4. Homeowners multiple peril	0	0	0.0	0.0
5. Commercial multiple peril	24,554,591	12,732,511	51.9	50.5
6. Mortgage guaranty	0	0	0.0	0.0
8. Ocean marine	0	0	0.0	0.0
9. Inland marine	1,703,840	517,767	30.4	11.0
10. Financial guaranty	0	0	0.0	0.0
11.1 Medical professional liability -occurrence	491,067	236,446	48.1	60.7
11.2 Medical professional liability -claims made	740	0	0.0	0.0
12. Earthquake	51,111	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	31,367,436	12,613,265	40.2	44.3
17.1 Other liability occurrence	8,194,727	3,628,009	44.3	38.7
17.2 Other liability-claims made	6,998,220	2,781,987	39.8	(1.0)
17.3 Excess Workers' Compensation	0	0	0.0	0.0
18.1 Products liability-occurrence	1,621,273	1,049,695	64.7	57.0
18.2 Products liability-claims made	0	0	0.0	0.0
19.1,19.2 Private passenger auto liability	9,077	(270)	(3.0)	23.3
19.3,19.4 Commercial auto liability	13,656,857	7,854,923	57.5	58.6
21. Auto physical damage	5,213,871	2,624,430	50.3	74.5
22. Aircraft (all perils)	0	0	0.0	0.0
23. Fidelity	0	0	0.0	0.0
24. Surety	0	0	0.0	0.0
26. Burglary and theft	182,560	97,462	53.4	41.4
27. Boiler and machinery	336,313	15,890	4.7	9.0
28. Credit	0	0	0.0	0.0
29. International	0	0	0.0	0.0
30. Warranty	0	0	0.0	0.0
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0.0	0.0
35. TOTALS	101,842,800	48,913,304	48.0	48.3
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	3,741,080	3,741,080	3,545,482
2. Allied lines	4,273,983	4,273,983	3,782,392
3. Farmowners multiple peril	0	0	0
4. Homeowners multiple peril	0	0	180
5. Commercial multiple peril	32,701,171	32,701,171	27,997,612
6. Mortgage guaranty	0	0	0
8. Ocean marine	0	0	0
9. Inland marine	1,959,306	1,959,306	1,683,522
10. Financial guaranty	0	0	0
11.1 Medical professional liability-occurrence	601,290	601,290	469,727
11.2 Medical professional liability-claims made	1,033	1,033	0
12. Earthquake	58,814	58,814	42,612
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	39,276,296	39,276,296	34,886,707
17.1 Other liability occurrence	10,420,631	10,420,631	16,230,147
17.2 Other liability-claims made	9,632,930	9,632,930	242,565
17.3 Excess Workers' Compensation	0	0	0
18.1 Products liability-occurrence	2,036,617	2,036,617	1,581,880
18.2 Products liability-claims made	0	0	0
19.1,19.2 Private passenger auto liability	7,268	7,268	3,407
19.3,19.4 Commercial auto liability	17,951,733	17,951,733	16,955,621
21. Auto physical damage	7,223,313	7,223,313	6,611,027
22. Aircraft (all perils)	0	0	0
23. Fidelity	0	0	750
24. Surety	0	0	0
26. Burglary and theft	215,649	215,649	207,026
27. Boiler and machinery	361,926	361,926	319,645
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	130,463,040	130,463,040	114,560,302
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 MARCH 31, 2015 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)	2015 Loss and LAE Payments on Claims Reported as of Prior Year-End	2015 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2015 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. 2012 + Prior .....			.0			.0				.0	.0	.0	.0
2. 2013 .....			.0			.0				.0	.0	.0	.0
3. Subtotals 2013 + prior .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2014 .....			.0			.0				.0	.0	.0	.0
5. Subtotals 2014 + prior .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2015	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	85,579										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	83,460,974	81,895,986
2. Cost of bonds and stocks acquired	6,809,337	9,798,028
3. Accrual of discount	7,817	56,954
4. Unrealized valuation increase (decrease)	(176,688)	719,966
5. Total gain (loss) on disposals .....	.0	593,682
6. Deduct consideration for bonds and stocks disposed of	2,157,457	9,452,373
7. Deduct amortization of premium	36,452	151,268
8. Total foreign exchange change in book/adjusted carrying value .....	.0	.0
9. Deduct current year's other-than-temporary impairment recognized .....	.0	.0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	87,907,531	83,460,975
11. Deduct total nonadmitted amounts .....	.0	.0
12. Statement value at end of current period (Line 10 minus Line 11)	87,907,531	83,460,975

STATEMENT AS OF MARCH 31, 2015 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).....	48,832,694	1,828,757	2,121,825	183,115	48,722,741	0	0	48,832,694
2. NAIC 2 (a).....	12,525,982	4,980,580	35,631	(6,928)	17,464,003	0	0	12,525,982
3. NAIC 3 (a).....	0				0	0	0	0
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	204,822			(204,822)	0	0	0	204,822
7. Total Bonds	61,563,498	6,809,337	2,157,457	(28,635)	66,186,743	0	0	61,563,498
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	61,563,498	6,809,337	2,157,457	(28,635)	66,186,743	0	0	61,563,498

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

S102

Schedule DA - Part 1

NONE

Schedule DA - Verification

NONE

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

STATEMENT AS OF MARCH 31, 2015 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									
01179R-GK-3	AK STATE BOND BANK		02/20/2015	RBC CAPITAL MARKETS		1,828,757	1,740,000		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					1,828,757	1,740,000	0	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
042735-BE-9	ARROW ELECTRONICS INC		02/23/2015	MERRILL LYNCH		990,310	1,000,000		2FE
189754-AA-2	COACH INC		02/23/2015	JP MORGAN		994,450	1,000,000		2FE
26884U-AB-5	EPR PROPERTIES		03/09/2015	CITIGROUP GLOBAL MARKETS		996,380	1,000,000		2FE
939648-AA-9	WASHINGTON PG LP		03/17/2015	JP MORGAN		1,999,440	2,000,000		2FE
3899999	Bonds - Industrial and Miscellaneous (Unaffiliated)					4,980,580	5,000,000	0	XXX
8399997	Subtotals - Bonds - Part 3					6,809,337	6,740,000	0	XXX
8399999	Subtotals - Bonds					6,809,337	6,740,000	0	XXX
9999999 Totals						6,809,337	XXX	0	XXX

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

STATEMENT AS OF MARCH 31, 2015 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 Identification	2 Description	3 Foreign	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 Designation or Market Indicator (a)
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than 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 - U.S. Political Subdivisions of States, Territories and Possessions																					
597767-AN-2	TX MIDLAND COLLEGE DIST GO.		02/15/2015	SECURITY CALLED BY ISSUER at 100.000		2,030,000	2,030,000	2,030,000	2,030,000					.0	2,030,000			.0	42,123	02/15/2018	1FE
2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						2,030,000	2,030,000	2,030,000	2,030,000	0	0	0	0	0	2,030,000	0	0	0	42,123	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
023654-AW-6	AMERICA WEST AIRLINES		01/05/2015	SINKING FUND REDEMPTION		35,631	35,631	35,631	35,631					.0	35,631			.0	1,413	01/02/2019	2FE
59832W-AF-6	MIDWEST GENERATION LLC PASS THRU CERTS		01/02/2015	SINKING FUND REDEMPTION		91,825	91,825	86,316	91,798		28		28		91,825			.0	4,106	01/02/2016	1FE
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						127,457	127,457	121,947	127,429	0	28	0	28	0	127,457	0	0	0	5,519	XXX	XXX
8399997 - Subtotals - Bonds - Part 4						2,157,457	2,157,457	2,151,947	2,157,429	0	28	0	28	0	2,157,457	0	0	0	47,641	XXX	XXX
8399999 - Subtotals - Bonds						2,157,457	2,157,457	2,151,947	2,157,429	0	28	0	28	0	2,157,457	0	0	0	47,641	XXX	XXX
9999999 Totals						2,157,457	XXX	2,151,947	2,157,429	0	28	0	28	0	2,157,457	0	0	0	47,641	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 MARCH 31, 2015 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

E13



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2015 OF THE CINCINNATI INDEMNITY COMPANY

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

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

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama AL	0	0	0	0	0	0	0	0
2. Alaska AK	0	0	0	0	0	0	0	0
3. Arizona AZ	0	0	0	0	0	0	0	0
4. Arkansas AR	0	0	0	0	0	0	0	0
5. California CA	0	0	0	0	0	0	0	0
6. Colorado CO	0	0	0	0	0	0	0	0
7. Connecticut CT	0	0	0	0	0	0	0	0
8. Delaware DE	0	0	0	0	0	0	0	0
9. District of Columbia DC	0	0	0	0	0	0	0	0
10. Florida FL	0	0	0	0	0	0	0	0
11. Georgia GA	0	0	0	0	0	0	0	0
12. Hawaii HI	0	0	0	0	0	0	0	0
13. Idaho ID	0	0	0	0	0	0	0	0
14. Illinois IL	0	0	0	0	0	0	0	0
15. Indiana IN	0	0	0	0	0	0	0	0
16. Iowa IA	0	180	0	0	(249)	0	0	0
17. Kansas KS	0	0	0	0	0	0	0	0
18. Kentucky KY	0	0	0	0	0	0	0	0
19. Louisiana LA	0	0	0	0	0	0	0	0
20. Maine ME	0	0	0	0	0	0	0	0
21. Maryland MD	0	0	0	0	0	0	0	0
22. Massachusetts MA	0	0	0	0	0	0	0	0
23. Michigan MI	0	0	0	0	0	0	0	0
24. Minnesota MN	0	0	0	0	0	0	0	0
25. Mississippi MS	0	0	0	0	0	0	0	0
26. Missouri MO	0	0	0	0	0	0	0	0
27. Montana MT	0	0	0	0	0	0	0	0
28. Nebraska NE	0	0	0	0	0	0	0	0
29. Nevada NV	0	0	0	0	0	0	0	0
30. New Hampshire NH	0	0	0	0	0	0	0	0
31. New Jersey NJ	0	0	0	0	0	0	0	0
32. New Mexico NM	0	0	0	0	0	0	0	0
33. New York NY	0	0	0	0	0	0	0	0
34. North Carolina NC	0	0	0	0	0	0	0	0
35. North Dakota ND	0	0	0	0	0	0	0	0
36. Ohio OH	9,651	2,409	0	0	9,586	0	0	13,290
37. Oklahoma OK	0	0	0	0	0	0	0	0
38. Oregon OR	0	0	0	0	0	0	0	0
39. Pennsylvania PA	0	0	0	0	0	0	0	0
40. Rhode Island RI	0	0	0	0	0	0	0	0
41. South Carolina SC	0	0	0	0	0	0	0	0
42. South Dakota SD	0	0	0	0	0	0	0	0
43. Tennessee TN	0	0	0	0	0	0	0	0
44. Texas TX	0	0	0	0	0	0	0	0
45. Utah UT	0	0	0	0	0	0	0	0
46. Vermont VT	0	0	0	0	0	0	0	0
47. Virginia VA	0	0	0	0	0	0	0	0
48. Washington WA	0	0	0	0	0	0	0	0
49. West Virginia WV	0	0	0	0	0	0	0	0
50. Wisconsin WI	0	0	0	0	0	0	0	0
51. Wyoming WY	0	0	0	0	0	0	0	0
52. American Samoa AS								
53. Guam GU								
54. Puerto Rico PR								
55. U.S. Virgin Islands VI								
56. Northern Mariana Islands MP								
57. Canada CAN								
58. Aggregate other alien OT	0	0	0	0	0	0	0	0
59. Totals	9,651	2,589	0	0	9,337	0	0	13,290
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 MARCH 31, 2015 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	1,013	380	0	0	7,268	0	0	7,268
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	1,013	380	0	0	7,268	0	0	7,268
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 MARCH 31, 2015 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	134,619	28,819	0	0	13,564	0	57,809
2. Alaska	AK	0	0	0	0	0	0	0
3. Arizona	AZ	6,921	2,179	0	0	658	0	2,038
4. Arkansas	AR	(88)	4,530	0	0	1,184	0	9,032
5. California	CA	0	0	0	0	0	0	0
6. Colorado	CO	10,917	4,280	0	0	1,206	0	6,508
7. Connecticut	CT	(705)	1,370	0	0	352	0	2,347
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	58,528	71,075	0	0	21,183	25,000	104,245
11. Georgia	GA	8,744	11,132	0	0	3,491	0	11,104
12. Hawaii	HI	0	0	0	0	0	0	0
13. Idaho	ID	0	754	0	0	220	0	587
14. Illinois	IL	24,426	31,624	0	0	9,875	0	32,319
15. Indiana	IN	8,982	5,113	0	0	1,424	0	4,409
16. Iowa	IA	14,346	5,795	0	0	2,024	0	8,261
17. Kansas	KS	10,900	3,015	0	0	695	0	11,406
18. Kentucky	KY	1,611	11,637	0	0	3,677	5,000	12,523
19. Louisiana	LA	0	0	0	0	0	0	0
20. Maine	ME	0	0	0	0	0	0	0
21. Maryland	MD	2,501	104	0	0	37	0	37
22. Massachusetts	MA	0	0	0	0	0	0	0
23. Michigan	MI	36,544	32,816	0	0	2,116	27,533	34,634
24. Minnesota	MN	14,237	10,419	0	0	3,064	0	17,049
25. Mississippi	MS	0	0	0	0	0	0	0
26. Missouri	MO	12,669	6,751	0	0	2,085	0	10,804
27. Montana	MT	19,126	11,847	0	0	3,530	20,000	17,070
28. Nebraska	NE	1,298	605	0	0	192	0	1,190
29. Nevada	NV	0	0	0	0	0	0	0
30. New Hampshire	NH	4,273	1,920	0	0	580	0	1,087
31. New Jersey	NJ	0	0	0	0	0	0	0
32. New Mexico	NM	0	498	0	0	120	0	215
33. New York	NY	0	0	0	0	2,249	0	2,249
34. North Carolina	NC	4,595	5,173	0	0	(3,427)	0	6,085
35. North Dakota	ND	0	0	0	0	0	0	0
36. Ohio	OH	72,456	52,173	0	0	39,220	10,000	99,776
37. Oklahoma	OK	0	0	0	0	0	0	0
38. Oregon	OR	0	0	0	0	8	0	770
39. Pennsylvania	PA	31,838	23,750	0	0	12,453	25,000	55,309
40. Rhode Island	RI	0	0	0	0	0	0	0
41. South Carolina	SC	366	452	0	0	98	0	706
42. South Dakota	SD	0	0	0	0	0	0	0
43. Tennessee	TN	3,736	9,306	0	0	2,882	5,215	15,541
44. Texas	TX	0	9,167	0	0	2,526	0	19,412
45. Utah	UT	17,965	6,257	0	0	1,824	0	14,605
46. Vermont	VT	(2)	1,895	0	0	648	0	1,160
47. Virginia	VA	10,933	8,209	0	0	18,750	0	30,388
48. Washington	WA	0	0	0	0	0	0	0
49. West Virginia	WV	12,881	3,875	0	0	1,149	0	5,571
50. Wisconsin	WI	15,304	21,686	0	0	72,602	0	109,797
51. Wyoming	WY	0	487	1,650	0	140	23,350	1,269
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		539,921	388,713	1,650	0	222,399	141,098	707,312
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 MARCH 31, 2015 OF THE CINCINNATI INDEMNITY COMPANY

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

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

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama	0	1,486	0	0	(2,265)	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	12,499	3,099	0	0	8,869	0	0	11,846
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	923	0	0	(1,984)	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	16,340	27,445	0	0	(14,840)	0	0	22,501
37. Oklahoma	0	0	0	0	0	0	0	0
38. Oregon	0	0	0	0	0	0	0	0
39. Pennsylvania	22,899	20,850	0	0	164	0	0	39,780
40. Rhode Island	0	0	0	0	0	0	0	0
41. South Carolina	0	0	0	0	0	0	0	0
42. South Dakota	0	0	0	0	0	0	0	0
43. Tennessee	0	0	0	0	0	0	0	0
44. Texas	0	0	0	0	0	0	0	0
45. Utah	0	0	0	0	0	0	0	0
46. Vermont	0	0	0	0	0	0	0	0
47. Virginia	0	9,555	0	0	(13,458)	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	36,802	0	0	20,954	89,293	3	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	51,738	100,160	0	0	(2,560)	89,293	3	74,127
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 MARCH 31, 2015 OF THE CINCINNATI INDEMNITY COMPANY

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended 2015

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
\$ 21,915	\$ 17,530	\$ 27,412

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: \$20,102

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. \$27,211