



# QUARTERLY STATEMENT

AS OF MARCH 31, 2015  
OF THE CONDITION AND AFFAIRS OF THE

## CINCINNATI CASUALTY COMPANY

NAIC Group Code 0244 , 0244 NAIC Company Code 28665 Employer's ID Number 31-0826946  
(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 12/27/1972 Commenced Business 03/31/1973

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 513-870-2000-4938  
(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 Eric Lievestro 513-870-2000  
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### OFFICERS

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

### OTHER OFFICERS

<u>TERESA CURRIN CRACAS</u>	<u>SENIOR VICE PRESIDENT</u>	<u>DONALD JOSEPH DOYLE JR</u>	<u>SENIOR VICE PRESIDENT</u>
<u>MARTIN FRANCIS HOLLENBECK</u>	<u>SENIOR VICE PRESIDENT</u>	<u>JOHN SCOTT KELLINGTON</u>	<u>SENIOR VICE PRESIDENT</u>
<u>LISA ANNE LOVE</u>	<u>SENIOR VICE PRESIDENT, CORPORATE SECRETARY</u>	<u>ERIC NEIL MATHEWS</u>	<u>SENIOR VICE PRESIDENT</u>
<u>MARTIN JOSEPH MULLEN</u>	<u>SENIOR VICE PRESIDENT</u>	<u>JACOB FERDINAND SCHERER</u>	<u>EXECUTIVE VICE PRESIDENT</u>
<u>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 FREDRICK 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 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  
5th day of May, 2015

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 CASUALTY 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 .....	252,839,530		252,839,530	248,257,311
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	90,256,647		90,256,647	90,539,502
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 (\$ .....6,122,985 ), cash equivalents (\$ .....0 ) and short-term investments (\$ .....0 ) .....	6,122,985		6,122,985	5,485,557
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) .....	349,219,162	0	349,219,162	344,282,370
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	3,037,139		3,037,139	3,022,512
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....			0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	12,300,788		12,300,788	14,990,882
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....	3,040,548		3,040,548	2,489,705
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 .....	7,085,486		7,085,486	6,983,309
24. Health care (\$ ..... ) and other amounts receivable .....			0	0
25. Aggregate write-ins for other-than-invested assets .....	1	0	1	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	374,683,123	0	374,683,123	371,768,778
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	374,683,123	0	374,683,123	371,768,778
<b>DETAILS OF WRITE-INS</b>				
1101. ....			0	0
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. Misc Receivables .....	1		1	0
2502. ....			0	0
2503. ....				
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) .....	1	0	1	0

STATEMENT AS OF MARCH 31, 2015 OF THE CINCINNATI CASUALTY 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	122,396	.0
3. Loss adjustment expenses		.0
4. Commissions payable, contingent commissions and other similar charges		.0
5. Other expenses (excluding taxes, licenses and fees)	(31)	1,987
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		.0
7.1 Current federal and foreign income taxes (including \$ .....5,950 on realized capital gains (losses))	617,178	219,439
7.2 Net deferred tax liability	15,592,846	15,651,468
8. Borrowed money \$ ..... and interest thereon \$ .....		.0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ .....143,547,421 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)	22,052,252	24,125,804
13. Funds held by company under reinsurance treaties		.0
14. Amounts withheld or retained by company for account of others	1,431,577	1,548,637
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	2,130,451	.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	.850
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	41,946,669	41,548,185
27. Protected cell liabilities		.0
28. Total liabilities (Lines 26 and 27)	41,946,669	41,548,185
29. Aggregate write-ins for special surplus funds	.0	.0
30. Common capital stock	3,750,000	3,750,000
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	18,000,000	18,000,000
35. Unassigned funds (surplus)	310,986,454	308,470,593
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)	332,736,454	330,220,593
38. Totals (Page 2, Line 28, Col. 3)	374,683,123	371,768,778
<b>DETAILS OF WRITE-INS</b>		
2501. Accounts Payable--Other		.850
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	.850
2901. ....		
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page	.0	.0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	.0	.0
3201. ....		
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page	.0	.0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	.0	.0

## STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$ 84,633,926 )	75,780,941	76,495,862	307,590,531
1.2 Assumed (written \$ 245 )	245	23	150
1.3 Ceded (written \$ 84,634,171 )	75,781,186	76,495,885	307,590,681
1.4 Net (written \$ 0 )	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$ )::			
2.1 Direct	43,495,558	48,669,318	185,602,500
2.2 Assumed	62,867	63,777	38,487
2.3 Ceded	43,558,424	48,733,096	185,640,987
2.4 Net	0	0	0
3. Loss adjustment expenses incurred	0	0	0
4. Other underwriting expenses incurred	0	0	0
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	0	0	0
7. Net income of protected cells	0	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	0	0	0
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	3,230,557	3,103,045	12,697,926
10. Net realized capital gains (losses) less capital gains tax of \$ 5,946	11,043	612,866	1,729,670
11. Net investment gain (loss) (Lines 9 + 10)	3,241,600	3,715,911	14,427,596
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$ )		0	0
13. Finance and service charges not included in premiums		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)	3,241,600	3,715,911	14,427,596
17. Dividends to policyholders		0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	3,241,600	3,715,911	14,427,596
19. Federal and foreign income taxes incurred	610,793	622,687	2,420,523
20. Net income (Line 18 minus Line 19)(to Line 22)	2,630,807	3,093,224	12,007,072
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	330,220,593	316,526,228	316,526,228
22. Net income (from Line 20)	2,630,807	3,093,224	12,007,072
23. Net transfers (to) from Protected Cell accounts		0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ (60,749)	(112,819)	772,282	1,673,855
25. Change in net unrealized foreign exchange capital gain (loss)	0	0	0
26. Change in net deferred income tax	(2,126)	22,645	13,437
27. Change in nonadmitted assets	0	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)	2,515,862	3,888,150	13,694,365
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	332,736,454	320,414,378	330,220,593
<b>DETAILS OF WRITE-INS</b>			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)	0	0	0

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

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	(2,073,552)	(7,142,151)	(4,106,256)
2. Net investment income .....	3,422,325	3,112,786	13,342,921
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	1,348,773	(4,029,364)	9,236,665
5. Benefit and loss related payments .....	(2,261,647)	3,222,294	834,835
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 \$ .....60,831 tax on capital gains (losses).....	219,000	24,000	3,155,820
10. Total (Lines 5 through 9) .....	(2,042,647)	3,246,294	3,990,655
11. Net cash from operations (Line 4 minus Line 10) .....	3,391,420	(7,275,658)	5,246,010
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	7,140,000	5,725,000	23,763,320
12.2 Stocks .....	0	1,899,220	6,075,683
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 .....	2,130,451	493,595	2,562
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	9,270,451	8,117,815	29,841,566
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	11,804,356	7,889,674	35,074,827
13.2 Stocks .....	0	478,818	2,057,229
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	1,420,403	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	11,804,356	9,788,894	37,132,055
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) .....	(2,533,905)	(1,671,079)	(7,290,490)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied).....	(220,087)	10,429,929	5,361,408
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(220,087)	10,429,929	5,361,408
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	637,428	1,483,193	3,316,928
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	5,485,557	2,168,628	2,168,628
19.2 End of period (Line 18 plus Line 19.1) .....	6,122,984	3,651,821	5,485,557

**STATEMENT AS OF MARCH 31, 2015 FOR THE CINCINNATI CASUALTY 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>
<b>NET INCOME</b>			
(1) Company state basis (Page 4, Line 20, Columns 1 & 3)	Ohio	\$2,630,807	\$12,007,072
(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	\$2,630,807	\$12,007,072
<b>SURPLUS</b>			
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	Ohio	\$332,736,454	\$330,220,593
(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	\$332,736,454	\$330,220,593

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)

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

Restricted Asset Category	Gross Restricted							Percentage		
	Current Year							8	9	10
	1	2	3	4	5	6	7			
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	-	-	-	-	-	-	-	-	0.000%	0.000%
i. On deposit with states	-	-	-	-	-	-	-	-	0.000%	0.000%
j. On deposit with other regulatory bodies	8,581,755	-	-	-	8,581,755	8,582,053	(298)	8,581,755	7.433%	7.433%
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	\$ 8,581,755	\$ -	\$ -	\$ -	\$ 8,581,755	\$ 8,582,053	\$ (298)	\$ 8,581,755	7.433%	7.433%

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

6. Joint Ventures, Partnerships and Limited Liability Companies – No Change  
7. Investment Income – No Change  
8. Derivative Instruments – No Change

**9 - Income Taxes**

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

	2015		
	Ordinary	Capital	Total
(a) Gross deferred tax assets	\$ -	\$ 137,487	\$ 137,487
(b) Statutory valuation allowance	-	-	-
(c) Adjusted gross deferred tax assets (1a - 1b)	-	137,487	137,487
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	-	137,487	137,487
(f) Deferred Tax Liabilities	12,362	15,717,970	15,730,332
(g) Net admitted deferred tax asset/(liability) (1e - 1f)	\$ (12,362)	\$ (15,580,483)	\$ (15,592,845)

	2014		
	Ordinary	Capital	Total
(a) Gross deferred tax assets	\$ -	\$ 139,528	\$ 139,528
(b) Statutory valuation allowance	-	-	-
(c) Adjusted gross deferred tax assets (1a - 1b)	-	139,528	139,528
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	-	139,528	139,528
(f) Deferred Tax Liabilities	12,277	15,778,719	15,790,996
(g) Net admitted deferred tax asset/(liability) (1e - 1f)	\$ (12,277)	\$ (15,639,191)	\$ (15,651,468)

	Change		
	Ordinary	Capital	Total
(a) Gross deferred tax assets	\$ -	\$ (2,041)	\$ (2,041)
(b) Statutory valuation allowance	-	-	-
(c) Adjusted gross deferred tax assets (1a - 1b)	-	(2,041)	(2,041)
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	-	(2,041)	(2,041)
(f) Deferred Tax Liabilities	85	(60,749)	(60,664)
(g) Net admitted deferred tax asset/(liability) (1e - 1f)	\$ (85)	\$ 58,708	\$ 58,623

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

2.

SSAP 101, paragraphs 11.a., 11.b., and 11.c.:	2015		
	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	49,910,468	49,910,468	49,910,468
(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	-	137,487	137,487
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	-	137,487	137,487

SSAP 101, paragraphs 11.a., 11.b., and 11.c.:	2014		
	Ordinary	Capital	Total
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ -	\$ -	\$ -
(b) Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	-	-	-
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	-	-	-
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	49,533,089	49,533,089	49,533,089
(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	-	139,528	139,528
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	-	139,528	139,528

SSAP 101, paragraphs 11.a., 11.b., and 11.c.:	Change		
	Ordinary	Capital	Total
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ -	\$ -	\$ -
(b) Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	-	-	-
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	-	-	-
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	377,379	377,379	377,379
(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	-	(2,041)	(2,041)
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	-	(2,041)	(2,041)

3.

	2015	2014
	Percentage	Percentage
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	2861%	2861%
(b) Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b) 2 above	330,220,593	330,220,593

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

4.

	2015		
	Ordinary	Capital	Total
<b>Impact of Tax Planning Strategies</b>			
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.			
1. Adjusted Gross DTAs amount from Note 9A1(c)	-	137,487	137,487
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)	-	137,487	137,487
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.			

	2014		
	Ordinary	Capital	Total
<b>Impact of Tax Planning Strategies</b>			
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.			
1. Adjusted Gross DTAs amount from Note 9A1(c)	-	139,528	139,528
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)	-	139,528	139,528
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%	0.00%
(b) The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.			

	Change		
	Ordinary	Capital	Total
<b>Impact of Tax Planning Strategies</b>			
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.			
1. Adjusted Gross DTAs amount from Note 9A1(c)	-	(2,041)	(2,041)
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)	-	(2,041)	(2,041)
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%	0.00%
(b) The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.			

B. Unrecognized

DTLs Not

applicable

C. Current Tax and Change in Deferred Tax

1. Current income tax:

	2015	2014	Change
(a) Federal	\$ 610,793	\$ 2,420,524	\$ (1,809,731)
(b) Foreign	-	-	-
(c) Subtotal	610,793	2,420,524	(1,809,731)
(d) Federal Income Tax on capital gains/(losses)	5,946	930,916	(924,970)
(e) Utilization of capital loss carryforwards	-	-	-
(f) Other	-	-	-
Federal income taxes incurred	\$ 616,739	\$ 3,351,440	\$ (2,734,701)

2. Deferred tax assets

	March 31, 2015	December 31, 2014	Change
(a) Ordinary			
(1) Other	-	-	-
(99) Subtotal	-	-	-
(b) Statutory valuation allowance adj	-	-	-
(c) Nonadmitted	-	-	-
(d) Admitted ordinary deferred tax assets (2a99-2b-2c)	-	-	-
(e) Capital			
(1) Investments	137,487	139,528	(2,041)
(2) Unrealized losses on investments	-	-	-
(99) Subtotal	137,487	139,528	(2,041)
(f) Statutory valuation allowance adj	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets (2e99-2f-2g)	137,487	139,528	(2,041)
(i) Admitted deferred tax assets (2d + 2h)	137,487	139,528	(2,041)

3. Deferred tax liabilities

	March 31, 2015	December 31, 2014	Change
(a) Ordinary			
(1) Other, net	12,362	12,277	85
(99) Subtotal	12,362	12,277	85
(b) Capital			
(1) Unrealized gains on investments	15,717,970	15,778,719	(60,749)
(2) Other	-	-	-
(99) Subtotal	15,717,970	15,778,719	(60,749)
(c) Deferred tax liabilities (3a99 + 3b99)	15,730,332	15,790,996	(60,664)

4. Net deferred tax assets/liabilities (2i-3c)	(15,592,845)	(15,651,468)	58,623
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**STATEMENT AS OF MARCH 31, 2015 FOR THE CINCINNATI CASUALTY 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, 2015	December 31, 2014	Change
Total deferred tax assets	\$ 137,487	\$ 139,528	\$ (2,041)
Total deferred tax liabilities	15,730,332	15,790,996	(60,664)
Net deferred tax asset/(liability)	\$ (15,592,845)	\$ (15,651,468)	\$ 58,623
Tax effect of unrealized (gains)/losses			(60,749)
Change in net deferred income tax (charge)/benefit			\$ (2,126)

	December 31, 2014	December 31, 2013	Change
Total deferred tax assets	\$ 139,528	\$ 125,663	\$ 13,865
Total deferred tax liabilities	15,790,996	14,889,263	901,733
Net deferred tax asset/(liability)	\$ (15,651,468)	\$ (14,763,600)	\$ (887,868)
Tax effect of unrealized (gains)/losses			901,306
Change in net deferred income tax (charge)/benefit			\$ 13,438

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	\$ 3,247,546	\$ 1,136,641	35.00%
Tax Exempt Interest	(1,094,269)	(382,994)	-11.79%
Dividends received deduction	(384,726)	(134,654)	-4.15%
Other items permanent in nature	(8)	(3)	0.00%
DRD on Accrued	(357)	(125)	0.00%
Total	\$ 1,768,186	\$ 618,865	19.06%
Federal income taxes incurred expense/(benefit)	\$ 1,745,123	\$ 610,793	18.81%
Tax on capital gains/(losses)	16,989	5,946	0.18%
Change in net deferred income tax charge/(benefit)	6,074	2,126	0.07%
Total statutory income taxes	\$ 1,768,186	\$ 618,865	19.06%

Description	As of December 31, 2014		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 15,358,511	\$ 5,375,479	35.00%
Tax Exempt Interest	(4,313,000)	(1,509,550)	-9.83%
Dividends received deduction	(1,506,577)	(527,302)	-3.43%
Other	6	2	0.00%
DRD on Accrued	(1,791)	(627)	0.00%
Total	\$ 9,537,149	\$ 3,338,002	21.74%
Federal income taxes incurred expense/(benefit)	\$ 6,915,783	\$ 2,420,524	15.76%
Tax on capital gains/(losses)	2,659,760	930,916	6.06%
Change in net deferred income tax charge/(benefit)	(38,394)	(13,438)	-0.08%
Total statutory income taxes	\$ 9,537,149	\$ 3,338,002	21.74%

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	\$ 610,793	\$ 5,946	\$ 616,739
2014	2,420,523	930,916	3,351,439
2013	-	2,016	2,016
Total	\$ 3,031,316	\$ 938,878	\$ 3,970,194

(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 Indemnity Company  
The Cincinnati Life Insurance Company  
The Cincinnati Specialty Underwriters Insurance Company  
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.

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

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

<u>Type of Financial Instrument</u>	<u>Aggregate Fair Value</u>	<u>Admitted Assets</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	<u>Not Practicable (Carrying Value)</u>
<b>Bonds</b>	267,909,556	252,839,530	1,807,465	266,102,091		
<b>Common Stock</b>	90,256,647	90,256,647	90,256,647			
<b>Perpetual Preferred Stock</b>						
<b>Mortgage Loans</b>						

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

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [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. ....12/31/2009
- 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 [X] No [ ] NA [ ]
- 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: ..... \$ .....7,085,486

**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.

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

GENERAL INTERROGATORIES

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

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

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

1 Name of Custodian(s)	2 Custodian Address
FIFTH THIRD BANK.....	FIFTH THIRD CENTER, CINCINNATI, OHIO 45263.....

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
<b>NONE</b>						

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

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

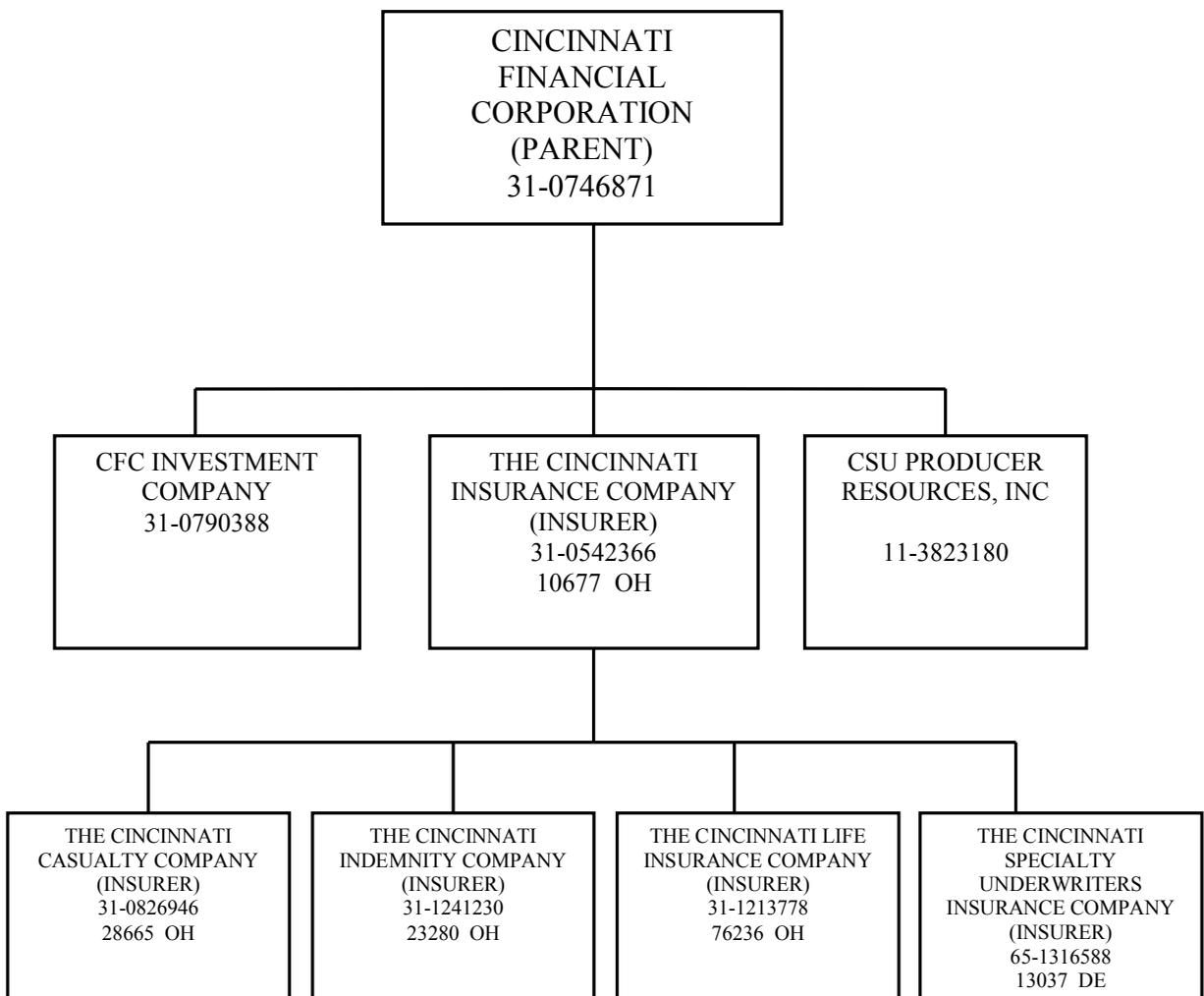
Current Year to Date - Allocated by States and Territories

	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	2,218,388	2,946,392	443,225	257,767	4,240,722	3,981,215
2. Alaska	AK L	0	0	0	0	0	0
3. Arizona	AZ L	646,671	604,002	150,642	60,460	2,609,384	706,489
4. Arkansas	AR L	1,114,294	968,928	106,293	238,482	3,622,297	2,792,588
5. California	CA L	153,166	94,917	144	0	130,648	11,639
6. Colorado	CO L	462,549	396,956	299,659	238,863	4,687,445	3,744,024
7. Connecticut	CT L	254,884	76,488	10,035	3,603	467,263	234,317
8. Delaware	DE L	597,373	838,884	336,478	143,021	3,187,183	3,120,115
9. Dist. Columbia	DC L	(11,627)	13,495	0	902	152,048	77,685
10. Florida	FL L	136,072	198,595	88,405	101,497	2,907,594	2,807,538
11. Georgia	GA L	4,359,649	4,012,033	4,008,224	1,276,138	22,472,545	18,505,579
12. Hawaii	HI L	825	2,887	0	0	1,811	1,773
13. Idaho	ID L	824,706	668,970	38,588	52,671	688,195	631,446
14. Illinois	IL L	8,746,151	11,068,812	4,790,865	6,224,458	111,769,165	109,069,759
15. Indiana	IN L	7,101,816	7,700,448	2,796,566	2,967,549	44,956,278	42,863,473
16. Iowa	IA L	1,300,365	1,711,556	861,045	748,370	18,409,964	17,605,463
17. Kansas	KS L	1,411,528	1,848,597	1,029,436	327,531	5,730,400	7,275,711
18. Kentucky	KY L	1,956,393	1,735,833	379,315	1,755,319	18,519,062	9,088,231
19. Louisiana	LA L	63,305	80,100	23,363	0	73,209	19,556
20. Maine	ME L	51,196	503	0	0	26,340	272
21. Maryland	MD L	1,538,047	1,569,795	894,814	646,844	11,689,793	11,665,531
22. Massachusetts	MA L	0	0	0	0	206	249
23. Michigan	MI L	5,530,354	7,122,847	1,517,121	2,006,258	38,025,254	38,849,652
24. Minnesota	MN L	2,394,412	1,788,554	568,522	1,283,318	9,929,268	8,757,805
25. Mississippi	MS L	128,778	68,019	2,489	6,313	267,470	210,022
26. Missouri	MO L	3,452,666	2,946,051	1,449,408	1,151,683	24,439,990	24,845,043
27. Montana	MT L	273,610	143,950	16,745	783	350,822	292,999
28. Nebraska	NE L	943,097	982,303	316,722	462,251	6,755,067	5,578,798
29. Nevada	NV L	8,655	13,003	162	0	15,463	8,503
30. New Hampshire	NH L	505,979	469,352	76,962	153,392	2,973,721	2,440,729
31. New Jersey	NJ L	71,037	67,283	1,064	800	88,707	17,006
32. New Mexico	NM L	320,053	354,118	51,967	53,622	690,652	558,693
33. New York	NY L	860,721	1,212,075	219,863	258,230	6,961,342	5,406,327
34. No. Carolina	NC L	4,012,000	4,549,235	997,173	1,549,947	27,978,632	27,127,972
35. No. Dakota	ND L	257,696	174,643	15,504	13,385	126,823	65,010
36. Ohio	OH L	8,201,091	7,304,518	2,004,974	1,023,458	12,988,182	8,740,292
37. Oklahoma	OK L	260,174	197,284	74,206	43,007	616,068	647,771
38. Oregon	OR L	823,371	481,733	288,990	215,758	1,210,541	2,561,383
39. Pennsylvania	PA L	9,709,341	9,901,412	4,216,979	3,945,859	45,108,647	39,397,442
40. Rhode Island	RI L	1,198	1,919	12,878	20,671	83,223	92,330
41. So. Carolina	SC L	755,557	805,532	363,621	318,182	7,528,117	6,987,961
42. So. Dakota	SD L	180,356	166,473	954,946	111,181	3,766,366	1,806,939
43. Tennessee	TN L	2,336,204	2,481,507	957,277	750,080	15,469,650	14,316,078
44. Texas	TX L	2,181,817	2,590,177	1,324,006	2,449,527	12,188,653	10,596,770
45. Utah	UT L	514,809	1,020,835	212,663	127,785	1,990,180	1,116,889
46. Vermont	VT L	405,378	515,483	516,520	290,405	6,199,233	6,671,501
47. Virginia	VA L	2,647,830	2,505,802	1,051,640	1,240,848	18,575,097	18,239,580
48. Washington	WA L	393,435	173,178	319,674	14,543	294,792	95,535
49. West Virginia	WV L	749,381	756,531	256,575	127,697	2,424,357	2,361,420
50. Wisconsin	WI L	3,727,850	3,831,285	1,264,927	2,514,720	18,909,861	20,334,641
51. Wyoming	WY L	61,325	100,829	42,260	25,726	130,080	170,561
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	84,633,926	89,264,122	35,352,934	35,202,905	522,427,810	482,498,304
<b>DETAILS OF WRITE-INS</b>							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page.	XXX	0	0	0	0	0	0
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0

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

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

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





STATEMENT AS OF MARCH 31, 2015 OF THE CINCINNATI CASUALTY 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	702,704	112,525	16.0	39.3
2. Allied lines	684,963	1,169,409	170.7	17.7
3. Farmowners multiple peril	0	0	0.0	0.0
4. Homeowners multiple peril	0	(176)	0.0	(2,429.2)
5. Commercial multiple peril	19,221,478	16,258,752	84.6	100.2
6. Mortgage guaranty	0	0	0.0	0.0
8. Ocean marine	0	0	0.0	0.0
9. Inland marine	355,410	151,775	42.7	(12.6)
10. Financial guaranty	0	0	0.0	0.0
11.1 Medical professional liability -occurrence	398,539	84,572	21.2	61.7
11.2 Medical professional liability -claims made	9,323	0	0.0	0.0
12. Earthquake	18,639	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	39,280,738	20,417,448	52.0	58.1
17.1 Other liability occurrence	1,269,617	309,012	24.3	16.3
17.2 Other liability-claims made	4,668,357	900,664	19.3	43.2
17.3 Excess Workers' Compensation	0	0	0.0	0.0
18.1 Products liability-occurrence	1,939,942	890,646	45.9	35.4
18.2 Products liability-claims made	0	0	0.0	0.0
19.1,19.2 Private passenger auto liability	3,248	(44,020)	(1,355.4)	(124.3)
19.3,19.4 Commercial auto liability	5,299,324	2,156,103	40.7	53.6
21. Auto physical damage	1,799,242	1,088,847	60.5	54.5
22. Aircraft (all perils)	0	0	0.0	0.0
23. Fidelity	0	0	0.0	0.0
24. Surety	16,600	0	0.0	(6.2)
26. Burglary and theft	27,952	0	0.0	86.2
27. Boiler and machinery	84,865	0	0.0	0.0
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	75,780,941	43,495,558	57.4	63.6
<b>DETAILS OF WRITE-INS</b>				
3401.				
3402.				
3403.				
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0.0	0.0

**PART 2 - DIRECT PREMIUMS WRITTEN**

Line of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire	673,515	673,515	967,197
2. Allied lines	640,620	640,620	858,781
3. Farmowners multiple peril	0	0	0
4. Homeowners multiple peril	0	0	78
5. Commercial multiple peril	23,406,471	23,406,471	23,438,747
6. Mortgage guaranty	0	0	0
8. Ocean marine	0	0	0
9. Inland marine	344,585	344,585	371,458
10. Financial guaranty	0	0	0
11.1 Medical professional liability-occurrence	437,722	437,722	325,937
11.2 Medical professional liability-claims made	6,031	6,031	0
12. Earthquake	28,111	28,111	17,695
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	41,056,139	41,056,139	44,714,916
17.1 Other liability occurrence	1,650,704	1,650,704	6,828,133
17.2 Other liability-claims made	5,319,613	5,319,613	268,342
17.3 Excess Workers' Compensation	0	0	0
18.1 Products liability-occurrence	2,545,077	2,545,077	3,248,020
18.2 Products liability-claims made	0	0	0
19.1,19.2 Private passenger auto liability	3,788	3,788	5,896
19.3,19.4 Commercial auto liability	6,238,733	6,238,733	6,013,007
21. Auto physical damage	2,161,116	2,161,116	2,033,553
22. Aircraft (all perils)	0	0	0
23. Fidelity	0	0	0
24. Surety	7,112	7,112	40,801
26. Burglary and theft	26,718	26,718	33,298
27. Boiler and machinery	87,871	87,871	98,263
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	84,633,926	84,633,926	89,264,122
<b>DETAILS OF WRITE-INS</b>			
3401.			
3402.			
3403.			
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0

STATEMENT AS OF MARCH 31, 2015 OF THE CINCINNATI CASUALTY 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	330,221										Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7
											1. 0.0	2. 0.0	3. 0.0
													Col. 13, Line 7 Line 8
													4. 0.0

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

**Explanation:**

1.

3.

**Bar Code:**



**OVERFLOW PAGE FOR WRITE-INS**

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**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 .....	338,796,813	327,077,332
2. Cost of bonds and stocks acquired .....	11,804,356	37,132,055
3. Accrual of discount .....	22,246	84,335
4. Unrealized valuation increase (decrease) .....	(173,569)	2,575,161
5. Total gain (loss) on disposals .....	16,989	2,658,024
6. Deduct consideration for bonds and stocks disposed of .....	7,140,000	29,839,004
7. Deduct amortization of premium .....	230,659	891,091
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) .....	343,096,177	338,796,812
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	343,096,177	338,796,812

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

**SCHEDULE D - PART 1B**

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	175,074,837	6,325,671	7,123,011	(133,899)	174,143,598	0	0	175,074,837
2. NAIC 2 (a).....	71,410,055	5,478,685		(74,517)	76,814,222	0	0	71,410,055
3. NAIC 3 (a).....	1,772,420			109,290	1,881,710	0	0	1,772,420
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	0
7. Total Bonds	248,257,311	11,804,356	7,123,011	(99,126)	252,839,530	0	0	248,257,311
<b>PREFERRED STOCK</b>								
8. NAIC 1.....	0				0	0	0	0
9. NAIC 2.....	0				0	0	0	0
10. NAIC 3.....	0				0	0	0	0
11. NAIC 4.....	0				0	0	0	0
12. NAIC 5.....	0				0	0	0	0
13. NAIC 6.....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	248,257,311	11,804,356	7,123,011	(99,126)	252,839,530	0	0	248,257,311

(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

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999		XXX			

## SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of short-term investments acquired .....		0
3. Accrual of discount .....		0
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals .....		0
6. Deduct consideration received on disposals .....		0
7. Deduct amortization of premium.....		0
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other-than-temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	0	0
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

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 CASUALTY COMPANY

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Political Subdivisions of States, Territories and Possessions</b>									
721812-NH-4	AZ PIMA CNTY UNIF SCH DIST GO		02/20/2015	STIFEL NICOLAUS		1,063,370	1,000,000		1FE
988644-HA-1	AZ YUMA CNTY ELEM SCH DIST GO		03/26/2015	STIFEL NICOLAUS		1,126,086	1,055,000		1FE
<b>2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions</b>						2,189,456	2,055,000	0	XXX
<b>Bonds - U.S. Special Revenue</b>									
687909-EK-3	FL OSCEOLA CNTY SALES TAX REVENUE		02/20/2015	RAYMOND JAMES		1,165,290	1,000,000		1FE
687909-EL-1	FL OSCEOLA CNTY SALES TAX REVENUE		02/20/2015	RAYMOND JAMES		1,159,680	1,000,000		1FE
82378P-CG-9	IN SHERIDAN CMNTY SCH BLDG CORP REVENUE		03/26/2015	CITY SECURITIES		1,004,365	925,000		1FE
946363-LD-8	IN WAYNE TWP MARION CNTY SCH REVENUE		02/12/2015	CITY SECURITIES		806,880	750,000		1FE
<b>3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>						4,136,215	3,675,000	0	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>									
189754-AA-2	COACH INC		02/23/2015	JP MORGAN		1,988,900	2,000,000		2FE
512807-AN-8	LAM RESEARCH CORP		03/05/2015	BANK OF AMERICA		1,999,160	2,000,000		2FE
878055-AE-2	TCF NATIONAL BANK		02/24/2015	JP MORGAN		1,490,625	1,500,000		2FE
<b>3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						5,478,685	5,500,000	0	XXX
<b>8399997 - Subtotals - Bonds - Part 3</b>						11,804,356	11,230,000	0	XXX
<b>8399999 - Subtotals - Bonds</b>						11,804,356	11,230,000	0	XXX
<b>9999999 Totals</b>						11,804,356	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 CASUALTY 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.								
<b>Bonds - U.S. Political Subdivisions of States, Territories and Possessions</b>																						
507408-JD-5	TL LAKE & MCHENRY CNTYS CMNTY SCHLS GO.		03/04/2015	SECURITY CALLED BY ISSUER at 100,000		3,140,000	3,140,000	3,140,000	3,140,000					.0		3,140,000			.0	.68,437	01/01/2017	1FE
849653-PG-9	PA SPRING GROVE AREA SCHL DIST GO.		02/17/2015	SECURITY CALLED BY ISSUER at 100,000		2,000,000	2,000,000	1,976,800	1,982,851			160		160		1,983,011		16,989	16,989	32,489	10/01/2025	1FE
<b>2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions</b>						5,140,000	5,140,000	5,116,800	5,122,851	0		160	0	160	0	5,123,011	0	16,989	16,989	100,926	XXX	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																						
7425A0-AW-0	PRINCIPAL LIFE GLOBAL		03/15/2015	MATURITY		2,000,000	2,000,000	1,989,280	1,999,759			241		241		2,000,000			.0	50,500	03/15/2015	1FE
<b>3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						2,000,000	2,000,000	1,989,280	1,999,759	0		241	0	241	0	2,000,000	0	0	0	50,500	XXX	XXX
<b>8399997 - Subtotals - Bonds - Part 4</b>						7,140,000	7,140,000	7,106,080	7,122,610	0		401	0	401	0	7,123,011	0	16,989	16,989	151,426	XXX	XXX
<b>8399999 - Subtotals - Bonds</b>						7,140,000	7,140,000	7,106,080	7,122,610	0		401	0	401	0	7,123,011	0	16,989	16,989	151,426	XXX	XXX
<b>9999999 Totals</b>						7,140,000	XXX	7,106,080	7,122,610	0		401	0	401	0	7,123,011	0	16,989	16,989	151,426	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 CASUALTY 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
<b>NONE</b>							
8699999 Total Cash Equivalents					0	0	0



**SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2015 OF THE CINCINNATI CASUALTY 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	6,030	1,510	0	0	938	0	0	2,072
12. Hawaii HI	0	0	0	0	0	0	0	0
13. Idaho ID	0	0	0	0	0	0	0	0
14. Illinois IL	0	0	0	0	0	0	0	0
15. Indiana IN	0	0	0	0	0	0	0	0
16. Iowa IA	0	0	0	0	0	0	0	0
17. Kansas KS	0	0	0	0	0	0	0	0
18. Kentucky KY	0	399	0	0	(1,588)	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	11,419	2,754	0	0	85,392	0	0	89,240
35. North Dakota ND	0	0	0	0	0	0	0	0
36. Ohio OH	0	9,822	0	0	(32,854)	0	0	0
37. Oklahoma OK	0	0	0	0	0	0	0	0
38. Oregon OR	0	0	0	0	0	0	0	0
39. Pennsylvania PA	0	0	0	0	0	0	0	0
40. Rhode Island RI	0	0	0	0	0	0	0	0
41. South Carolina SC	0	0	0	0	0	0	0	0
42. South Dakota SD	0	0	0	0	0	0	0	0
43. Tennessee TN	0	0	0	0	0	0	0	0
44. Texas TX	0	0	0	0	0	0	0	0
45. Utah UT	0	0	0	0	0	0	0	0
46. Vermont VT	0	0	0	0	0	0	0	0
47. Virginia VA	0	0	0	0	0	0	0	0
48. Washington WA	0	0	0	0	0	0	0	0
49. West Virginia WV	0	0	0	0	0	0	0	0
50. Wisconsin WI	0	0	0	0	0	0	0	0
51. Wyoming WY	0	0	0	0	0	0	0	0
52. American Samoa AS	0	0	0	0	0	0	0	0
53. Guam GU	0	0	0	0	0	0	0	0
54. Puerto Rico PR	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands VI	0	0	0	0	0	0	0	0
56. Northern Mariana Islands MP	0	0	0	0	0	0	0	0
57. Canada CAN	0	0	0	0	0	0	0	0
58. Aggregate other alien OT	0	0	0	0	0	0	0	0
59. Totals	17,449	14,486	0	0	51,888	0	0	91,312
<b>DETAILS OF WRITE-INS</b>								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0



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

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

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

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

**NONE**



**SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2015 OF THE CINCINNATI CASUALTY 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	1,244	10,512	0	0	67,790	0	91,682
2. Alaska	AK	0	0	0	0	0	0	0
3. Arizona	AZ	0	3,678	0	0	984	0	5,882
4. Arkansas	AR	1,382	885	0	0	270	0	865
5. California	CA	0	0	0	0	0	0	0
6. Colorado	CO	0	624	0	0	130	0	883
7. Connecticut	CT	0	0	0	0	0	0	0
8. Delaware	DE	0	0	0	0	0	0	0
9. District of Columbia	DC	0	0	0	0	0	0	0
10. Florida	FL	0	0	0	0	0	0	0
11. Georgia	GA	29,763	10,335	0	0	2,113	5,000	10,227
12. Hawaii	HI	0	0	0	0	0	0	0
13. Idaho	ID	733	1,094	0	0	325	0	508
14. Illinois	IL	16,513	15,923	0	0	4,895	0	14,610
15. Indiana	IN	1,914	1,051	0	0	12,150	168,221	21,067
16. Iowa	IA	0	1,221	0	0	535	0	6,220
17. Kansas	KS	9,262	7,412	0	0	2,266	0	7,424
18. Kentucky	KY	2,378	2,882	0	0	23,007	0	32,585
19. Louisiana	LA	0	0	0	0	0	0	0
20. Maine	ME	0	0	0	0	0	0	0
21. Maryland	MD	0	122	0	0	32	0	305
22. Massachusetts	MA	0	0	0	0	0	0	0
23. Michigan	MI	20,785	14,465	0	0	20,073	0	36,138
24. Minnesota	MN	0	545	0	0	116	0	433
25. Mississippi	MS	0	0	0	0	0	0	0
26. Missouri	MO	2,167	542	0	0	151	0	814
27. Montana	MT	1,913	2,725	0	0	840	0	2,348
28. Nebraska	NE	1,074	774	0	0	233	0	823
29. Nevada	NV	0	0	0	0	0	0	0
30. New Hampshire	NH	0	0	0	0	0	0	0
31. New Jersey	NJ	0	0	0	0	0	0	0
32. New Mexico	NM	0	0	0	0	0	0	0
33. New York	NY	0	0	0	0	(57)	0	6,967
34. North Carolina	NC	8,247	7,093	0	0	54,141	25,000	64,450
35. North Dakota	ND	0	0	0	0	0	0	0
36. Ohio	OH	24,799	39,145	3,335	1	(83,741)	0	72,477
37. Oklahoma	OK	0	0	0	0	0	0	0
38. Oregon	OR	534	133	0	0	40	0	40
39. Pennsylvania	PA	17,398	13,304	0	0	(851)	10,000	16,847
40. Rhode Island	RI	0	0	0	0	0	0	0
41. South Carolina	SC	0	0	0	0	0	0	0
42. South Dakota	SD	0	0	0	0	(30)	0	410
43. Tennessee	TN	4,499	6,453	0	0	1,902	0	6,467
44. Texas	TX	1,444	6,683	0	0	1,275	0	8,696
45. Utah	UT	0	427	0	0	135	0	352
46. Vermont	VT	0	0	0	0	0	0	0
47. Virginia	VA	2,874	4,981	0	0	1,411	0	5,691
48. Washington	WA	0	65	0	0	0	0	0
49. West Virginia	WV	3,882	1,279	0	0	468	0	4,915
50. Wisconsin	WI	0	3,700	0	0	20,849	0	32,465
51. Wyoming	WY	1,195	525	0	0	149	0	630
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		154,000	158,578	3,335	1	131,601	208,221	453,221
<b>DETAILS OF WRITE-INS</b>								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2015 OF THE CINCINNATI CASUALTY 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	29,812	0	0	(57,167)	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	9,676	0	0	(16,744)	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	4,607	0	0	(24,667)	65,835	1	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	10,686	0	0	(12,895)	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	75,634	0	0	(117,550)	0	0	0
35. North Dakota	0	0	0	0	0	0	0	0
36. Ohio	64,366	38,291	215,000	1	87,103	142,089	4	188,114
37. Oklahoma	0	0	0	0	0	0	0	0
38. Oregon	0	0	0	0	0	0	0	0
39. Pennsylvania	207,938	62,164	0	0	62,201	30,000	2	201,352
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	3,927	0	0	(19,198)	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	272,304	234,797	215,000	1	(98,917)	237,924	7	389,466
<b>DETAILS OF WRITE-INS</b>								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0



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

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended 2015

NAIC Group Code 0244

NAIC Company Code 28665

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
\$ 2,317	\$ 1,643	\$

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 [ ] 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 [ ] 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: \$ .....15,791

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. \$ .....5,006