



PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF JUNE 30, 2015
OF THE CONDITION AND AFFAIRS OF THE

CINCINNATI CASUALTY COMPANY

NAIC Group Code	0244 (Current Period)	0244 (Prior Period)	NAIC Company Code	28665	Employer's ID Number	31-0826946
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 (Street and Number)		FAIRFIELD, OH, US 45014-5141 (City or Town, State, Country and Zip Code)			
Main Administrative Office	6200 SOUTH GILMORE ROAD (Street and Number)		FAIRFIELD, OH, US 45014-5141 (City or Town, State, Country and Zip Code)	513-870-2000 (Area Code) (Telephone Number)		
Mail Address	P.O. BOX 145496 (Street and Number or P.O. Box)		CINCINNATI, OH, US 45250-5496 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	6200 SOUTH GILMORE ROAD (Street and Number)		FAIRFIELD, OH, US 45014-5141 (City or Town, State, Country and Zip Code)	513-870-2000-4938 (Area Code) (Telephone Number)		
Internet Web Site Address	www.cinfin.com					
Statutory Statement Contact	Andrew Schnell (Name)		513-870-2000 (Area Code) (Telephone Number) (Extension)			
	andrew_schnell@cinfin.com (E-Mail Address)		513-603-5500 (Fax Number)			

OFFICERS

Name	Title	Name	Title
STEVEN JUSTUS JOHNSTON	CHIEF EXECUTIVE OFFICER, PRESIDENT	MICHAEL JAMES SEWELL	CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT
THERESA ANN HOFFER	VICE PRESIDENT, TREASURER		
TERESA CURRIN CRACAS	SENIOR VICE PRESIDENT	DONALD JOSEPH DOYLE JR	SENIOR VICE PRESIDENT
MARTIN FRANCIS HOLLENBECK	SENIOR VICE PRESIDENT	JOHN SCOTT KELLINGTON	SENIOR VICE PRESIDENT
LISA ANNE LOVE	SENIOR VICE PRESIDENT, CORPORATE SECRETARY	ERIC NEIL MATHEWS	SENIOR VICE PRESIDENT
MARTIN JOSEPH MULLEN	SENIOR VICE PRESIDENT	JACOB FERDINAND SCHERER	EXECUTIVE VICE PRESIDENT
STEPHEN MICHAEL SPRAY	SENIOR VICE PRESIDENT	KENNETH WILLIAM STECHER	CHAIRMAN OF THE BOARD
CHARLES PHILIP STONEBURNER	SENIOR VICE PRESIDENT	TIMOTHY LEE TIMMEL	SENIOR VICE PRESIDENT
II			
WILLIAM HAROLD VAN DEN	SENIOR VICE PRESIDENT		
HEUVEL			

OTHER OFFICERS

WILLIAM FORREST BAHL	GREGORY THOMAS BIER	TERESA CURRIN CRACAS	DONALD JOSEPH DOYLE JR
MARTIN FRANCIS HOLLENBECK	STEVEN JUSTUS JOHNSTON	JOHN SCOTT KELLINGTON	LISA ANNE LOVE
WILLIAM RODNEY McMULLEN	MARTIN JOSEPH MULLEN	DAVID PAUL OSBORN	JACOB FERDINAND SCHERER
JOHN JEFFERSON SCHIFF JR	THOMAS REID SCHIFF	MICHAEL JAMES SEWELL	STEPHEN MICHAEL SPRAY
KENNETH WILLIAM STECHER	JOHN FREDRICK STEELE JR	CHARLES PHILIP STONEBURNER	TIMOTHY LEE TIMMEL
WILLIAM HAROLD VAN DEN	LARRY RUSSEL WEBB	II	
HEUVEL #			

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, PRESIDENTMICHAEL J. SEWELL
CHIEF FINANCIAL OFFICER, SENIOR VICE
PRESIDENTTHERESA A. HOFFER
VICE PRESIDENT, TREASURERSubscribed and sworn to before me this
31st day of July, 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 JUNE 30, 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	259,533,373		259,533,373	248,257,311
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	86,187,748		86,187,748	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 (\$ 1,526,180), cash equivalents (\$ 0)	1,526,180		1,526,180	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)	347,247,301	.0	347,247,301	344,282,370
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	2,974,228		2,974,228	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	13,201,757		13,201,757	14,990,882
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts	5,343,586		5,343,586	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	4,449,148		4,449,148	6,983,309
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other-than-invested assets	266,896	.0	266,896	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	373,482,915	0	373,482,915	371,768,778
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	373,482,915	0	373,482,915	371,768,778
DETAILS OF WRITE-INS				
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. Equities and Deposits in Pools and Associations	110,140		110,140	0
2502. Miscellaneous Receivables	156,756		156,756	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)	266,896	0	266,896	0

STATEMENT AS OF JUNE 30, 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	0
2. Reinsurance payable on paid losses and loss adjustment expenses	268,768	0
3. Loss adjustment expenses	0	0
4. Commissions payable, contingent commissions and other similar charges	0	0
5. Other expenses (excluding taxes, licenses and fees)	(257)	1,987
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	0	0
7.1 Current federal and foreign income taxes (including \$ 102,661 on realized capital gains (losses))	405,871	219,439
7.2 Net deferred tax liability	14,538,710	15,651,468
8. Borrowed money \$ and interest thereon \$	0	0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act).....	0	0
10. Advance premium	0	0
11. Dividends declared and unpaid:		
11.1 Stockholders	0	0
11.2 Policyholders	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions)	22,376,420	24,125,804
13. Funds held by company under reinsurance treaties	0	0
14. Amounts withheld or retained by company for account of others	1,600,640	1,548,637
15. Remittances and items not allocated	0	0
16. Provision for reinsurance (including \$ certified)	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates	0	0
18. Drafts outstanding	0	0
19. Payable to parent, subsidiaries and affiliates	2,701	0
20. Derivatives	0	0
21. Payable for securities	0	0
22. Payable for securities lending	0	0
23. Liability for amounts held under uninsured plans	0	0
24. Capital notes \$ and interest thereon \$	0	0
25. Aggregate write-ins for liabilities	121,777	850
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	39,314,630	41,548,185
27. Protected cell liabilities	0	0
28. Total liabilities (Lines 26 and 27)	39,314,630	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	0
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes	0	0
34. Gross paid in and contributed surplus	18,000,000	18,000,000
35. Unassigned funds (surplus)	312,418,284	308,470,593
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$)	0	0
36.2 shares preferred (value included in Line 31 \$)	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	334,168,284	330,220,593
38. Totals (Page 2, Line 28, Col. 3)	373,482,915	371,768,778
DETAILS OF WRITE-INS		
2501. Accounts Payable--Other	121,777	850
2502.	0	0
2503.	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	121,777	850
2901.	0	0
2902.	0	0
2903.	0	0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0
3201.	0	0
3202.	0	0
3203.	0	0
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

STATEMENT AS OF JUNE 30, 2015 OF THE CINCINNATI CASUALTY COMPANY

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 164,265,593)	149,091,341	152,637,413	307,590,531
1.2 Assumed (written \$ 269)	269	99	150
1.3 Ceded (written \$ 164,265,862)	149,091,610	152,637,512	307,590,681
1.4 Net (written \$ 0)	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	75,382,676	94,102,721	185,602,500
2.2 Assumed	157,872	127,449	38,487
2.3 Ceded	75,540,548	94,230,171	185,640,987
2.4 Net	0	0	0
3. Loss adjustment expenses incurred			0
4. Other underwriting expenses incurred			0
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	0	0	0
7. Net income of protected cells			0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	0	0	0
INVESTMENT INCOME			
9. Net investment income earned	6,485,364	6,260,715	12,697,926
10. Net realized capital gains (losses) less capital gains tax of \$ 413,665	768,235	617,486	1,729,670
11. Net investment gain (loss) (Lines 9 + 10)	7,253,599	6,878,201	14,427,596
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$)			0
13. Finance and service charges not included in premiums			0
14. Aggregate write-ins for miscellaneous income	0	0	0
15. Total other income (Lines 12 through 14)	0	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	7,253,599	6,878,201	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)	7,253,599	6,878,201	14,427,596
19. Federal and foreign income taxes incurred	1,221,767	1,233,684	2,420,523
20. Net income (Line 18 minus Line 19)(to Line 22)	6,031,832	5,644,517	12,007,072
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	330,220,593	316,526,228	316,526,228
22. Net income (from Line 20)	6,031,832	5,644,517	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 \$ (1,118,914)	(2,077,984)	2,418,322	1,673,855
25. Change in net unrealized foreign exchange capital gain (loss)		0	0
26. Change in net deferred income tax	(6,156)	19,608	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)	3,947,692	8,082,447	13,694,365
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	334,168,284	324,608,675	330,220,593
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)	0	0	0

STATEMENT AS OF JUNE 30, 2015 OF THE CINCINNATI CASUALTY 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.....	(1,749,384)	(7,075,168)	(4,106,256)
2. Net investment income.....	6,958,121	6,700,939	13,342,921
3. Miscellaneous income.....	0	0	0
4. Total (Lines 1 to 3).....	5,208,738	(374,229)	9,236,665
5. Benefit and loss related payments.....	906,127	(2,946,020)	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 \$ 542,978 tax on capital gains (losses).....	1,449,000	1,930,000	3,155,820
10. Total (Lines 5 through 9).....	2,355,127	(1,016,020)	3,990,655
11. Net cash from operations (Line 4 minus Line 10).....	2,853,610	641,791	5,246,010
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	13,775,000	13,155,000	23,763,320
12.2 Stocks.....	2,167,133	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.....	0	4,378,074	2,562
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	15,942,133	19,432,294	29,841,566
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	25,308,155	20,490,313	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	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	25,308,155	20,969,130	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).....	(9,366,022)	(1,536,836)	(7,290,490)
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).....	2,553,036	4,638,999	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).....	2,553,036	4,638,999	5,361,408
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).....	(3,959,376)	3,743,954	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).....	1,526,180	5,912,582	5,485,557

STATEMENT AS OF June 30, 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.

	STATE OF DOMICILE	2015	2014
NET INCOME			
(1) Company state basis (Page 4, Line 20, Columns 1 & 3)	Ohio	\$6,031,832	\$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	\$6,031,832	\$12,007,072
SURPLUS			
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	Ohio	\$334,168,284	\$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	\$334,168,284	\$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)

Restricted Asset Category	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	8,581,464	-	-	-	8,581,464	8,582,053	(589)	8,581,464	2.298%	2.298%
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	\$ 8,581,464	\$ -	\$ -	\$ -	\$ 8,581,464	\$ 8,582,053	\$ (589)	\$ 8,581,464	2.298%	2.298%

(a) Subset of column 1

(b) Subset of column 3

STATEMENT AS OF June 30, 2015 FOR THE CINCINNATI CASUALTY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

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	\$ -	\$ 131,483	\$ 131,483
(b) Statutory Valuation Allowance	\$ -	\$ -	\$ -
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ -	\$ 131,483	\$ 131,483
(d) Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	\$ -	\$ 131,483	\$ 131,483
(f) Deferred Tax Liabilities	\$ 10,388	\$ 14,659,805	\$ 14,670,193
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (10,388)	\$ (14,528,322)	\$ (14,538,710)

	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	\$ -	\$ (8,045)	\$ (8,045)
(b) Statutory Valuation Allowance	\$ -	\$ -	\$ -
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ -	\$ (8,045)	\$ (8,045)
(d) Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	\$ -	\$ (8,045)	\$ (8,045)
(f) Deferred Tax Liabilities	\$ (1,889)	\$ (1,118,914)	\$ (1,120,803)
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ 1,889	\$ 1,110,869	\$ 1,112,758

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	\$ 50,125,243	\$ 50,125,243	\$ 50,125,243
(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	\$ -	\$ 131,483	\$ 131,483
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	\$ -	\$ 131,483	\$ 131,483

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	\$ 592,154	\$ 592,154	\$ 592,154
(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	\$ -	\$ (8,045)	\$ (8,045)
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	\$ -	\$ (8,045)	\$ (8,045)

STATEMENT AS OF June 30, 2015 FOR THE CINCINNATI CASUALTY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

3

	2015 Percentage	2014 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

4

	2015		
	Ordinary	Capital	Total
Impact of Tax Planning Strategies			
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.			
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ -	\$ 131,483	\$ 131,483
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)	\$ -	\$ 131,483	\$ 131,483
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
Impact of Tax Planning Strategies			
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.			
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ -	\$ 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
Impact of Tax Planning Strategies			
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.			
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ -	\$ (8,045)	\$ (8,045)
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)	\$ -	\$ (8,045)	\$ (8,045)
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	\$ 1,221,767	\$ 2,420,524	\$ (1,198,757)
(b) Foreign			
(c) Subtotal	\$ 1,221,767	\$ 2,420,524	\$ (1,198,757)
(d) Federal Income Tax on capital gains/(losses)	\$ 413,665	\$ 930,916	\$ (517,251)
(e) Utilization of capital loss carryforwards	\$ -	\$ -	\$ -
(f) Other	\$ -	\$ -	\$ -
Federal income taxes incurred	\$ 1,635,432	\$ 3,351,440	\$ (1,716,008)

2. Deferred Tax Assets

	June 30, 2015	December 31, 2014	Change
(a) Ordinary			
(1) Unearned premium reserve	\$ -	\$ -	\$ -
(2) Unpaid loss reserve	\$ -	\$ -	\$ -
(3) Contingent commission	\$ -	\$ -	\$ -
(4) Nonadmitted assets	\$ -	\$ -	\$ -
(5) Other deferred tax assets	\$ -	\$ -	\$ -
(99) Subtotal	\$ -	\$ -	\$ -
(b) Statutory valuation allowance adj	\$ -	\$ -	\$ -
(c) Nonadmitted	\$ -	\$ -	\$ -
(d) Admitted ordinary deferred tax assets (2a99-2b-2c)	\$ -	\$ -	\$ -
(e) Capital			
(1) Investments	\$ 131,483	\$ 139,528	\$ (8,045)
(2) Unrealized (gain)/loss on investments	\$ -	\$ -	\$ -
(99) Subtotal	\$ 131,483	\$ 139,528	\$ (8,045)
(f) Statutory valuation allowance adj	\$ -	\$ -	\$ -
(g) Nonadmitted	\$ -	\$ -	\$ -
(h) Admitted capital deferred tax assets (2e99-2f-2g)	\$ 131,483	\$ 139,528	\$ (8,045)
(i) Admitted deferred tax assets (2d + 2h)	\$ 131,483	\$ 139,528	\$ (8,045)

STATEMENT AS OF June 30, 2015 FOR THE CINCINNATI CASUALTY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

3. Deferred Tax Liabilities

	June 30, 2015	December 31, 2014	Change
(a) Ordinary			
(1) Commission expense	\$ -	\$ -	\$ -
(2) Other, net	\$ 10,388	\$ 12,277	\$ (1,889)
(99) Subtotal	\$ 10,388	\$ 12,277	\$ (1,889)
(b) Capital			
(1) Unrealized (gain)/loss on investments	\$ 14,659,805	\$ 15,778,719	\$ (1,118,914)
(99) Subtotal	\$ 14,659,805	\$ 15,778,719	\$ (1,118,914)
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 14,670,193	\$ 15,790,996	\$ (1,120,803)
4. Net deferred tax assets/liabilities (2i-3c)	<u>\$ (14,538,710)</u>	<u>\$ (15,651,468)</u>	<u>\$ 1,112,758</u>

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

	June 30, 2015	December 31, 2014	Change
Total deferred tax assets	\$ 131,483	\$ 139,528	\$ (8,045)
Total deferred tax liabilities	\$ 14,670,193	\$ 15,790,996	\$ (1,120,803)
Net deferred tax asset/liability	\$ (14,538,710)	\$ (15,651,468)	\$ 1,112,758
Tax effect of unrealized (gains)/losses			\$ (1,118,914)
Change in net deferred income tax (charge)/benefit			<u>\$ (6,156)</u>
	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			<u>\$ 13,438</u>

Reconciliation of Federal Income Tax Rate to Actual Effective Rate

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

Description	As of June 30, 2015		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 7,667,263	\$ 2,683,542	35.00%
Net tax exempt interest	\$ (2,212,160)	\$ (774,256)	-10.10%
Net dividends received deduction	\$ (772,777)	\$ (270,472)	-3.53%
Other items permanent, net	\$ (3)	\$ (1)	0.00%
DRD on accrued	\$ 7,929	\$ 2,775	0.04%
Total	<u>\$ 4,690,252</u>	<u>\$ 1,641,588</u>	<u>21.41%</u>
Federal income taxes incurred expense/(benefit)	\$ 3,490,763	\$ 1,221,767	15.93%
Tax on capital gains/(losses)	\$ 1,181,900	\$ 413,665	5.40%
Change in net deferred income tax charge/(benefit)	\$ 17,589	\$ 6,156	0.08%
Total statutory income taxes incurred	<u>\$ 4,690,252</u>	<u>\$ 1,641,588</u>	<u>21.41%</u>
As of December 31, 2014			
Description	Effective Tax Rate		
	Amount	Tax Effect	Rate
Income before taxes	\$ 15,358,511	\$ 5,375,479	35.00%
Net tax exempt interest	\$ (4,313,000)	\$ (1,509,550)	-9.83%
Net dividends received deduction	\$ (1,506,577)	\$ (527,302)	-3.43%
Other items permanent, net	\$ 6	\$ 2	0.00%
DRD on accrued	\$ (1,791)	\$ (627)	0.00%
Total	<u>\$ 9,537,149</u>	<u>\$ 3,338,002</u>	<u>21.74%</u>
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)	-0.09%
Total statutory income taxes incurred	<u>\$ 9,537,149</u>	<u>\$ 3,338,002</u>	<u>21.74%</u>

STATEMENT AS OF June 30, 2015 FOR THE CINCINNATI CASUALTY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

E. Operating Loss and Tax Credit Carryforwards

(1) At June 30, 2015, the Company had net operating loss and tax credit carryforwards of: \$ -
 (2) At June 30, 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	\$ 1,221,767	\$ 413,665	\$ 1,635,432
2014	\$ 2,420,524	\$ 930,916	\$ 3,351,440
2013	\$ -	\$ 2,016	\$ 2,016
Total	<u>\$ 3,642,291</u>	<u>\$ 1,346,597</u>	<u>\$ 4,988,888</u>

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

F. Consolidated Federal Income Tax Return

(1) The Company's federal income tax return is consolidated with the following

entities: Cincinnati Financial Corporation (Parent)
 The Cincinnati Insurance Company
 The Cincinnati Indemnity Company
 The Cincinnati Life Insurance Company
 The Cincinnati Specialty Underwriters 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.

A. 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 – 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.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	270,602,452	259,533,373	1,793,816	268,808,636		
Common Stock	86,187,748	86,187,748	86,187,748			
Perpetual Preferred Stock						
Mortgage Loans						

D. Not applicable

21. Other Items – No Change

22. Subsequent Events – No Change

23. Reinsurance – No Change

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination – No Change

25. Change in Incurred Losses and Loss Adjustment Expenses – No Change

26. Intercompany Pooling Arrangements – No Change

27. Structured Settlements – No Change

28. Health Care Receivables – No Change

29. Participating Policies – No Change

30. Premium Deficiency Reserves – No Change

31. High Deductibles – No Change

32. The Company does not discount unpaid losses or loss adjustment expenses except for income tax purposes.

33. Asbestos and Environmental Reserves – No Change

34. Subscriber Savings Accounts – No Change

35. Multiple Peril Crop Insurance – No Change

36. Financial Guaranty Insurance – No Change

37. Other – No Change

STATEMENT AS OF JUNE 30, 2015 OF THE CINCINNATI CASUALTY COMPANY

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

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

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

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

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []

If yes, complete Schedule Y, Parts 1 and 1A.

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

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

.....

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

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

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

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

If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014

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

STATEMENT AS OF JUNE 30, 2015 OF THE CINCINNATI CASUALTY COMPANY**GENERAL INTERROGATORIES**

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

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

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

.....

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

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

.....

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

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

.....

FINANCIAL

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 4,449,148

INVESTMENT

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

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

.....

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

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

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

14.2 If yes, please complete the following:

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

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

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

If no, attach a description with this statement.

STATEMENT AS OF JUNE 30, 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:

.....

STATEMENT AS OF JUNE 30, 2015 OF THE CINCINNATI CASUALTY COMPANY

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

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

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

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

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

4.2 If yes, complete the following schedule:

5. Operating Percentages:

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

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

STATEMENT AS OF JUNE 30, 2015 OF THE CINCINNATI CASUALTY COMPANY

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 JUNE 30, 2015 OF THE CINCINNATI CASUALTY COMPANY

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

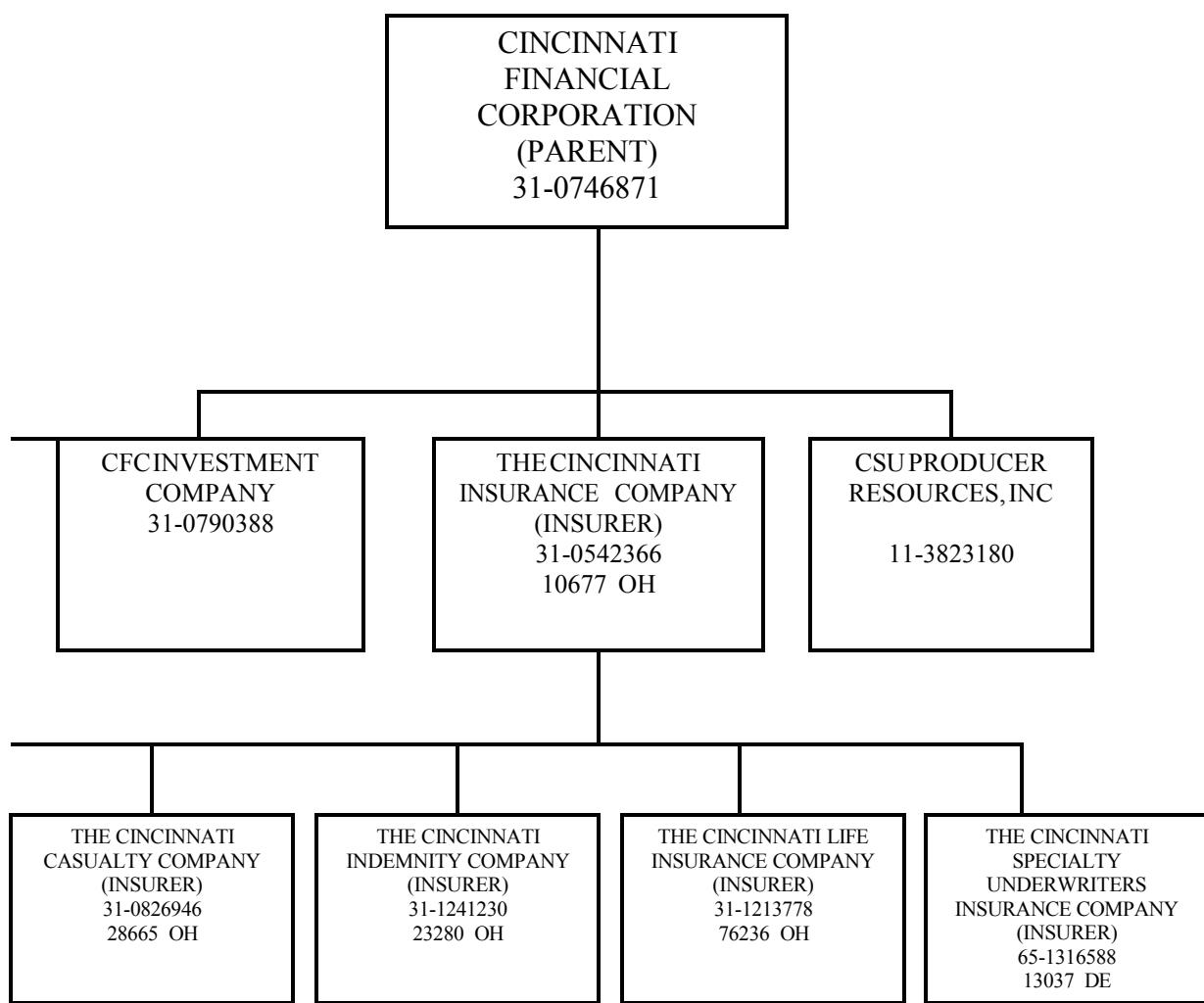
Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama	AL	4,321,351	4,595,224	.806,527	442,987	4,419,577	4,291,771
2. Alaska	AK	L	0	0	0	0	0
3. Arizona	AZ	L	1,501,636	1,412,659	.938,706	199,525	1,924,099
4. Arkansas	AR	L	2,549,925	2,107,554	.584,784	474,404	3,467,364
5. California	CA	L	194,773	147,056	1,463	0	147,764
6. Colorado	CO	L	1,028,745	940,835	.593,908	1,989,608	4,375,365
7. Connecticut	CT	L	489,853	222,208	28,308	.19,553	544,018
8. Delaware	DE	L	1,201,585	1,052,063	.543,989	378,075	3,081,609
9. Dist. Columbia	DC	L	116,542	133,117	0	.5,532	173,722
10. Florida	FL	L	216,346	273,621	.272,888	199,394	2,999,279
11. Georgia	GA	L	8,813,030	7,990,426	.7,244,728	3,711,590	21,498,464
12. Hawaii	HI	L	.858	.3,470	0	0	1,504
13. Idaho	ID	L	1,439,342	1,027,046	.61,308	.78,822	768,212
14. Illinois	IL	L	17,477,738	21,588,408	.11,136,843	10,968,217	.108,876,327
15. Indiana	IN	L	12,793,691	13,453,690	.5,838,903	.5,858,714	44,908,661
16. Iowa	IA	L	2,634,263	3,213,251	.2,005,601	.1,017,474	18,116,977
17. Kansas	KS	L	2,568,901	3,101,121	.1,529,936	.1,303,453	5,806,869
18. Kentucky	KY	L	2,991,774	3,218,363	.1,675,414	.1,978,474	18,067,710
19. Louisiana	LA	L	.56,327	.81,126	.31,615	0	.83,661
20. Maine	ME	L	.52,105	.855	0	0	.17,035
21. Maryland	MD	L	3,510,511	3,637,760	.1,617,097	.1,709,061	.11,176,882
22. Massachusetts	MA	L	0	0	0	0	.201
23. Michigan	MI	L	10,707,938	12,221,062	.3,491,535	.5,055,503	.37,603,827
24. Minnesota	MN	L	4,810,737	3,655,861	.1,431,437	.2,263,229	.10,632,987
25. Mississippi	MS	L	152,994	.88,274	.10,966	.6,543	.276,314
26. Missouri	MO	L	6,544,151	5,776,537	.2,160,754	.2,275,180	.24,758,679
27. Montana	MT	L	.479,284	.300,572	.51,357	.50,379	.402,603
28. Nebraska	NE	L	2,856,598	2,331,814	.961,620	.939,241	.8,738,036
29. Nevada	NV	L	.11,119	.20,466	.377	0	.13,149
30. New Hampshire	NH	L	.956,921	.949,665	.190,643	.379,696	.3,114,863
31. New Jersey	NJ	L	.408,404	.118,286	.1,064	.800	.150,293
32. New Mexico	NM	L	.894,308	.536,909	.152,507	.216,330	.640,612
33. New York	NY	L	.2,324,465	.2,543,636	.924,918	.456,653	.5,929,328
34. No. Carolina	NC	L	.7,917,948	8,320,904	.2,791,477	.3,346,777	.26,189,038
35. No. Dakota	ND	L	.463,233	.176,992	.18,802	.23,171	.173,009
36. Ohio	OH	L	15,838,736	.13,187,469	.3,648,110	.1,648,333	.13,391,809
37. Oklahoma	OK	L	.347,853	.343,412	.79,621	.128,289	.596,500
38. Oregon	OR	L	.1,913,488	.1,003,494	.560,071	.290,184	.1,253,317
39. Pennsylvania	PA	L	.17,760,623	.17,760,164	.6,734,967	.6,766,587	.46,948,372
40. Rhode Island	RI	L	.8,122	.14,104	.36,197	.22,499	.259,817
41. So. Carolina	SC	L	.1,225,873	.1,437,855	.984,301	.533,151	.7,769,238
42. So. Dakota	SD	L	.404,816	.477,901	.1,109,819	.465,924	.3,600,378
43. Tennessee	TN	L	.4,120,141	.4,305,550	.1,590,196	.1,326,461	.15,099,482
44. Texas	TX	L	.5,251,153	.5,610,290	.2,873,024	.3,726,065	.12,138,478
45. Utah	UT	L	.982,242	.1,314,046	.340,599	.273,434	.2,204,306
46. Vermont	VT	L	.1,304,642	.1,225,007	.881,771	.593,742	.6,014,727
47. Virginia	VA	L	.5,473,470	.4,880,894	.2,211,291	.2,034,274	.18,448,954
48. Washington	WA	L	.502,657	.346,986	.330,804	.33,235	.304,116
49. West Virginia	WV	L	.1,102,224	.1,242,123	.850,153	.357,115	.1,973,804
50. Wisconsin	WI	L	.5,467,484	.6,158,216	.2,836,365	.5,211,119	.18,158,571
51. Wyoming	WY	L	.74,673	.148,398	.52,304	.45,174	.208,889
52. American Samoa	AS	N	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0
58. Aggregate Other Alien	OT	XXX	0	0	0	0	0
59. Totals	(a)	51	164,265,593	164,696,740	72,219,069	68,803,969	517,448,793
DETAILS OF WRITE-INS		XXX					
58001.		XXX					
58002.		XXX					
58003.		XXX					
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0

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

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

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



STATEMENT AS OF JUNE 30, 2015 OF THE CINCINNATI CASUALTY COMPANY

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

Asterisk	Explanation

2

STATEMENT AS OF JUNE 30, 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	1,393,810	1,243,010	89.2	24.8
2. Allied lines	1,353,903	572,432	42.3	12.7
3. Farmowners multiple peril			0.0	0.0
4. Homeowners multiple peril		33,637	0.0	(1,783.3)
5. Commercial multiple peril	38,939,274	24,453,074	62.8	80.0
6. Mortgage guaranty			0.0	0.0
8. Ocean marine			0.0	0.0
9. Inland marine	680,626	203,536	29.9	(13.3)
10. Financial guaranty			0.0	0.0
11.1 Medical professional liability -occurrence	770,662	211,594	27.5	60.7
11.2 Medical professional liability -claims made	12,351		0.0	0.0
12. Earthquake	40,841		0.0	0.0
13. Group accident and health			0.0	0.0
14. Credit accident and health			0.0	0.0
15. Other accident and health			0.0	0.0
16. Workers' compensation	75,390,450	36,283,273	48.1	55.6
17.1 Other liability occurrence	11,647,925	2,293,708	19.7	48.2
17.2 Other liability-claims made	433,498	49,210	11.4	28.0
17.3 Excess Workers' Compensation			0.0	0.0
18.1 Products liability-occurrence	3,897,963	1,506,723	38.7	62.9
18.2 Products liability-claims made			0.0	0.0
19.1,19.2 Private passenger auto liability	6,756	(45,501)	(673.5)	(139.9)
19.3,19.4 Commercial auto liability	10,639,679	5,749,081	54.0	69.5
21. Auto physical damage	3,640,175	2,698,901	74.1	62.2
22. Aircraft (all perils)			0.0	0.0
23. Fidelity			0.0	0.0
24. Surety	23,947		0.0	(5.9)
26. Burglary and theft	56,446	45,000	79.7	26.8
27. Boiler and machinery	163,037	85,000	52.1	0.0
28. Credit			0.0	0.0
29. International			0.0	0.0
30. Warranty			0.0	0.0
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0.0	0.0
TOTALS	149,091,341	75,382,676	50.6	61.7
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date	
1. Fire	703,570	1,377,085	1,583,379	
2. Allied lines	600,845	1,241,465	1,408,133	
3. Farmowners multiple peril	0		0	
4. Homeowners multiple peril	0		178	
5. Commercial multiple peril	23,313,067	46,719,538	42,152,503	
6. Mortgage guaranty	0		0	
8. Ocean marine	0		0	
9. Inland marine	420,469	765,054	767,744	
10. Financial guaranty	0		0	
11.1 Medical professional liability-occurrence	556,757	994,479	880,528	
11.2 Medical professional liability-claims made	(18)	6,013	6,461	
12. Earthquake	37,215	65,326	43,381	
13. Group accident and health	0		0	
14. Credit accident and health	0		0	
15. Other accident and health	0		0	
16. Workers' compensation	36,006,760	77,062,899	84,239,472	
17.1 Other liability occurrence	6,832,477	13,514,968	12,660,128	
17.2 Other liability-claims made	246,284	534,110	452,843	
17.3 Excess Workers' Compensation	0		0	
18.1 Products liability-occurrence	2,349,366	4,894,443	4,878,201	
18.2 Products liability-claims made	0		0	
19.1,19.2 Private passenger auto liability	7,056	10,844	10,337	
19.3,19.4 Commercial auto liability	6,277,875	12,516,608	11,490,492	
21. Auto physical damage	2,173,652	4,334,768	3,832,156	
22. Aircraft (all perils)	0		0	
23. Fidelity	0		0	
24. Surety	6,141	13,253	48,414	
26. Burglary and theft	28,947	55,665	56,778	
27. Boiler and machinery	71,204	159,075	185,612	
28. Credit	0		0	
29. International	0		0	
30. Warranty	0		0	
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	
34. Aggregate write-ins for other lines of business	0	0	0	
TOTALS	79,631,667	164,265,593	164,696,740	
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0	0

STATEMENT AS OF JUNE 30, 2015 OF THE CINCINNATI CASUALTY COMPANY

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

Years in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	4 2015 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2015 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2015 Loss and LAE Payments (Cols. 4 + 5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	9 Q.S. Date IBNR Loss and LAE Reserves	10 Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	13 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
Prior Year-End 8. 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			

STATEMENT AS OF JUNE 30, 2015 OF THE CINCINNATI CASUALTY COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

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

Explanation:

1.

3.

Bar Code:

1. 
2 8 6 6 5 2 0 1 5 4 9 0 0 0 0 2

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

OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF JUNE 30, 2015 OF THE CINCINNATI CASUALTY COMPANY

SCHEDULE A – VERIFICATION

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

SCHEDULE B – VERIFICATION

Mortgage Loans		1 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

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

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		338,796,812	327,077,332
2. Cost of bonds and stocks acquired		25,308,155	37,132,055
3. Accrual of discount		44,783	84,335
4. Unrealized valuation increase (decrease)		(3,196,898)	2,575,161
5. Total gain (loss) on disposals		1,181,900	2,658,024
6. Deduct consideration for bonds and stocks disposed of		15,942,133	29,839,004
7. Deduct amortization of premium		471,499	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)		345,721,120	338,796,812
11. Deduct total nonadmitted amounts		0	0
12. Statement value at end of current period (Line 10 minus Line 11)		345,721,120	338,796,812

STATEMENT AS OF JUNE 30, 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
BONDS								
1. NAIC 1 (a).....	174,143,598	13,503,800	5,632,826	2,356,944	174,143,598	184,371,516	0	175,074,837
2. NAIC 2 (a).....	76,814,222		1,000,000	(2,575,252)	76,814,222	73,238,971	0	71,410,055
3. NAIC 3 (a).....	1,881,710			41,176	1,881,710	1,922,886	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.....	252,839,530	13,503,800	6,632,826	(177,132)	252,839,530	259,533,373	0	248,257,311
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.....	252,839,530	13,503,800	6,632,826	(177,132)	252,839,530	259,533,373	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 \$

Schedule DA - Part 1

NONE

Schedule DA - Verification

NONE

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3
NONE

Schedule BA - Part 2
NONE

Schedule BA - Part 3
NONE

STATEMENT AS OF JUNE 30, 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)
Bonds - U.S. Political Subdivisions of States, Territories and Possessions									
.036269-BR-8.	MN ANOKA CNTY REGL AUTH GO		.05/21/2015	RW BAIRD	1,784,538		.1,800,000		.1FE
.487694-PE-5.	TX KELLER INDEP SCH DIST GO		.04/23/2015	RBC CAPITAL MARKETS		1,190,847		.1,105,000	.1FE
.500566-KP-8.	ID KOOTENAI CNTY SCH DIST GO		.05/07/2015	PIPER JAFFRAY		.660,176		.620,000	.1FE
.56643F-GF-2.	AZ MARICOPA CNTY UNIF SCH CAVE CRK GO		.05/07/2015	STIFEL NICOLAUS		1,312,151		.1,260,000	.1FE
.567137-E2-6.	AZ MARICOPA ELEM SCH DIST GO		.05/28/2015	STIFEL NICOLAUS		1,042,930		.1,000,000	.1FE
.567320-GP-5.	AZ MARICOPA CNTY ELEM SCH DIST GO		.05/22/2015	STIFEL NICOLAUS		1,036,860		.1,000,000	.1FE
.567320-GQ-3.	AZ MARICOPA CNTY ELEM SCH DIST GO		.05/22/2015	STIFEL NICOLAUS		1,055,791		.1,025,000	.1FE
.567505-NC-2.	AZ MARICOPA CNTY SCH GO		.05/20/2015	PIPER JAFFRAY		.406,720		.400,000	.1FE
.567505-ND-0.	AZ MARICOPA CNTY SCH GO		.05/20/2015	PIPER JAFFRAY		.584,837		.580,000	.1FE
.705880-PD-8.	AL CITY OF PELL CITY GO		.05/08/2015	RAYMOND JAMES		1,462,650		.1,500,000	.1FE
.834661-CB-4.	ME SOMERSET CNTY GO		.04/30/2015	RAYMOND JAMES		1,208,430		.1,000,000	.1FE
2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						11,745,931		11,290,000	0 XXX
Bonds - U.S. Special Revenue									
.661524-HN-1.	PA NORTH PENN WTR AUT REVENUE		.04/01/2015	RBC DAIN RAUSCHER		.609,983		.590,000	.1FE
.744129-FR-3.	UT PROVO ENERGY SYS REVENUE		.04/22/2015	RW BAIRD		1,147,885		.1,165,000	.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						1,757,869		1,745,000	0 XXX
8399997 - Subtotals - Bonds - Part 3						13,503,800		13,035,000	0 XXX
8399999 - Subtotals - Bonds						13,503,800		13,035,000	0 XXX
9999999 Totals						13,503,800	XXX	0 XXX	

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

E04

STATEMENT AS OF JUNE 30, 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

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

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Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

STATEMENT AS OF JUNE 30, 2015 OF THE CINCINNATI CASUALTY COMPANY

SCHEDULE E - PART 1 - CASH

Month End Depository Balances								
1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
THE FIFTH THIRD BANK-REGULAR ACCOUNT					1,422,912	1,855,739	577,728	XXX
THE FIFTH THIRD BANK-VESTMENT ACCOUNT					6,425,896	5,022,937	948,452	XXX
0199998 Deposits in depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX						XXX
0199999 Total Open Depositories	XXX	XXX	0	0	7,848,808	6,878,676	1,526,180	XXX
0399999 Total Cash on Deposit	XXX	XXX	0	0	7,848,808	6,878,676	1,526,180	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999 Total	XXX	XXX	0	0	7,848,808	6,878,676	1,526,180	XXX

STATEMENT AS OF JUNE 30, 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

NONE

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SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 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
2. Alaska	AK	0	0	0	0	0	0	0
3. Arizona	AZ	0	0	0	0	0	0	0
4. Arkansas	AR	0	0	0	0	0	0	0
5. California	CA	0	0	0	0	0	0	0
6. Colorado	CO	0	0	0	0	0	0	0
7. Connecticut	CT	0	0	0	0	0	0	0
8. Delaware	DE	0	0	0	0	0	0	0
9. District of Columbia	DC	0	0	0	0	0	0	0
10. Florida	FL	0	0	0	0	0	0	0
11. Georgia	GA	6,754	3,290	0	0	1,632	0	2,766
12. Hawaii	HI	0	0	0	0	0	0	0
13. Idaho	ID	0	0	0	0	0	0	0
14. Illinois	IL	0	0	0	0	0	0	0
15. Indiana	IN	0	0	0	0	0	0	0
16. Iowa	IA	0	0	0	0	0	0	0
17. Kansas	KS	0	0	0	0	0	0	0
18. Kentucky	KY	1,599	798	0	0	2,171	0	3,760
19. Louisiana	LA	0	0	0	0	0	0	0
20. Maine	ME	0	0	0	0	0	0	0
21. Maryland	MD	0	0	0	0	0	0	0
22. Massachusetts	MA	0	0	0	0	0	0	0
23. Michigan	MI	0	0	0	0	0	0	0
24. Minnesota	MN	0	0	0	0	0	0	0
25. Mississippi	MS	0	0	0	0	0	0	0
26. Missouri	MO	0	0	0	0	0	0	0
27. Montana	MT	0	0	0	0	0	0	0
28. Nebraska	NE	0	0	0	0	0	0	0
29. Nevada	NV	0	0	0	0	0	0	0
30. New Hampshire	NH	0	0	0	0	0	0	0
31. New Jersey	NJ	0	0	0	0	0	0	0
32. New Mexico	NM	0	0	0	0	0	0	0
33. New York	NY	0	0	0	0	0	0	0
34. North Carolina	NC	11,419	5,616	0	0	57,403	0	61,251
35. North Dakota	ND	0	0	0	0	0	0	0
36. Ohio	OH	38,865	18,781	0	0	(3,752)	0	29,101
37. Oklahoma	OK	0	0	0	0	0	0	0
38. Oregon	OR	0	0	0	0	0	0	0
39. Pennsylvania	PA	0	0	0	0	0	0	0
40. Rhode Island	RI	0	0	0	0	0	0	0
41. South Carolina	SC	0	0	0	0	0	0	0
42. South Dakota	SD	0	0	0	0	0	0	0
43. Tennessee	TN	0	0	0	0	0	0	0
44. Texas	TX	0	0	0	0	0	0	0
45. Utah	UT	0	0	0	0	0	0	0
46. Vermont	VT	0	0	0	0	0	0	0
47. Virginia	VA	0	0	0	0	0	0	0
48. Washington	WA	0	0	0	0	0	0	0
49. West Virginia	WV	0	0	0	0	0	0	0
50. Wisconsin	WI	0	0	0	0	0	0	0
51. Wyoming	WY	0	0	0	0	0	0	0
52. American Samoa	AS							
53. Guam	GU							
54. Puerto Rico	PR							
55. U.S. Virgin Islands	VI							
56. Northern Mariana Islands	MP							
57. Canada	CAN							
58. Aggregate other alien	OT	0	0	0	0	0	0	0
59. Totals		58,637	28,485	0	0	57,454	0	96,877
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 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
59. Totals		0	0	0	0	0	0	0
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0

NONE



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 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	50,870	.25,780	0	0	2,567	0	.0
2. Alaska	AK	0	0	0	0	0	0	0
3. Arizona	AZ	0	7,357	0	0	1,282	0	.6,181
4. Arkansas	AR	1,379	1,772	0	0	469	0	.1,064
5. California	CA	0	0	0	0	0	0	0
6. Colorado	CO	3,245	3,461	0	0	881	0	.1,635
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	25,448	.16,264	0	0	(2,693)	0	.10,421
12. Hawaii	HI	0	0	0	0	0	0	0
13. Idaho	ID	730	2,275	0	0	682	0	.865
14. Illinois	IL	32,520	.34,089	0	0	9,347	0	.19,062
15. Indiana	IN	4,425	2,414	0	0	(9,313)	165,624	.2,201
16. Iowa	IA	0	2,442	0	0	(1,486)	0	.4,198
17. Kansas	KS	19,509	.15,678	0	0	4,142	0	.9,300
18. Kentucky	KY	9,209	6,460	0	0	12,075	0	.21,653
19. Louisiana	LA	0	0	0	0	0	0	0
20. Maine	ME	0	0	0	0	0	0	0
21. Maryland	MD	2,523	.327	0	0	.31	0	.304
22. Massachusetts	MA	0	0	0	0	0	0	0
23. Michigan	MI	37,986	.30,489	0	0	10,093	0	.26,158
24. Minnesota	MN	2,736	1,230	0	0	.339	0	.656
25. Mississippi	MS	0	0	0	0	0	0	0
26. Missouri	MO	2,167	1,084	0	0	199	0	.862
27. Montana	MT	2,657	5,429	0	0	1,478	0	.2,986
28. Nebraska	NE	3,179	1,798	0	0	450	0	.1,040
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	(2,528)	0	.4,495
34. North Carolina	NC	16,476	.14,222	0	0	53,067	0	.88,376
35. North Dakota	ND	0	0	0	0	0	0	0
36. Ohio	OH	89,412	.73,297	.3,335	1	(89,269)	0	.66,949
37. Oklahoma	OK	0	0	0	0	0	0	0
38. Oregon	OR	2,926	.461	0	0	125	0	.125
39. Pennsylvania	PA	27,610	.29,484	0	0	.6,303	10,000	.24,001
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	(112)	0	.328
43. Tennessee	TN	45,836	.17,188	0	0	4,729	0	.9,294
44. Texas	TX	15,784	12,364	0	0	1,667	0	.9,088
45. Utah	UT	0	.853	0	0	240	0	.458
46. Vermont	VT	0	0	0	0	0	0	0
47. Virginia	VA	21,138	11,064	0	0	2,740	0	.7,020
48. Washington	WA	0	.65	0	0	0	0	0
49. West Virginia	WV	4,208	2,558	0	0	(921)	0	.3,527
50. Wisconsin	WI	9,205	.6,413	0	0	14,115	0	.25,731
51. Wyoming	WY	1,195	1,034	0	0	241	0	.722
52. American Samoa	AS							
53. Guam	GU							
54. Puerto Rico	PR							
55. U.S. Virgin Islands	VI							
56. Northern Mariana Islands	MP							
57. Canada	CAN							
58. Aggregate other alien	OT	0	0	0	0	0	0	0
59. Totals		432,373	327,352	3,335	1	20,940	175,624	375,159
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 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	AL	115,136	.58,767	0	0	9,513	.6,793	.1	.59,886
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	37,228	19,045	0	0	1,773	0	0	18,517
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	4,607	0	0	(25,315)	.65,187	.1	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	18,981	.21,753	0	0	.175	0	0	13,071
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	146,825	0	0	(117,550)	0	0	0
35. North Dakota	ND	0	0	0	0	0	0	0	0
36. Ohio	OH	161,353	.77,397	215,000	1	14,563	136,846	.4	120,817
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	.176,784	.91,854	0	0	.269,240	.284,717	.1	153,673
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	6,928	0	0	(19,198)	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		509,482	427,176	215,000	1	133,201	493,543	7	365,964
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 JUNE 30, 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
\$ 4,770	\$ 3,334	\$

2. Commercial Multiple Peril (CMP) Packaged Policies

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

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

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

2.31 Amount quantified: \$ 33,069

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. \$ 4,963