



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 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 Ashley Rader 513-870-2000
(Name) (Area Code) (Telephone Number) (Extension)
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(E-Mail Address) (Fax Number)

OFFICERS

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

OTHER OFFICERS

<u>TERESA CURRIN CRACAS</u>	<u>SENIOR VICE PRESIDENT</u>	<u>DONALD JOSEPH DOYLE JR</u>	<u>SENIOR VICE PRESIDENT</u>
<u>MARTIN FRANCIS HOLLENBECK</u>	<u>SENIOR VICE PRESIDENT</u>	<u>JOHN SCOTT KELLINGTON</u>	<u>SENIOR VICE PRESIDENT</u>
<u>LISA ANNE LOVE</u>	<u>SENIOR VICE PRESIDENT, CORPORATE SECRETARY</u>	<u>ERIC NEIL MATHEWS</u>	<u>SENIOR VICE PRESIDENT</u>
<u>MARTIN JOSEPH MULLEN</u>	<u>SENIOR VICE PRESIDENT</u>	<u>JACOB FERDINAND SCHERER</u>	<u>EXECUTIVE VICE PRESIDENT</u>
<u>STEPHEN MICHAEL SPRAY</u>	<u>SENIOR VICE PRESIDENT</u>	<u>KENNETH WILLIAM STECHER</u>	<u>CHAIRMAN OF THE BOARD</u>
<u>CHARLES PHILIP STONEBURNER II</u>	<u>SENIOR VICE PRESIDENT</u>	<u>TIMOTHY LEE TIMMEL</u>	<u>SENIOR VICE PRESIDENT</u>
<u>WILLIAM HAROLD VAN DEN HEUVEL</u>	<u>SENIOR VICE PRESIDENT</u>		

DIRECTORS OR TRUSTEES

<u>WILLIAM FORREST BAHL</u>	<u>GREGORY THOMAS BIER</u>	<u>TERESA CURRIN CRACAS</u>	<u>DONALD JOSEPH DOYLE JR</u>
<u>MARTIN FRANCIS HOLLENBECK</u>	<u>STEVEN JUSTUS JOHNSTON</u>	<u>JOHN SCOTT KELLINGTON</u>	<u>LISA ANNE LOVE</u>
<u>WILLIAM RODNEY MCMULLEN</u>	<u>MARTIN JOSEPH MULLEN</u>	<u>DAVID PAUL OSBORN</u>	<u>JACOB FERDINAND SCHERER</u>
<u>JOHN JEFFERSON SCHIFF JR</u>	<u>THOMAS REID SCHIFF</u>	<u>MICHAEL JAMES SEWELL</u>	<u>STEPHEN MICHAEL SPRAY</u>
<u>KENNETH WILLIAM STECHER</u>	<u>JOHN 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 ofOhio.....

County ofButler.....ss

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

STEVEN J. JOHNSTON
CHIEF EXECUTIVE OFFICER, PRESIDENT

MICHAEL J. SEWELL
CHIEF FINANCIAL OFFICER, SENIOR VICE
PRESIDENT

THERESA A. HOFFER
VICE PRESIDENT, TREASURER

Subscribed and sworn to before me this
_____ day of _____ November, 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 SEPTEMBER 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	258,748,820		258,748,820	248,257,311
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	78,305,983		78,305,983	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 (\$5,686,607), cash equivalents (\$0) and short-term investments (\$0)	5,686,607		5,686,607	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)	342,741,410	0	342,741,410	344,282,370
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	3,095,749		3,095,749	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	12,541,518		12,541,518	14,990,882
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts	4,405,279		4,405,279	2,489,705
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	208,107		208,107	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	3,002,791		3,002,791	6,983,309
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other-than-invested assets	78,378	0	78,378	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	366,073,232	0	366,073,232	371,768,778
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	366,073,232	0	366,073,232	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. Miscellaneous Receivables	78,378		78,378	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)	78,378	0	78,378	0

STATEMENT AS OF SEPTEMBER 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
2. Reinsurance payable on paid losses and loss adjustment expenses		0
3. Loss adjustment expenses		0
4. Commissions payable, contingent commissions and other similar charges		0
5. Other expenses (excluding taxes, licenses and fees)	344	1,987
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		0
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))		219,439
7.2 Net deferred tax liability	11,749,617	15,651,468
8. Borrowed money \$ and interest thereon \$		0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act)		0
10. Advance premium		0
11. Dividends declared and unpaid:		
11.1 Stockholders		0
11.2 Policyholders		0
12. Ceded reinsurance premiums payable (net of ceding commissions)	19,372,447	24,125,804
13. Funds held by company under reinsurance treaties		0
14. Amounts withheld or retained by company for account of others	1,312,693	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	1,999,440	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	3,951	850
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	34,438,494	41,548,185
27. Protected cell liabilities		0
28. Total liabilities (Lines 26 and 27)	34,438,494	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)	309,884,738	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)	331,634,738	330,220,593
38. Totals (Page 2, Line 28, Col. 3)	366,073,232	371,768,778
DETAILS OF WRITE-INS		
2501. Accounts Payable--Other	3,951	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)	3,951	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
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 235,298,856)	226,227,086	228,870,848	307,590,531
1.2 Assumed (written \$ 274)	274	124	150
1.3 Ceded (written \$ 235,299,130)	226,227,361	228,870,971	307,590,681
1.4 Net (written \$ 0)	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$)::			
2.1 Direct	105,942,590	140,254,873	185,602,500
2.2 Assumed	185,900	76,320	38,487
2.3 Ceded	106,128,490	140,331,193	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
INVESTMENT INCOME			
9. Net investment income earned	9,751,900	9,447,869	12,697,926
10. Net realized capital gains (losses) less capital gains tax of \$ 414,344	769,497	993,790	1,729,670
11. Net investment gain (loss) (Lines 9 + 10)	10,521,397	10,441,659	14,427,596
OTHER INCOME			
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)	10,521,397	10,441,659	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)	10,521,397	10,441,659	14,427,596
19. Federal and foreign income taxes incurred	1,827,549	1,813,557	2,420,523
20. Net income (Line 18 minus Line 19)(to Line 22)	8,693,848	8,628,102	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)	8,693,848	8,628,102	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 \$ (3,913,543)	(7,268,010)	831,206	1,673,855
25. Change in net unrealized foreign exchange capital gain (loss)		0	0
26. Change in net deferred income tax	(11,693)	19,354	13,437
27. Change in nonadmitted assets		0	0
28. Change in provision for reinsurance		0	0
29. Change in surplus notes		0	0
30. Surplus (contributed to) withdrawn from protected cells		0	0
31. Cumulative effect of changes in accounting principles		0	0
32. Capital changes:			
32.1 Paid in		0	0
32.2 Transferred from surplus (Stock Dividend)		0	0
32.3 Transferred to surplus		0	0
33. Surplus adjustments:			
33.1 Paid in		0	0
33.2 Transferred to capital (Stock Dividend)		0	0
33.3 Transferred from capital		0	0
34. Net remittances from or (to) Home Office		0	0
35. Dividends to stockholders		0	0
36. Change in treasury stock		0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	1,414,146	9,478,662	13,694,365
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	331,634,738	326,004,890	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

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.....	(4,753,357)	(8,887,466)	(4,106,256)
2. Net investment income	10,329,562	9,813,006	13,342,921
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	5,576,205	925,541	9,236,665
5. Benefit and loss related payments	(533,790)	(702,737)	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 \$ 543,487 tax on capital gains (losses).....	2,669,439	2,372,820	3,155,820
10. Total (Lines 5 through 9)	2,135,649	1,670,083	3,990,655
11. Net cash from operations (Line 4 minus Line 10)	3,440,556	(744,542)	5,246,010
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	20,830,000	17,179,990	23,763,320
12.2 Stocks	2,167,133	3,319,571	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	1,999,441	0	2,562
12.8 Total investment proceeds (Lines 12.1 to 12.7)	24,996,573	20,499,561	29,841,566
13. Cost of investments acquired (long-term only):			
13.1 Bonds	31,905,376	25,946,157	35,074,827
13.2 Stocks	0	1,694,122	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)	31,905,376	27,640,279	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)	(6,908,803)	(7,140,718)	(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).....	3,669,297	7,928,221	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).....	3,669,297	7,928,221	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)	201,051	42,961	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)	5,686,607	2,211,589	5,485,557

STATEMENT AS OF September 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	\$8,693,848	\$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	\$8,693,848	\$12,007,072
SURPLUS			
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	Ohio	\$331,634,738	\$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	\$331,634,738	\$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	Gross Restricted							Percentage		
	Current Year							Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets
	1 Total General Account (G/A)	2 G/A Supporting S/A Activity (a)	3 Total Separate Account (S/A) Restricted Assets	4 S/A Assets Supporting G/A Activity (b)	5 Total (1 plus 3)	6 Total from Prior Year	7 Increase/ (Decrease) (5 minus 6)			
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%
b. Collateral held under security lending agreements	-	-	-	-	-	-	-	-	0.000%	0.000%
c. Subject to repurchase agreements	-	-	-	-	-	-	-	-	0.000%	0.000%
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-	-	0.000%	0.000%
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-	-	0.000%	0.000%
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-	-	0.000%	0.000%
g. Placed under option contracts	-	-	-	-	-	-	-	-	0.000%	0.000%
h. Letter stock or securities restricted as to sale	-	-	-	-	-	-	-	-	0.000%	0.000%
i. On deposit with states	-	-	-	-	-	-	-	-	0.000%	0.000%
j. On deposit with other regulatory bodies	8,581,216	-	-	-	8,581,216	8,582,053	(837)	8,581,216	2.344%	2.344%
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	\$ 8,581,216	\$ -	\$ -	\$ -	\$ 8,581,216	\$ 8,582,053	\$ (837)	\$ 8,581,216	2.344%	2.344%

(a) Subset of column 1

(b) Subset of column 3

STATEMENT AS OF September 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	\$ -	\$ 125,946	\$ 125,946
(b) Statutory Valuation Allowance	\$ -	\$ -	\$ -
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ -	\$ 125,946	\$ 125,946
(d) Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	\$ -	\$ 125,946	\$ 125,946
(f) Deferred Tax Liabilities	\$ 10,388	\$ 11,865,176	\$ 11,875,564
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (10,388)	\$ (11,739,230)	\$ (11,749,618)

	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	\$ -	\$ (13,582)	\$ (13,582)
(b) Statutory Valuation Allowance	\$ -	\$ -	\$ -
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ -	\$ (13,582)	\$ (13,582)
(d) Deferred Tax Assets Nonadmitted	\$ -	\$ -	\$ -
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	\$ -	\$ (13,582)	\$ (13,582)
(f) Deferred Tax Liabilities	\$ (1,889)	\$ (3,913,543)	\$ (3,915,432)
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ 1,889	\$ 3,899,961	\$ 3,901,850

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	\$ 49,745,211	\$ 49,745,211	\$ 49,745,211
(c) Adjusted Gross Deferred Tax Assets (Excluding the amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	\$ -	\$ 125,946	\$ 125,946
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	\$ -	\$ 125,946	\$ 125,946

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	\$ 212,122	\$ 212,122	\$ 212,122
(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	\$ -	\$ (13,582)	\$ (13,582)
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	\$ -	\$ (13,582)	\$ (13,582)

STATEMENT AS OF September 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)	\$ -	\$ 125,946	\$ 125,946
2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%	0.00%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ -	\$ 125,946	\$ 125,946
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)	\$ -	\$ (13,582)	\$ (13,582)
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)	\$ -	\$ (13,582)	\$ (13,582)
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	\$ 1,827,549	\$ 2,420,524	\$ (592,975)
(b) Foreign			
(c) Subtotal	\$ 1,827,549	\$ 2,420,524	\$ (592,975)
(d) Federal Income Tax on capital gains/(losses)	\$ 414,344	\$ 930,916	\$ (516,572)
(e) Utilization of capital loss carryforwards	\$ -	\$ -	\$ -
(f) Other	\$ -	\$ -	\$ -
Federal income taxes incurred	\$ 2,241,893	\$ 3,351,440	\$ (1,109,547)

2. Deferred Tax Assets

	September 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	\$ 125,946	\$ 139,528	\$ (13,582)
(2) Unrealized (gain)/loss on investments	\$ -	\$ -	\$ -
(99) Subtotal	\$ 125,946	\$ 139,528	\$ (13,582)
(f) Statutory valuation allowance adj	\$ -	\$ -	\$ -
(g) Nonadmitted	\$ -	\$ -	\$ -
(h) Admitted capital deferred tax assets (2e99-2f-2g)	\$ 125,946	\$ 139,528	\$ (13,582)
(i) Admitted deferred tax assets (2d + 2h)	\$ 125,946	\$ 139,528	\$ (13,582)

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

3. Deferred Tax Liabilities

	September 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	\$ 11,865,176	\$ 15,778,719	\$ (3,913,543)
(99) Subtotal	\$ 11,865,176	\$ 15,778,719	\$ (3,913,543)
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 11,875,564	\$ 15,790,996	\$ (3,915,432)
4. Net deferred tax assets/liabilities (2i-3c)	\$ (11,749,618)	\$ (15,651,468)	\$ 3,901,850

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

	September 30, 2015	December 31, 2014	Change
Total deferred tax assets	\$ 125,946	\$ 139,528	\$ (13,582)
Total deferred tax liabilities	\$ 11,875,564	\$ 15,790,996	\$ (3,915,432)
Net deferred tax asset/(liability)	\$ (11,749,618)	\$ (15,651,468)	\$ 3,901,850
Tax effect of unrealized (gains)/losses			\$ (3,913,543)
Change in net deferred income tax (charge)/benefit			\$ (11,693)

	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 September 30, 2015		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 10,935,740	\$ 3,827,509	35.00%
Net tax exempt interest	\$ (3,347,514)	\$ (1,171,630)	-10.71%
Net dividends received deduction	\$ (1,157,340)	\$ (405,069)	-3.70%
Other items permanent, net	\$ 3	\$ (1)	0.00%
DRD on accrued	\$ 7,929	\$ 2,775	0.03%
Total	\$ 6,438,818	\$ 2,253,584	20.61%
Federal income taxes incurred expense/(benefit)	\$ 5,221,569	\$ 1,827,549	16.71%
Tax on capital gains/(losses)	\$ 1,183,840	\$ 414,344	3.79%
Change in net deferred income tax charge/(benefit)	\$ 33,409	\$ 11,693	0.11%
Total statutory income taxes incurred	\$ 6,438,818	\$ 2,253,586	20.61%

Description	As of December 31, 2014		
	Amount	Tax Effect	Effective Tax 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	\$ 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)	-0.09%
Total statutory income taxes incurred	\$ 9,537,149	\$ 3,338,002	21.74%

E Operating Loss and Tax Credit Carryforwards

- (1) At September 30, 2015, the Company had net operating loss and tax credit carryforwards of: \$ -
- (2) At September 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	\$ 1,827,549	\$ 414,344	\$ 2,241,893
2014	\$ 2,420,523	\$ 930,916	\$ 3,351,439
2013	\$ -	\$ 2,016	\$ 2,016
Total	\$ 4,248,072	\$ 1,347,276	\$ 5,595,348

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

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

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.

<u>Type of Financial Instrument</u>	<u>Aggregate Fair Value</u>	<u>Admitted Assets</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	<u>Not Practicable (Carrying Value)</u>
Bonds	270,096,395	258,748,820	1,805,032	268,291,363		
Common Stock	78,305,983	78,305,983	78,305,983			
Perpetual Preferred Stock						
Mortgage Loans						

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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2014
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.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 [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: \$3,002,791

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	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 [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.

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
<p>NONE</p>						

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

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

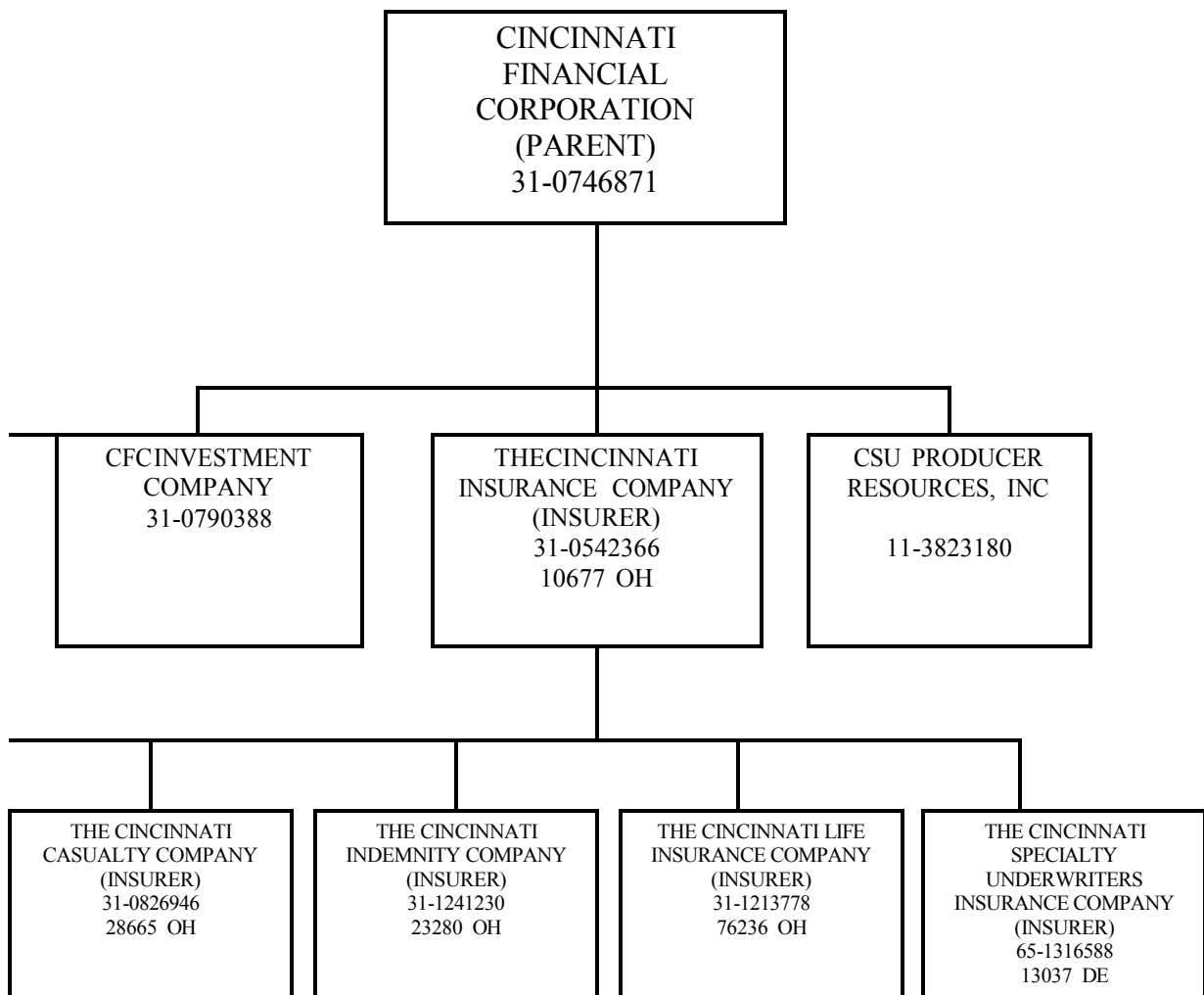
Current Year to Date - Allocated by States and Territories

	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	5,481,098	5,769,978	1,348,302	1,159,304	4,450,137	4,308,035
2. Alaska	AK L	0	0	0	0	0	0
3. Arizona	AZ L	2,724,567	2,178,087	1,069,939	247,041	1,741,092	928,193
4. Arkansas	AR L	4,425,011	3,531,686	780,188	590,143	3,456,583	2,633,268
5. California	CA L	394,209	228,455	11,654	1,050	205,181	103,272
6. Colorado	CO L	1,770,879	1,868,474	790,193	2,831,180	4,264,097	3,542,972
7. Connecticut	CT L	534,545	350,417	64,248	96,276	582,546	264,381
8. Delaware	DE L	1,945,148	1,360,940	876,050	598,275	2,640,598	3,383,486
9. Dist. Columbia	DC L	208,016	202,929	93	9,904	176,584	103,049
10. Florida	FL L	369,252	565,342	424,348	325,183	2,855,209	2,769,918
11. Georgia	GA L	12,873,441	11,505,808	9,422,123	6,507,484	23,343,869	19,364,352
12. Hawaii	HI L	858	3,470	0	0	1,334	1,647
13. Idaho	ID L	2,074,173	1,303,591	127,527	120,078	960,090	657,984
14. Illinois	IL L	24,010,350	28,895,492	17,240,485	15,104,726	105,005,053	107,778,402
15. Indiana	IN L	17,628,642	18,572,837	7,979,526	8,882,269	44,170,996	43,720,484
16. Iowa	IA L	4,337,793	4,856,914	2,550,901	1,553,916	17,533,999	18,468,366
17. Kansas	KS L	3,724,428	3,927,586	1,968,367	1,603,906	5,575,551	6,918,990
18. Kentucky	KY L	4,283,851	4,187,809	4,769,733	2,457,788	15,375,186	13,070,247
19. Louisiana	LA L	83,656	110,455	42,010	0	106,949	33,738
20. Maine	ME L	55,490	1,583	612	0	30,097	868
21. Maryland	MD L	4,991,799	5,261,530	2,365,563	2,411,672	11,763,388	11,755,603
22. Massachusetts	MA L	0	0	0	0	193	240
23. Michigan	MI L	14,784,380	15,937,684	5,095,111	7,856,422	37,419,112	38,447,008
24. Minnesota	MN L	6,734,820	4,973,062	1,999,344	3,226,434	10,305,116	8,666,611
25. Mississippi	MS L	239,303	195,762	15,642	6,660	261,723	221,894
26. Missouri	MO L	9,524,512	8,508,293	3,569,674	3,153,547	24,047,339	24,499,264
27. Montana	MT L	795,279	593,731	203,020	232,705	340,048	500,070
28. Nebraska	NE L	4,908,705	4,055,448	1,908,887	3,365,131	8,165,400	5,998,624
29. Nevada	NV L	23,445	20,998	377	0	15,954	10,989
30. New Hampshire	NH L	1,286,708	1,295,460	792,821	449,463	2,891,280	2,396,932
31. New Jersey	NJ L	505,994	209,445	7,704	800	246,743	52,616
32. New Mexico	NM L	1,264,139	758,581	212,754	344,836	634,653	563,812
33. New York	NY L	3,558,197	3,046,950	1,113,503	1,161,147	5,825,957	5,851,352
34. No. Carolina	NC L	12,427,445	12,076,502	3,633,146	4,661,101	26,525,274	27,163,590
35. No. Dakota	ND L	489,156	185,718	78,746	29,672	164,942	50,480
36. Ohio	OH L	19,483,365	15,727,213	6,282,337	3,127,544	13,503,610	13,938,598
37. Oklahoma	OK L	387,592	387,144	117,398	186,138	575,948	723,338
38. Oregon	OR L	3,636,549	2,093,235	889,908	820,114	1,444,129	2,419,448
39. Pennsylvania	PA L	23,098,310	22,972,244	9,797,872	9,816,771	46,720,248	43,467,322
40. Rhode Island	RI L	8,866	14,063	134,702	26,825	345,662	125,917
41. So. Carolina	SC L	2,129,202	2,008,805	1,138,965	848,001	7,582,176	7,121,525
42. So. Dakota	SD L	727,999	712,812	1,154,809	686,013	3,569,977	6,771,192
43. Tennessee	TN L	6,439,958	6,078,177	1,882,770	2,110,813	15,583,425	14,264,796
44. Texas	TX L	8,608,599	8,961,174	5,255,829	5,257,066	14,307,298	13,437,722
45. Utah	UT L	2,303,681	2,211,260	484,429	453,576	2,140,046	2,123,340
46. Vermont	VT L	2,047,913	1,880,218	1,082,268	1,312,941	6,151,040	5,854,267
47. Virginia	VA L	7,787,982	6,824,783	3,489,088	3,364,686	19,187,182	18,375,987
48. Washington	WA L	697,981	348,638	346,071	56,147	371,093	55,126
49. West Virginia	WV L	1,997,044	1,818,848	971,327	517,846	1,971,532	2,555,528
50. Wisconsin	WI L	7,353,853	8,438,680	4,439,030	6,527,865	17,496,879	19,468,197
51. Wyoming	WY L	130,673	245,602	51,904	73,974	213,962	179,295
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	235,298,856	227,263,913	107,981,298	104,174,431	512,246,478	505,112,332
DETAILS OF WRITE-INS							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page.	XXX	0	0	0	0	0	0
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0

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

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

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



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	2,176,985	1,389,926	63.8	28.9
2. Allied lines	2,085,540	855,958	41.0	(12.0)
3. Farmowners multiple peril	0	0	0.0	0.0
4. Homeowners multiple peril	0	33,579	0.0	(5,849.6)
5. Commercial multiple peril	60,225,242	32,762,193	54.4	83.5
6. Mortgage guaranty	0	0	0.0	0.0
8. Ocean marine	0	0	0.0	0.0
9. Inland marine	1,060,394	193,513	18.2	(0.8)
10. Financial guaranty	0	0	0.0	0.0
11.1 Medical professional liability -occurrence	1,179,788	712,863	60.4	47.1
11.2 Medical professional liability -claims made	14,538	0	0.0	0.0
12. Earthquake	65,549	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	112,571,851	47,943,748	42.6	51.8
17.1 Other liability occurrence	18,075,048	5,943,160	32.9	81.8
17.2 Other liability-claims made	670,098	54,034	8.1	58.8
17.3 Excess Workers' Compensation	0	0	0.0	0.0
18.1 Products liability-occurrence	5,796,715	2,284,211	39.4	4.1
18.2 Products liability-claims made	0	0	0.0	0.0
19.1,19.2 Private passenger auto liability	10,842	7,770	71.7	(97.5)
19.3,19.4 Commercial auto liability	16,270,812	9,682,391	59.5	82.6
21. Auto physical damage	5,643,699	3,946,247	69.9	61.3
22. Aircraft (all perils)	0	0	0.0	0.0
23. Fidelity	0	0	0.0	0.0
24. Surety	36,847	0	0.0	(4.2)
26. Burglary and theft	86,159	48,000	55.7	5.9
27. Boiler and machinery	256,979	85,000	33.1	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	226,227,086	105,942,590	46.8	61.3
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire	1,051,884	2,428,969	2,076,874
2. Allied lines	729,622	1,971,087	1,898,647
3. Farmowners multiple peril	0	0	0
4. Homeowners multiple peril	0	0	218
5. Commercial multiple peril	19,336,167	66,055,705	56,355,991
6. Mortgage guaranty	0	0	0
8. Ocean marine	0	0	0
9. Inland marine	432,578	1,197,632	1,131,236
10. Financial guaranty	0	0	0
11.1 Medical professional liability-occurrence	196,886	1,191,365	1,152,480
11.2 Medical professional liability-claims made	2,067	8,080	6,975
12. Earthquake	10,722	76,048	53,007
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	34,158,635	111,221,534	119,592,201
17.1 Other liability occurrence	6,116,826	19,631,794	16,744,135
17.2 Other liability-claims made	233,501	767,611	622,419
17.3 Excess Workers' Compensation	0	0	0
18.1 Products liability-occurrence	1,124,175	6,018,618	5,799,946
18.2 Products liability-claims made	0	0	0
19.1,19.2 Private passenger auto liability	2,721	13,565	13,701
19.3,19.4 Commercial auto liability	5,550,540	18,067,148	15,902,476
21. Auto physical damage	1,844,652	6,179,420	5,497,217
22. Aircraft (all perils)	0	0	0
23. Fidelity	0	0	0
24. Surety	51,775	65,028	65,433
26. Burglary and theft	28,927	84,592	79,892
27. Boiler and machinery	161,585	320,660	271,065
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	71,033,263	235,298,856	227,263,913
DETAILS OF WRITE-INS			
3401.			
3402.			
3403.			
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0

STATEMENT AS OF SEPTEMBER 30, 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

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	338,796,812	327,077,332
2. Cost of bonds and stocks acquired	31,905,376	37,132,055
3. Accrual of discount	68,064	84,335
4. Unrealized valuation increase (decrease)	(11,181,553)	2,575,161
5. Total gain (loss) on disposals	1,183,841	2,658,024
6. Deduct consideration for bonds and stocks disposed of	22,997,133	29,839,004
7. Deduct amortization of premium	720,606	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)	337,054,801	338,796,812
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	337,054,801	338,796,812

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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).....	184,371,516	2,612,981	7,053,059	(4,166,189)	174,143,598	184,371,516	175,765,249	175,074,837
2. NAIC 2 (a).....	73,238,971	3,984,240		3,940,361	76,814,222	73,238,971	81,163,572	71,410,055
3. NAIC 3 (a).....	1,922,886			(102,886)	1,881,710	1,922,886	1,820,000	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	259,533,373	6,597,221	7,053,059	(328,714)	252,839,530	259,533,373	258,748,820	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	259,533,373	6,597,221	7,053,059	(328,714)	252,839,530	259,533,373	258,748,820	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 \$

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Schedule DA - Part 1

NONE

Schedule DA - Verification

NONE

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

STATEMENT AS OF SEPTEMBER 30, 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									
616327-DF-6	MN MOOSE LAKE INDEP SCH DIST GO		09/17/2015	PIPER JAFFRAY		2,037,921	1,900,000	10,767	1FE
2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						2,037,921	1,900,000	10,767	XXX
Bonds - U.S. Special Revenue									
799041-AQ-1	CA MATEO CNTY FLOOD CNTRL DIST REVENUE		07/17/2015	STIFEL NICOLAUS		575,060	500,000		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						575,060	500,000	0	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
12505B-AD-2	CBRE SERVICES INC		08/06/2015	JP MORGAN		1,984,800	2,000,000		2FE
42824C-AE-9	HP ENTERPRISE CO		09/30/2015	JP MORGAN		1,999,440	2,000,000		2FE
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						3,984,240	4,000,000	0	XXX
8399997 - Subtotals - Bonds - Part 3						6,597,221	6,400,000	10,767	XXX
8399999 - Subtotals - Bonds						6,597,221	6,400,000	10,767	XXX
9999999 Totals						6,597,221	XXX	10,767	XXX

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

E04

STATEMENT AS OF SEPTEMBER 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

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. Political Subdivisions of States, Territories and Possessions																					
19624K-FG-1...	TX COLONY GO.....		08/15/2015	SECURITY CALLED BY ISSUER at 100,000		1,190,000	1,190,000	1,187,561	1,189,054		117		117		1,189,170		830	830	51,170	08/15/2019	1FE
262633-KV-1...	IL DU PAGE CNTY GO.....		07/06/2015	SECURITY CALLED BY ISSUER at 100,000		1,045,000	1,045,000	1,041,802	1,043,989		140		140		1,044,129		872	872	42,910	07/01/2018	1FE
346424-6M-1...	TX FORNEY INDPST SCHL DIST GO.....		08/15/2015	SECURITY CALLED BY ISSUER at 100,000		635,000	635,000	635,000	635,000				0		635,000			0	26,353	08/15/2018	1FE
346424-6Y-5...	TX FORNEY INDPST SCHL DIST GO.....		08/15/2015	SECURITY CALLED BY ISSUER at 100,000		745,000	745,000	745,000	745,000				0		745,000			0	30,918	08/15/2018	1FE
2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						3,615,000	3,615,000	3,609,363	3,613,043	0	256	0	256	0	3,613,299	0	1,701	1,701	151,350	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																					
092347-FH-1...	IN BLACKFORD CNTY SCHL BLDG REV.....		07/15/2015	SECURITY CALLED BY ISSUER at 100,000		1,000,000	1,000,000	1,000,000	1,000,000				0		1,000,000			0	41,500	01/15/2018	1FE
947142-DK-8...	TX CITY OF WEATHERFORD REV.....		09/03/2015	SECURITY CALLED BY ISSUER at 100,000		2,440,000	2,440,000	2,437,828	2,439,603		157		157		2,439,760		240	240	100,596	09/01/2016	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						3,440,000	3,440,000	3,437,828	3,439,603	0	157	0	157	0	3,439,760	0	240	240	142,096	XXX	XXX
8399997 - Subtotals - Bonds - Part 4						7,055,000	7,055,000	7,047,191	7,052,646	0	413	0	413	0	7,053,059	0	1,941	1,941	293,446	XXX	XXX
8399999 - Subtotals - Bonds						7,055,000	7,055,000	7,047,191	7,052,646	0	413	0	413	0	7,053,059	0	1,941	1,941	293,446	XXX	XXX
9999999 Totals						7,055,000	7,055,000	7,047,191	7,052,646	0	413	0	413	0	7,053,059	0	1,941	1,941	293,446	XXX	XXX

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

E05

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

STATEMENT AS OF SEPTEMBER 30, 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							
8699999 Total Cash Equivalents					0	0	0



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 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	0	0	0	0	0	0	0	0
2. Alaska	0	0	0	0	0	0	0	0
3. Arizona	0	0	0	0	0	0	0	0
4. Arkansas	0	0	0	0	0	0	0	0
5. California	0	0	0	0	0	0	0	0
6. Colorado	0	0	0	0	0	0	0	0
7. Connecticut	0	0	0	0	0	0	0	0
8. Delaware	0	0	0	0	0	0	0	0
9. District of Columbia	0	0	0	0	0	0	0	0
10. Florida	0	0	0	0	0	0	0	0
11. Georgia	6,754	4,978	0	0	1,095	0	0	2,229
12. Hawaii	0	0	0	0	0	0	0	0
13. Idaho	0	0	0	0	0	0	0	0
14. Illinois	0	0	0	0	0	0	0	0
15. Indiana	0	0	0	0	0	0	0	0
16. Iowa	0	0	0	0	0	0	0	0
17. Kansas	0	0	0	0	0	0	0	0
18. Kentucky	1,599	1,198	0	0	(228)	0	0	1,361
19. Louisiana	0	0	0	0	0	0	0	0
20. Maine	0	0	0	0	0	0	0	0
21. Maryland	0	0	0	0	0	0	0	0
22. Massachusetts	0	0	0	0	0	0	0	0
23. Michigan	0	0	0	0	0	0	0	0
24. Minnesota	0	0	0	0	0	0	0	0
25. Mississippi	0	0	0	0	0	0	0	0
26. Missouri	0	0	0	0	0	0	0	0
27. Montana	0	0	0	0	0	0	0	0
28. Nebraska	0	0	0	0	0	0	0	0
29. Nevada	0	0	0	0	0	0	0	0
30. New Hampshire	0	0	0	0	0	0	0	0
31. New Jersey	0	0	0	0	0	0	0	0
32. New Mexico	0	0	0	0	0	0	0	0
33. New York	0	0	0	0	0	0	0	0
34. North Carolina	11,419	8,473	0	0	36,208	0	0	40,056
35. North Dakota	0	0	0	0	0	0	0	0
36. Ohio	38,865	29,273	0	0	(16,061)	0	0	16,792
37. Oklahoma	0	0	0	0	0	0	0	0
38. Oregon	0	0	0	0	0	0	0	0
39. Pennsylvania	0	0	0	0	0	0	0	0
40. Rhode Island	0	0	0	0	0	0	0	0
41. South Carolina	0	0	0	0	0	0	0	0
42. South Dakota	0	0	0	0	0	0	0	0
43. Tennessee	0	0	0	0	0	0	0	0
44. Texas	0	0	0	0	0	0	0	0
45. Utah	0	0	0	0	0	0	0	0
46. Vermont	0	0	0	0	0	0	0	0
47. Virginia	0	0	0	0	0	0	0	0
48. Washington	0	0	0	0	0	0	0	0
49. West Virginia	0	0	0	0	0	0	0	0
50. Wisconsin	0	0	0	0	0	0	0	0
51. Wyoming	0	0	0	0	0	0	0	0
52. American Samoa	0	0	0	0	0	0	0	0
53. Guam	0	0	0	0	0	0	0	0
54. Puerto Rico	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands	0	0	0	0	0	0	0	0
56. Northern Mariana Islands	0	0	0	0	0	0	0	0
57. Canada	0	0	0	0	0	0	0	0
58. Aggregate other alien	0	0	0	0	0	0	0	0
59. Totals	58,637	43,922	0	0	21,015	0	0	60,438
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 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
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 SEPTEMBER 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	55,597	40,235	0	0	(3,081)	0	20,812
2. Alaska	AK	0	0	0	0	0	0	0
3. Arizona	AZ	15,080	10,768	0	0	233	0	5,131
4. Arkansas	AR	7,206	2,999	0	0	560	0	1,155
5. California	CA	0	0	0	0	0	0	0
6. Colorado	CO	16,223	6,817	0	0	1,472	0	2,225
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	29,698	23,840	0	0	(3,312)	0	9,802
12. Hawaii	HI	0	0	0	0	0	0	0
13. Idaho	ID	3,556	3,796	0	0	974	0	1,157
14. Illinois	IL	61,298	52,634	0	0	10,271	0	19,987
15. Indiana	IN	4,425	3,946	0	0	38,054	209,740	5,452
16. Iowa	IA	5,766	4,023	0	0	(3,503)	0	2,181
17. Kansas	KS	42,514	28,141	0	0	5,475	0	10,633
18. Kentucky	KY	14,254	10,494	0	0	2,552	0	12,130
19. Louisiana	LA	0	0	0	0	0	0	0
20. Maine	ME	0	0	0	0	0	0	0
21. Maryland	MD	8,490	1,694	0	0	319	0	591
22. Massachusetts	MA	0	0	0	0	0	0	0
23. Michigan	MI	58,878	49,427	0	0	9,486	0	25,550
24. Minnesota	MN	4,303	2,148	0	0	439	0	756
25. Mississippi	MS	0	0	0	0	0	0	0
26. Missouri	MO	2,167	1,625	0	0	81	0	744
27. Montana	MT	7,860	8,043	0	0	1,523	0	3,032
28. Nebraska	NE	4,261	2,864	0	0	471	0	1,061
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	(5,782)	0	1,241
34. North Carolina	NC	22,668	22,338	0	0	44,206	0	79,516
35. North Dakota	ND	0	0	0	0	0	0	0
36. Ohio	OH	115,348	116,141	3,335	1	(73,915)	32,465	49,838
37. Oklahoma	OK	0	0	0	0	0	0	0
38. Oregon	OR	10,273	2,724	0	0	684	0	684
39. Pennsylvania	PA	51,163	46,186	0	0	7,260	10,000	24,958
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	(271)	0	169
43. Tennessee	TN	60,542	32,325	0	0	7,005	0	11,569
44. Texas	TX	17,838	17,954	0	0	287	0	7,709
45. Utah	UT	2,358	1,416	0	0	301	0	518
46. Vermont	VT	0	0	0	0	0	0	0
47. Virginia	VA	25,664	17,526	0	0	2,777	0	7,057
48. Washington	WA	0	65	0	0	0	0	0
49. West Virginia	WV	5,363	3,940	0	0	(2,436)	0	2,011
50. Wisconsin	WI	8,126	7,621	0	0	2,315	0	13,931
51. Wyoming	WY	2,035	1,543	0	0	191	0	672
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		662,954	523,273	3,335	1	44,636	252,205	322,272
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 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	87,551	0	0	(8,534)	5,533	1	43,100
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	5,398	15,330	0	0	(10,093)	0	0	6,651
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	(3,022)	87,480	2	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	27,564	0	0	(4,658)	0	0	8,237
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	218,011	0	0	82,450	200,000	1	0
35. North Dakota	ND	0	0	0	0	0	0	0	0
36. Ohio	OH	161,353	120,932	215,000	2	395,874	569,259	4	69,715
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	143,038	0	0	214,047	296,959	2	86,239
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	202	10,097	0	0	(18,851)	0	0	346
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		477,854	627,130	215,000	2	647,213	1,159,231	10	214,288
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998. Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 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
\$ 6,234	\$ 4,978	\$

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: \$52,300

2.32 Amount estimated using reasonable assumptions: \$0

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. \$(102)