



# QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2009  
OF THE CONDITION AND AFFAIRS OF THE

## CINCINNATI INDEMNITY COMPANY

NAIC Group Code 0244 , 0244 NAIC Company Code 23280 Employer's ID Number 31-1241230  
(Current Period) (Prior Period)

Organized under the Laws of Ohio , State of Domicile or Port of Entry Ohio  
Country of Domicile United States

Incorporated/Organized 05/19/1988 Commenced Business 01/01/1989

Statutory Home Office 6200 SOUTH GILMORE ROAD , FAIRFIELD, OH 45014-5141  
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 6200 SOUTH GILMORE ROAD FAIRFIELD, OH 45014-5141 513-870-2000  
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address P.O. BOX 145496 , CINCINNATI, OH 45250-5496  
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 6200 SOUTH GILMORE ROAD FAIRFIELD, OH 45014-5141 513-870-2000-4912  
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.cinfin.com

Statutory Statement Contact Jason M. Hardesty 513-870-2000-4912  
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### OFFICERS

Name	Title	Name	Title
<u>KENNETH WILLIAM STECHER</u>	<u>CHIEF EXECUTIVE OFFICER, PRESIDENT</u>	<u>STEVEN JUSTUS JOHNSTON</u>	<u>CHIEF FINANCIAL OFFICER, SECRETARY</u>
<u>THERESA ANN HOFFER</u>	<u>VICE PRESIDENT, TREASURER</u>		

### OTHER OFFICERS

<u>RICHARD WARD CUMMING</u>	<u>SENIOR VICE PRESIDENT</u>	<u>DONALD JOSEPH DOYLE JR</u>	<u>SENIOR VICE PRESIDENT</u>
<u>CRAIG WILLIAM FORRESTER</u>	<u>SENIOR VICE PRESIDENT</u>	<u>MARTIN FRANCIS HOLLENBECK</u>	<u>SENIOR VICE PRESIDENT</u>
<u>THOMAS ANTHONY JOSEPH</u>	<u>SENIOR VICE PRESIDENT</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>CHAIRMAN OF THE EXECUTIVE COMMITTEE</u>	<u>JOAN O'CONNOR SHEVCHIK</u>	<u>SENIOR VICE PRESIDENT</u>
<u>JOHN JEFFERSON SCHIFF JR</u>		<u>TIMOTHY LEE TIMMEL</u>	<u>SENIOR VICE PRESIDENT</u>
<u>CHARLES PHILIP STONEBURNER II</u>	<u>SENIOR VICE PRESIDENT</u>		

### DIRECTORS OR TRUSTEES

<u>WILLIAM FORREST BAHL</u>	<u>JAMES EUGENE BENOSKI</u>	<u>GREGORY THOMAS BIER</u>	<u>DONALD JOSEPH DOYLE JR #</u>
<u>MARTIN FRANCIS HOLLENBECK #</u>	<u>STEVEN JUSTUS JOHNSTON #</u>	<u>THOMAS ANTHONY JOSEPH</u>	<u>WILLIAM RODNEY MCMULLEN</u>
<u>MARTIN JOSEPH MULLEN #</u>	<u>JACOB FERDINAND SCHERER</u>	<u>JOHN JEFFERSON SCHIFF JR</u>	<u>THOMAS REID SCHIFF</u>
<u>KENNETH WILLIAM STECHER</u>	<u>JOHN FREDERICK STEELE JR #</u>	<u>CHARLES PHILIP STONEBURNER II #</u>	<u>TIMOTHY LEE TIMMEL</u>
<u>LARRY RUSSELL WEBB</u>	<u>EARNEST ANTHONY WOODS</u>		

State of OHIO

County of BUTLER **SS**

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

ERIC NEIL MATHEWS  
SENIOR VICE PRESIDENT

THERESA ANN HOFFER  
TREASURER

BETH ANNE ADKINS  
SECRETARY

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

Subscribed and sworn to before me this 11 day of NOVEMBER, 2009

b. If no,  
1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

STATEMENT AS OF SEPTEMBER 30, 2009 OF THE CINCINNATI INDEMNITY COMPANY

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	60,164,928		60,164,928	48,336,455
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	7,428,103		7,428,103	16,710,488
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 (\$ .....1,449,214 ), cash equivalents (\$ .....0 ) and short-term investments (\$ .....0 ) .....	1,449,214		1,449,214	4,171,133
6. Contract loans (including \$ .....premium notes)			0	0
7. Other invested assets .....	0		0	0
8. Receivables for securities .....			0	0
9. Aggregate write-ins for invested assets .....	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9) .....	69,042,245	0	69,042,245	69,218,076
11. Title plants less \$ ..... charged off (for Title insurers only)			0	0
12. Investment income due and accrued .....	752,473		752,473	794,139
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection .....			0	0
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ .....earned but unbilled premiums) .....			0	0
13.3 Accrued retrospective premiums .....			0	0
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers .....	3,756,446		3,756,446	4,435,782
14.2 Funds held by or deposited with reinsured companies .....			0	0
14.3 Other amounts receivable under reinsurance contracts .....	737,139		737,139	1,152,339
15. Amounts receivable relating to uninsured plans .....			0	0
16.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
16.2 Net deferred tax asset .....			0	0
17. Guaranty funds receivable or on deposit .....			0	0
18. Electronic data processing equipment and software .....			0	0
19. Furniture and equipment, including health care delivery assets (\$ .....)			0	0
20. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
21. Receivables from parent, subsidiaries and affiliates .....			0	24,404
22. Health care (\$ .....) and other amounts receivable .....			0	0
23. Aggregate write-ins for other than invested assets .....	0	0	0	0
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	74,288,303	0	74,288,303	75,624,740
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
26. Total (Lines 24 and 25)	74,288,303	0	74,288,303	75,624,740
<b>DETAILS OF WRITE-INS</b>				
0901. ....				
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998)(Line 9 above)	0	0	0	0
2301. ....			0	0
2302. ....			0	0
2303. ....			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0

## 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) .....	1,659	817
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)) .....	1,861,348	502,658
7.2 Net deferred tax liability .....	1,431,380	3,635,331
8. Borrowed money \$ ..... and interest thereon \$ .....		.0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ .....31,242,059 and including warranty reserves of \$ ..... ) .....		.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) .....	4,288,261	5,575,259
13. Funds held by company under reinsurance treaties .....		.0
14. Amounts withheld or retained by company for account of others .....	479,324	376,767
15. Remittances and items not allocated .....		.0
16. Provision for reinsurance .....		.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 .....	141,695	.0
20. Payable for securities .....		.0
21. Liability for amounts held under uninsured plans .....		.0
22. Capital notes \$ ..... and interest thereon \$ .....		.0
23. Aggregate write-ins for liabilities .....	762	217
24. Total liabilities excluding protected cell liabilities (Lines 1 through 23) .....	8,204,429	10,091,048
25. Protected cell liabilities .....		0
26. Total liabilities (Lines 24 and 25) .....	8,204,429	10,091,048
27. Aggregate write-ins for special surplus funds .....	.0	.0
28. Common capital stock .....	3,600,000	3,600,000
29. Preferred capital stock .....		.0
30. Aggregate write-ins for other than special surplus funds .....	.0	.0
31. Surplus notes .....		.0
32. Gross paid in and contributed surplus .....	21,600,000	21,600,000
33. Unassigned funds (surplus) .....	40,883,874	40,333,692
34. Less treasury stock, at cost:		
34.1 ..... shares common (value included in Line 28 \$ ..... ) .....		.0
34.2 ..... shares preferred (value included in Line 29 \$ ..... ) .....		.0
35. Surplus as regards policyholders (Lines 27 to 33, less 34) .....	66,083,874	65,533,692
36. TOTALS .....	74,288,303	75,624,740
<b>DETAILS OF WRITE-INS</b>		
2301. Accounts Payable Other .....	762	217
2302. ....		.0
2303. ....		.0
2398. Summary of remaining write-ins for Line 23 from overflow page .....	.0	.0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above) .....	762	217
2701. ....		.0
2702. ....		.0
2703. ....		.0
2798. Summary of remaining write-ins for Line 27 from overflow page .....	.0	.0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above) .....	0	0
3001. ....		.0
3002. ....		.0
3003. ....		.0
3098. Summary of remaining write-ins for Line 30 from overflow page .....	.0	.0
3099. Totals (Lines 3001 thru 3003 plus 3098) (Line 30 above) .....	0	0

## STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$ 52,245,689 )	54,254,167	58,793,790	76,636,544
1.2 Assumed (written \$ 7 )	7	2	2
1.3 Ceded (written \$ 52,245,696 )	54,254,173	58,793,792	76,636,546
1.4 Net (written \$ 0 )	0	0	0
<b>DEDUCTIONS:</b>			
2. Losses incurred (current accident year \$ )::			
2.1 Direct	42,285,370	36,645,460	56,163,501
2.2 Assumed	(10,600)	(33,485)	(63,596)
2.3 Ceded	42,274,770	36,611,975	56,099,905
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 or (loss) (Line 1.4 minus Line 6 + Line 7)	0	0	0
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	1,950,190	2,040,095	2,589,555
10. Net realized capital gains (losses) less capital gains tax of \$ 1,594,682	2,961,552	7,546	266,041
11. Net investment gain (loss) (Lines 9 + 10)	4,911,742	2,047,641	2,855,596
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$ )		0	0
13. Finance and service charges not included in premiums	0	0	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)	4,911,742	2,047,641	2,855,596
17. Dividends to policyholders	0	0	0
18. Net income, after dividends to policyholders after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	4,911,742	2,047,641	2,855,596
19. Federal and foreign income taxes incurred	266,666	274,728	359,405
20. Net income (Line 18 minus Line 19)(to Line 22)	4,645,076	1,772,913	2,496,191
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	65,533,692	65,857,586	65,857,586
22. Net income (from Line 20)	4,645,076	1,772,913	2,496,191
23. Net transfers (to) from Protected Cell accounts	0	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ (2,204,596)	(4,094,249)	(1,706,517)	(2,822,015)
25. Change in net unrealized foreign exchange capital gain (loss)	0	0	0
26. Change in net deferred income tax	(644)	(1,720)	1,929
27. Change in nonadmitted assets	0	0	0
28. Change in provision for reinsurance	0	0	0
29. Change in surplus notes	0	0	0
30. Surplus (contributed to) withdrawn from protected cells	0	0	0
31. Cumulative effect of changes in accounting principles	0	0	0
32. Capital changes:			
32.1 Paid in	0	0	0
32.2 Transferred from surplus (Stock Dividend)	0	0	0
32.3 Transferred to surplus	0	0	0
33. Surplus adjustments:			
33.1 Paid in	0	0	0
33.2 Transferred to capital (Stock Dividend)	0	0	0
33.3 Transferred from capital	0	0	0
34. Net remittances from or (to) Home Office	0	0	0
35. Dividends to stockholders	0	0	0
36. Change in treasury stock	0	0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	550,182	64,676	(323,895)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	66,083,874	65,922,262	65,533,692
<b>DETAILS OF WRITE-INS</b>			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)	0	0	0

## CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance.....	(1,286,998)	(520,233)
2. Net investment income .....	2,003,104	2,531,598
3. Miscellaneous income .....	0	0
4. Total (Lines 1 to 3) .....	716,107	2,011,365
5. Benefit and loss related payments .....	(1,094,536)	(227,145)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	0	0
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ .....1,594,682 tax on capital gains (losses)	502,658	(361,210)
10. Total (Lines 5 through 9) .....	(591,878)	(588,355)
11. Net cash from operations (Line 4 minus Line 10) .....	1,307,984	2,599,721
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	5,177,921	2,937,688
12.2 Stocks .....	7,509,824	671,609
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	12,687,745	3,609,297
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	16,986,850	7,332,700
13.2 Stocks .....	0	136,962
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	16,986,850	7,469,662
14. Net increase (or decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(4,299,105)	(3,860,365)
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied).....	269,201	431,509
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	269,201	431,509
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(2,721,919)	(829,135)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	4,171,133	5,000,268
19.2 End of period (Line 18 plus Line 19.1) .....	1,449,214	4,171,133

## NOTES TO FINANCIAL STATEMENTS

CINCINNATI INDEMNITY COMPANY  
09/30/2009

## 1. Summary of Significant Accounting Policies

## A. Accounting Practices

The financial statements of the Cincinnati Indemnity 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, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio.

## B. No Change

## C. No Change

## 2. No Change.

## 3. No Change

## 4. No Change.

## 5. Investments

## A. Mortgage Loans - No Change

## B. Debt Restructuring - No Change

## C. Reverse Mortgages - No Change

## D. Loan-Backed Securities - Not Applicable

## E. Repurchase Agreements - No Change

## F. Real Estate - No Change

## G. Low-income Housing Tax Credit (LIHTC) - No Change

## 6. No Change.

## 7. No Change.

## 8. No Change.

## 9. Income Taxes

## A. The components of the net deferred tax asset/ (liability) are as follows:

	September 30, 2009	December 31, 2008
Total of gross deferred tax assets (admitted and nonadmitted)	-	-
Total of gross deferred tax liabilities	(1,431,380)	(3,635,331)
Net deferred tax liability	(1,431,380)	(3,635,331)
Deferred tax asset nonadmitted	-	-
Net admitted deferred tax liability	(1,431,380)	(3,635,331)
(Increase) decrease in deferred tax asset nonadmitted	-	-

## B. The Company has recognized all deferred tax liabilities.

## C. Current income taxes incurred consist of the following major components:

	2009	2008
Current year tax-operations	266,666	359,405
Current year tax- capital gain	1,594,682	143,253
Current income taxes incurred	1,861,348	502,658

	2009	2008
Deferred tax assets:		
Other deferred tax assets	-	-
Total deferred tax assets	-	-
Nonadmitted deferred tax assets	-	-
Admitted deferred tax assets	-	-
Deferred tax liabilities:		
Unrealized gain/ (loss) on investments	(1,414,909)	(3,619,505)
Other deferred tax liabilities	(16,471)	(15,827)
Total deferred tax liabilities	(1,431,380)	(3,635,331)
Net admitted deferred tax asset (liability)	(1,431,380)	(3,635,331)

	2009	2008	Change
Total deferred tax assets	-	-	-
Total deferred tax liabilities	(1,431,380)	(3,635,331)	2,203,952
Net deferred tax asset/ (liability)	(1,431,380)	(3,635,331)	2,203,952
Tax effect of unrealized gains/ (losses)			(2,204,596)
Change in net deferred income tax excluding unrealized			(644)

## D. The provision for federal and foreign 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:

	September 30, 2009	Effective Tax Rate
Provision computed at statutory rate	2,277,248	35.00%
Items permanent in nature	(418,453)	-6.43%
Other	3,197	0.05%
Total	1,861,991	28.62%
Current income taxes incurred	1,861,348	28.61%
Change in net deferred income tax excluding unrealized	644	-0.01%
Total statutory income taxes incurred	1,861,991	28.62%

## E. (1) At September 30, 2009, the Company had no loss carry forwards to utilize in future years.

## (2) The following are income taxes incurred in the current year and prior years that will be available for recoupment in the event of future net losses:

2009	1,861,348
2008	502,658

## (3) There were no deposits reported as admitted assets under Section 6603 of the Internal Revenue Service (IRS) Code as of September 30, 2009.

## F. (1) The Company's federal income tax return is consolidated with the following entities:

Cincinnati Financial Corporation (Parent)  
The Cincinnati Insurance Company  
The Cincinnati Casualty Company

## NOTES TO FINANCIAL STATEMENTS

The Cincinnati Specialty Underwriters Insurance Company  
The Cincinnati Life Insurance Company  
CFC Investment Company  
CinFin Capital Management Company  
CSU Producer Resources, Inc.

(2) The method of allocation between the companies is subject to written agreement, approved by each company's respective Board of Directors. Allocation is based upon separate return calculations with current credit for net losses. Intercompany tax balances are settled annually in the third quarter.

10. Parent, Subsidiaries, Affiliates - No Change
11. Debt - No Change
12. Retirement Plans - No Change
13. Capital and Surplus - No Change
14. Contingencies - No Change
15. Leases - No Change
16. Information About Financial Instruments - No Change
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
  - A. No Change
  - B. No Change
  - C. Not Applicable
18. Gain or Loss from Uninsured A&H Plans... - No Change
19. Direct Premium Written/Produced by managing General Agents... - No Change
20. Other Items - No Change
21. Events Subsequent - No Change
22. Reinsurance - No Change
23. Retrospectively Rated Contracts - No Change
24. Change in Incurred Losses - None
25. Intercompany Pooling Arrangements - No Change
26. Structured Settlements - No Change
27. Health Care Receivables - No Change
28. Participating Policies - No Change
29. Premium Deficiency Reserves - No Change
30. High Deductibles - No Change
31. Discounting of Liabilities for Unpaid Losses - No Change
32. Asbestos/Environmental Reserves - No Change
33. Subscriber Savings Accounts - No Change
34. Multiple Peril Crop Insurance - No Change
35. Other - No Change

## GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

### 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. Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [X]  
If yes, complete the Schedule Y - Part 1 - organizational chart.
- 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. .... 12/31/2008
- 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. .... 12/31/2003
- 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). .... 09/26/2005
- 6.4 By what department or departments?  
OHIO, NEVADA.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] NA [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [X] 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 Office of Thrift Supervision (OTS), 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 OTS	6 FDIC	7 SEC

## GENERAL INTERROGATORIES

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

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

.....

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

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

.....

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

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

.....

### FINANCIAL

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

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

### INVESTMENT

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

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

.....

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

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

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

14.2 If yes, please complete the following:

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

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

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes  No   
If no, attach a description with this statement.

## GENERAL INTERROGATORIES

16. 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 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?.....

Yes [X] No [ ]

16.1 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, OH 45263.....

16.2 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)

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? .....

Yes [ ] No [X]

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

16.5 Identify all investment advisors, brokers/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

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? .....

Yes [X] No [ ]

17.2 If no, list exceptions:

.....

## GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted.)

### 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 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? ..... Yes [ ] No [X]

If yes, attach an explanation.

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:

			TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
1	2	3	4	5	6	7	8	9	10	11
Line of Business	Maximum Interest	Discount Rate	Unpaid Losses	Unpaid LAE	IBNR	TOTAL	Unpaid Losses	Unpaid LAE	IBNR	TOTAL
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
TOTAL			0	0	0	0	0	0	0	0

Schedule F  
**NONE**

STATEMENT AS OF SEPTEMBER 30, 2009 OF THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Current Year to Date - Allocated by States and Territories

	1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2	3	4	5	6	7
States, etc.	Active Status	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1. Alabama	AL L	244,954	222,136	89,707	369,493	1,278,685	1,374,285
2. Alaska	AK L		0		0		0
3. Arizona	AZ L	856,839	860,439	112,660	247,579	509,683	377,288
4. Arkansas	AR L	1,781,930	2,215,866	597,694	382,950	1,278,606	494,945
5. California	CA N		0		0		0
6. Colorado	CO L	275	0		0		0
7. Connecticut	CT L		0		0		0
8. Delaware	DE L	5,744	1,430	47,823	59,011	75,848	33,706
9. District of Columbia	DC L		0		0		0
10. Florida	FL L	225,514	192,005	142,515	(81,878)	735,521	739,931
11. Georgia	GA L	2,685,164	3,293,746	1,395,516	2,104,184	2,304,536	3,251,047
12. Hawaii	HI L		0		0		0
13. Idaho	ID L		0		0		0
14. Illinois	IL L	3,986,031	5,503,410	3,855,634	3,777,720	11,679,122	6,871,028
15. Indiana	IN L	3,636,207	3,611,028	2,365,638	2,568,099	2,689,030	2,516,141
16. Iowa	IA L	3,524,586	4,244,173	3,072,905	2,881,996	5,363,937	5,650,047
17. Kansas	KS L	1,903,047	1,923,570	746,221	1,078,692	1,459,111	1,869,529
18. Kentucky	KY L	1,146,735	849,774	540,085	403,352	2,486,443	2,547,819
19. Louisiana	LA L		0		0		0
20. Maine	ME L		0		0		0
21. Maryland	MD L	1,626,831	2,552,811	1,308,331	1,114,356	3,094,450	2,113,757
22. Massachusetts	MA N		0		0		0
23. Michigan	MI L	2,093,901	2,918,710	1,721,121	1,290,400	2,832,038	2,897,519
24. Minnesota	MN L	1,721	(11,884)		0	(25)	0
25. Mississippi	MS L		0		0		0
26. Missouri	MO L	2,447,172	3,333,362	1,067,848	1,200,124	2,961,796	2,891,669
27. Montana	MT L		0		0		0
28. Nebraska	NE L	1,779,023	2,509,230	1,076,672	1,474,674	3,200,912	4,041,622
29. Nevada	NV L		0		0		0
30. New Hampshire	NH N		0		0		0
31. New Jersey	NJ N		0		0		0
32. New Mexico	NM L	192,346	7,538	7,134	0	35,458	0
33. New York	NY L	330,665	297,829	170,430	90,132	627,270	389,293
34. North Carolina	NC L	4,768,641	5,508,412	3,147,505	3,228,548	3,675,915	4,950,396
35. North Dakota	ND L		0		0		0
36. Ohio	OH L	(4,712)	3,015	(1,280)	101,967	(1,269)	(832)
37. Oklahoma	OK L		0		0		0
38. Oregon	OR L		0		0		0
39. Pennsylvania	PA L	7,546,765	8,273,205	4,310,630	4,378,877	8,935,018	9,765,133
40. Rhode Island	RI L		0		0		0
41. South Carolina	SC L	989,220	1,613,129	539,769	751,668	539,284	1,083,109
42. South Dakota	SD L	873,641	1,263,872	327,872	300,380	747,217	528,763
43. Tennessee	TN L	2,593,361	3,376,917	1,205,668	1,559,988	2,507,731	3,977,552
44. Texas	TX L	1,455,965	0	593	0	9,883	0
45. Utah	UT L		0		0		0
46. Vermont	VT L	32,007	22,344		0	(542)	(230)
47. Virginia	VA L	3,744,825	4,559,241	2,093,822	2,651,653	2,711,966	3,043,744
48. Washington	WA L		0		0		0
49. West Virginia	WV L	45,352	10,475	22,237	0	141,805	(123)
50. Wisconsin	WI L	1,731,939	1,788,696	1,198,450	913,294	5,382,812	5,955,757
51. Wyoming	WY L		0		0		0
52. American Samoa	AS N		0		0		0
53. Guam	GU N		0		0		0
54. Puerto Rico	PR N		0		0		0
55. U.S. Virgin Islands	VI N		0		0		0
56. Northern Mariana Islands	MP N		0		0		0
57. Canada	CN N		0		0		0
58. Aggregate Other Alien	OT XXX	0	0	0	0	0	0
59. Totals	(a) 47	52,245,689	60,944,480	31,163,201	32,847,256	67,262,240	67,362,897
<b>DETAILS OF WRITE-INS</b>							
5801.	XXX						
5802.	XXX						
5803.	XXX						
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX	0	0	0	0	0	0

(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**

**NONE**

STATEMENT AS OF SEPTEMBER 30, 2009 OF THE CINCINNATI INDEMNITY COMPANY

**PART 1 - LOSS EXPERIENCE**

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire	37,470	4,103	10.9	0.0
2. Allied Lines	63,271		0.0	62.2
3. Farmowners multiple peril			0.0	0.0
4. Homeowners multiple peril			0.0	0.0
5. Commercial multiple peril	283,171	(5,000)	(1.8)	32.7
6. Mortgage guaranty			0.0	0.0
8. Ocean marine			0.0	0.0
9. Inland marine	84,911	6,000	7.1	56.3
10. Financial guaranty			0.0	0.0
11.1 Medical professional liability - occurrence			0.0	0.0
11.2 Medical professional liability - claims-made			0.0	0.0
12. Earthquake			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	52,814,559	42,267,999	80.0	62.8
17.1 Other liability - occurrence	850,867	(3,611)	(0.4)	28.5
17.2 Other liability - claims-made	1,338		0.0	0.0
18.1 Products liability - occurrence	27,649	7,500	27.1	0.0
18.2 Products liability - claims-made			0.0	0.0
19.1,19.2 Private passenger auto liability		(763)	0.0	29,994.3
19.3,19.4 Commercial auto liability	71,090	10,000	14.1	0.0
21. Auto physical damage	14,363	(858)	(6.0)	534.7
22. Aircraft (all perils)			0.0	0.0
23. Fidelity	2,224		0.0	0.0
24. Surety			0.0	0.0
26. Burglary and theft			0.0	0.0
27. Boiler and machinery	3,254		0.0	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
35. TOTALS	54,254,167	42,285,370	77.9	62.3
<b>DETAILS OF WRITE-INS</b>				
3401.				
3402.				
3403.				
3498. Summary 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 above)	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	26,963	61,300	14,192
2. Allied Lines	48,006	109,895	30,845
3. Farmowners multiple peril	0		0
4. Homeowners multiple peril	0		0
5. Commercial multiple peril	612,086	751,417	13,232
6. Mortgage guaranty			0
8. Ocean marine	0		0
9. Inland marine	9,960	62,352	85,097
10. Financial guaranty	0		0
11.1 Medical professional liability - occurrence	0		0
11.2 Medical professional liability - claims-made	0		0
12. Earthquake	0		0
13. Group accident and health	0		0
14. Credit accident and health	0		0
15. Other accident and health	0		0
16. Workers' compensation	13,780,708	50,011,085	60,094,066
17.1 Other liability - occurrence	346,916	956,259	697,900
17.2 Other liability - claims-made	2,141	2,141	0
18.1 Products liability - occurrence	25,234	60,981	6,963
18.2 Products liability - claims-made	0		0
19.1,19.2 Private passenger auto liability	0		(178)
19.3,19.4 Commercial auto liability	173,480	183,882	93
21. Auto physical damage	35,075	37,899	(99)
22. Aircraft (all perils)	0		0
23. Fidelity	1,660	3,081	1,109
24. Surety	0		0
26. Burglary and theft	0		0
27. Boiler and machinery	2,444	5,397	1,260
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
35. TOTALS	15,064,673	52,245,689	60,944,480
<b>DETAILS OF WRITE-INS</b>			
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0

STATEMENT AS OF SEPTEMBER 30, 2009 OF THE CINCINNATI INDEMNITY COMPANY

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2009 Loss and LAE Payments on Claims Reported as of Prior Year-End	2009 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2009 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. 2006 + Prior .....			.0			.0				.0	.0	.0	.0
2. 2007 .....			.0			.0				.0	.0	.0	.0
3. Subtotals 2007 + Prior .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008 .....			.0			.0				.0	.0	.0	.0
5. Subtotals 2008 + Prior .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2009 .....	.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's Surplus As Regards Policyholders	65,534										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 As a % of Col. 1 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 on "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 question.

	<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?	.....NO.....
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	.....NO.....

**Explanation:**

- 1.
- 2.
- 3.

**Bar Code:**

1.	 2 3 2 8 0 2 0 0 9 4 9 0 0 0 0 0 3
2.	 2 3 2 8 0 2 0 0 9 4 5 5 0 0 0 0 3
3.	 2 3 2 8 0 2 0 0 9 3 6 5 0 0 0 0 3

**OVERFLOW PAGE FOR WRITE-INS**

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**SCHEDULE A - VERIFICATION**

**Real Estate**

	1 Year to Date	2 Prior Year Ended December 31
<b>NONE</b>		
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
<b>NONE</b>		
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
<b>NONE</b>		
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	65,046,943	65,113,682
2. Cost of bonds and stocks acquired	16,986,850	7,469,662
3. Accrual of discount	8,057	8,587
4. Unrealized valuation increase (decrease)	(6,298,845)	(4,341,561)
5. Total gain (loss) on disposals	4,553,949	409,293
6. Deduct consideration for bonds and stocks disposed of	12,685,461	3,609,297
7. Deduct amortization of premium	18,463	3,423
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)	67,593,030	65,046,943
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	67,593,030	65,046,943

STATEMENT AS OF SEPTEMBER 30, 2009 OF THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE D - PART 1B**

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

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 (a).....	46,768,903	3,177,660	2,000,000	(7,615)	39,579,301	46,768,903	47,938,948	40,798,265
2. Class 2 (a).....	4,915,751	5,769,485	.0	(930,114)	4,923,334	4,915,751	9,755,123	5,943,722
3. Class 3 (a).....	1,636,208	.0	56,615	891,263	1,548,554	1,636,208	2,470,857	1,594,468
4. Class 4 (a).....	.0	.0	.0	.0	.0	.0	.0	.0
5. Class 5 (a).....	.0	.0	.0	.0	.0	.0	.0	.0
6. Class 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds	53,320,863	8,947,145	2,056,615	(46,466)	46,051,189	53,320,863	60,164,928	48,336,455
<b>PREFERRED STOCK</b>								
8. Class 1.....	.0	.0	.0	.0	.0	.0	.0	.0
9. Class 2.....	.0	.0	.0	.0	.0	.0	.0	.0
10. Class 3.....	.0	.0	.0	.0	.0	.0	.0	.0
11. Class 4.....	.0	.0	.0	.0	.0	.0	.0	.0
12. Class 5.....	.0	.0	.0	.0	.0	.0	.0	.0
13. Class 6.....	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	53,320,863	8,947,145	2,056,615	(46,466)	46,051,189	53,320,863	60,164,928	48,336,455

(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 \$.....0 ; NAIC 2 \$.....0 ; NAIC 3 \$.....0 ; NAIC 4 \$.....0 ; NAIC 5 \$.....0 ; NAIC 6 \$.....0

S102

Schedule DA - Part 1

**NONE**

Schedule DA - Verification

**NONE**

Schedule DB - Part F - Section 1

**NONE**

Schedule DB - Part F - Section 2

**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**

Schedule D - Part 3

**NONE**

STATEMENT AS OF SEPTEMBER 30, 2009 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/Stock Dividends Received During Year	21 Maturity Date	22 NAIC Designation or Market Indicator (a)	
										11 Unrealized Valuation Increase/(Decrease)	12 Current Year's (Amortization)/Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.								
270023-AX-2	IN EAGLE-UNION MIDDLE SCHOOL GO.		08/15/2009	SECURITY CALLED BY ISSUER at 101.000.		2,017,500	2,000,000	2,000,000	2,000,000	0	0	0	0	0	2,000,000	0	17,500	17,500	118,753	01/15/2020	1FE	
2499999	Bonds - U.S. Political Subdivisions of States, Territories and Possessions					2,017,500	2,000,000	2,000,000	2,000,000	0	0	0	0	0	2,000,000	0	17,500	17,500	118,753	XXX	XXX	
023654-AW-6	AMERICA WEST AIRLINES		07/09/2009	SINKING FUND REDEMPTION		56,615	56,615	56,615	56,615	0	0	0	0	0	56,615	0	0	0	4,484	01/02/2019	3FE	
3899999	Bonds - Industrial and Miscellaneous					56,615	56,615	56,615	56,615	0	0	0	0	0	56,615	0	0	0	4,484	XXX	XXX	
8399997	Bonds - Part 4					2,074,115	2,056,615	2,056,615	2,056,615	0	0	0	0	0	2,056,615	0	17,500	17,500	123,238	XXX	XXX	
8399999	Total - Bonds					2,074,115	2,056,615	2,056,615	2,056,615	0	0	0	0	0	2,056,615	0	17,500	17,500	123,238	XXX	XXX	
8999999	Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799999	Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999	Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999	Totals					2,074,115	XXX	2,056,615	2,056,615	0	0	0	0	0	2,056,615	0	17,500	17,500	123,238	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 C - Section 1

**NONE**

Schedule DB - Part D - Section 1

**NONE**



**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
<b>NONE</b>							
8699999 Totals					0	0	0

E09