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The Cincinnati Insurance Company ■ The Cincinnati Indemnity Company
The Cincinnati Casualty Company ■ The Cincinnati Specialty Underwriters Insurance Company
The Cincinnati Life Insurance Company

Lisa A. Love
Senior Vice President,
General Counsel and Corporate Secretary

VIA CERTIFIED MAIL DELIVERY

October 28, 2011

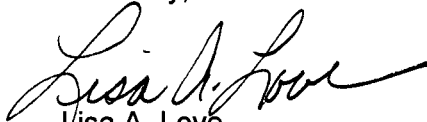
U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue, NW, N-1513
Washington, DC 20210

To the Secretary of Labor:

Enclosed please find our "Alternative Reporting and Disclosure Statement for Pension Plans for Certain Selected Employees" notification form.

Please let me know if you require additional information.

Sincerely,


Lisa A. Love

LAL/gk

Enclosure

ES&A/PUBLIC DISCLOSURE
2011 NOV -3 AM 11:51

**ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT
FOR PENSION PLANS FOR CERTAIN SELECTED EMPLOYEES**

To the Secretary of Labor:

In compliance with the requirements of the alternative method of reporting and disclosure under Part 1 of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 C.F.R. §2520.104-23, the following information is provided by the undersigned Company.

Name and Address of Company: Cincinnati Financial Corporation
6200 S. Gilmore Road
Fairfield, Ohio 45014-5141

Employer Identification Number: 31-0746871

Cincinnati Financial Corporation maintains a plan (or plans) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Number of Plans and
Participants in Each
Plan: 1

One Plan covering 1 Employee.

Dated October 25, 2011.

Cincinnati Financial Corporation

By Steven J. Johnston
Title: President & Chief Executive Officer

This form should be mailed to:

U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue, NW, N-1513
Washington, DC 20210

(Send certified mail to evidence filing requirement satisfied)

CERTIFIED MAIL

Lisa A. Love, Esq.



**THE CINCINNATI
INSURANCE COMPANIES**

THE CINCINNATI INSURANCE COMPANY THE CINCINNATI INDEMNITY COMPANY
THE CINCINNATI CASUALTY COMPANY THE CINCINNATI LIFE INSURANCE COMPANY
THE CINCINNATI SPECIALTY UNDERWRITERS INSURANCE COMPANY

PO BOX 145496

CINCINNATI OHIO 45250-5496

ADDRESS SERVICE REQUESTED

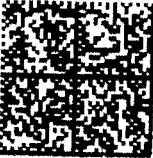
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. TOLD AT POST OFFICE

CERTIFIED MAIL



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FIRST CLASS



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OCT 29 2011
MAILED FROM ZIP CODE 45014

**U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue, NW, N-1513
Washington, DC 20210**

