| SCHIFF THON | MAS R | | | | | | | |
|--|--------------------------------|--------------------|--|--|--|-----------------|------------------------|--|
| Form 5 | | | | | | | | |
| January 31, 202 | 11 | | | | | | | |
| FORM | 5 | | | | | OMB AI | PPROVAL | |
| | UNITE | D STATES | S SECURITIES AN | | COMMISSION | OMB Number: | 3235-0362 | |
| Check this bo no longer sub | | | wasnington, D | Washington, D.C. 20549 | | | | |
| to Section 16. Form 4 or For 5 obligations may continue See Instructio | rm Al | | FATEMENT OF CH OWNERSHIP OF | Expired: 2005 Estimated average burden hours per response 1.0 | | | | |
| 1(b). | Filed p | 7(a) of the | Section 16(a) of the S Public Utility Holdin) of the Investment C | ng Company Act of | 1935 or Section | 1 | | |
| 1. Name and Add SCHIFF THO | | ng Person <u>*</u> | 2. Issuer Name and Tic Symbol CINCINNATI FIN [CINF] | - | 5. Relationship of Issuer (Check | Reporting Pers | | |
| (Last) | (First) | (Middle) | 3. Statement for Issuer's (Month/Day/Year) 12/31/2010 | s Fiscal Year Ended | X Director Officer (give t below) | | o Owner er (specify | |
| 6200 SOUTH | GILMORE | RD | | | | | | |
| | (Street) | | 4. If Amendment, Date Filed(Month/Day/Year) | Original | 6. Individual or Jo | int/Group Rep | - | |
| | | | | | (Cheek | |) | |
| FAIRFIELD,Â | À OHÂ 4501 | 4-5141 | | | _X_ Form Filed by C Form Filed by M Person | | | |
| (City) | (State) | (Zip) | Table I - Non-Der | ivative Securities Acq | uired, Disposed of, | , or Beneficial | ly Owned | |
| | Transaction D Month/Day/Yea | | | 4. Securities Acquired (A) or Disposed of | | | 7. Nature of Indirect | |

| Security (Instr. 3) | (Month/Day/Year) | Execution Date, if any | Transaction Code | (A) or Dis (D) | sposed | of | Securities Beneficially | Ownership Form: Direct | |
|------------------------|------------------|------------------------|---------------------|------------------------|-------------------------|------------|---|--------------------------------------|--|
| | | (Month/Day/Year) | (Instr. 8) | (Instr. 3, 4 Amount | (A) (A) or (D) |) Price | Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| Common Stock | 12/29/2010 | Â | G | 10,928 | D | \$0 | 1,616,994 | D | Â |
| Common Stock | 12/30/2010 | Â | G | 20,436 | D | \$0 | 1,596,558 | D | Â |
| Common Stock | Â | Â | Â | Â | Â | Â | 2,134,394 | I | By Charitable Lead Annuity Trust |

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| Common Stock | Â | Â | Â | Â | Â | Â | 381,487 | I | By Grantor Retained Annuity Trust |
|-----------------|---|---|---|---|---|---|---------|---|--|
| Common Stock | Â | Â | Â | Â | Â | Â | 124,249 | I | By Schiff Agency |
| Common Stock | Â | Â | Â | Â | Â | Â | 107,186 | Ι | By Schiff Agency Pension Plan |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. SEC 2270 (9-02)

of

Shares

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3 | | ate | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. of D So B O E I S Fi |
|---|---|---|---|---|---------------------|--------------------|--|------------------------|---|--|
| | | | | (Instr. 3, 4, and 5) | Date Exercisable | Expiration Date | Title | Amount or Number | | (I: |

(A) (D)

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| · · · · · · · · · · · · · · · · · · · | Director | 10% Owner | Officer | Other | | | |
| SCHIFF THOMAS R 6200 SOUTH GILMORE RD FAIRFIELD, OH 45014-5141 | ÂX | Â | Â | Â | | | |
| Signatures | | | | | | | |
| /s/ Thomas R. 01/31/2 | 2011 | | | | | | |

| Schiff | 01/31/20 |
|--|----------|
| <u>**</u> Signature of Reporting Person | Date |

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.