SCHIFF THOMAS R

Form 5

February 06, 2006

OMB APPROVAL FORM 5 **OMB**

UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per OWNERSHIP OF SECURITIES 5 obligations response... may continue.

2. Issuer Name and Ticker or Trading

CINCINNATI EINANCIAI CODD

See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940

Symbol

Form 4

SCHIFF THOMAS R

1. Name and Address of Reporting Person *

Transactions Reported

				CINCINNATI FINANCIAL CORP [CINF]			(Check all applicable)					
	(Last)	(First)		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2005			_X_ Director Officer (below)	give title	10% Owner Other (specify below)			
6200 SOUTH GILMORE RD												
		(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Reporting (check applicable line)			
	FAIRFIEL	.D, OH 45014	-5141						_X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person			
	(City)	(State)	(Zip)	Tal	ble I - Non-De	erivative Se	curit	ies Acq	uired, Dispose	ed of, or Bene	eficially Owned	
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution D any (Month/Day/	ate, if	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Common Stock	Â	Â		Â	Â	Â	Â	2,088,975 (1)	D	Â	
	Common Stock	04/15/2005	04/15/200	5	G	50,959	D	\$0	3,666,295 (1)	I	CHARITABLE LEAD ANNUITY TRUST	
	Common Stock	07/15/2005	07/15/200	5	G	52,561	D	\$0	3,613,734 (1)	I	CHARITABLE LEAD	

2005

1.0

5. Relationship of Reporting Person(s) to

Issuer

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									ANNUITY TRUST
Common Stock	10/17/2005	10/17/2005	G	56,230	D	\$0	3,557,504 (1)	I	CHARITABLE LEAD ANNUITY TRUST
Common Stock	Â	Â	Â	Â	Â	Â	107,186 (1)	I	CO PENSION PLAN
Common Stock	Â	Â	Â	Â	Â	Â	114,249 (1)	I	CORPORATION
Common Stock	Â	Â	Â	Â	Â	Â	49,563 (1)	I	SCHIFF TRUST

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

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	int of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)
	Derivative				Securities			(Instr.	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
						Date Expiration Exercisable Date	Expiration	T:41-	or Name	
							Title			
					(4) (5)				of	
					(A) (D)				Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Othe				
SCHIFF THOMAS R								
6200 SOUTH GILMORE RD	ÂΧ	Â	Â	Â				
FAIRFIELD. OH 45014-5141								

Signatures

THOMAS R SCHIFF 02/06/2006

Date

Reporting Owners 2

**Signature of Reporting Person

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).
- (1) Share amounts have been adjusted for a 5% Stock Dividend, record date April 6, 2005, paid April 26, 2005.

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.

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