



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF MARCH 31, 2019

OF THE CONDITION AND AFFAIRS OF THE

THE CINCINNATI INDEMNITY COMPANY

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

Organized under the Laws of OHIO, State of Domicile or Port of Entry OH

Country of Domicile United States of America

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

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

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

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

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

Internet Website Address WWW.CINFIN.COM

Statutory Statement Contact ANDREW SCHNELL (Name) 513-870-2000 (Area Code) (Telephone Number) andrew\_schnell@cinfin.com (E-mail Address) 513-603-5500 (FAX Number)

OFFICERS

CHIEF EXECUTIVE OFFICER, PRESIDENT STEVEN JUSTUS JOHNSTON SENIOR VICE PRESIDENT, TREASURER THERESA ANN HOFFER

CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT MICHAEL JAMES SEWELL

OTHER

TERESA CURRIN CRACAS, SENIOR VICE PRESIDENT DONALD JOSEPH DOYLE JR, SENIOR VICE PRESIDENT SEAN MICHAEL GIVLER, SENIOR VICE PRESIDENT

MARTIN FRANCIS HOLLENBECK, SENIOR VICE PRESIDENT JOHN SCOTT KELLINGTON, SENIOR VICE PRESIDENT LISA ANNE LOVE, SENIOR VICE PRESIDENT, CORPORATE SECRETARY

MARTIN JOSEPH MULLEN, SENIOR VICE PRESIDENT JACOB FERDINAND SCHERER, EXECUTIVE VICE PRESIDENT STEPHEN MICHAEL SPRAY, SENIOR VICE PRESIDENT

WILLIAM HAROLD VAN DEN HEUVEL, SENIOR VICE PRESIDENT

DIRECTORS OR TRUSTEES

WILLIAM FORREST BAHL GREGORY THOMAS BIER TERESA CURRIN CRACAS

DONALD JOSEPH DOYLE JR SEAN MICHAEL GIVLER MARTIN FRANCIS HOLLENBECK

STEVEN JUSTUS JOHNSTON JOHN SCOTT KELLINGTON LISA ANNE LOVE

WILLIAM RODNEY MCMULLEN MARTIN JOSEPH MULLEN DAVID PAUL OSBORN

JACOB FERDINAND SCHERER THOMAS REID SCHIFF MICHAEL JAMES SEWELL

STEPHEN MICHAEL SPRAY KENNETH WILLIAM STECHER JOHN FREDERICK STEELE JR

WILLIAM HAROLD VAN DEN HEUVEL LARRY RUSSEL WEBB

State of OHIO SS:

County of BUTLER

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 SENIOR VICE PRESIDENT, TREASURER

Subscribed and sworn to before me this 3RD day of MAY 2019

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.....

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 .....	77,370,180		77,370,180	76,344,308
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....	29,382,133		29,382,133	25,595,797
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens.....				
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....				
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....				
4.3 Properties held for sale (less \$ ..... encumbrances) .....				
5. Cash (\$ .....2,528,760 ), cash equivalents (\$ ..... ) and short-term investments (\$ ..... ) .....	2,528,760		2,528,760	2,334,044
6. Contract loans (including \$ ..... premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	109,281,074		109,281,074	104,274,148
13. Title plants less \$ ..... charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	924,523		924,523	929,360
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	22,864,066		22,864,066	22,137,837
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....	6,234,833		6,234,833	3,465,375
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....				
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....				
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	1,489,604		1,489,604	4,802,928
24. Health care (\$ ..... ) and other amounts receivable .....				
25. Aggregate write-ins for other than invested assets .....				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	140,794,099		140,794,099	135,609,648
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Total (Lines 26 and 27)	140,794,099		140,794,099	135,609,648
DETAILS OF WRITE-INS				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)				

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ ..... ) .....		
2. Reinsurance payable on paid losses and loss adjustment expenses .....	2,707	
3. Loss adjustment expenses .....		
4. Commissions payable, contingent commissions and other similar charges .....		
5. Other expenses (excluding taxes, licenses and fees) .....	2,187	1,923
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....		
7.1 Current federal and foreign income taxes (including \$ ..... on realized capital gains (losses)) .....	263,113	147,777
7.2 Net deferred tax liability .....	2,839,662	2,045,421
8. Borrowed money \$ ..... and interest thereon \$ ..... .....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ .....205,695,340 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) .....		
10. Advance premium .....		
11. Dividends declared and unpaid:		
11.1 Stockholders .....		
11.2 Policyholders .....		
12. Ceded reinsurance premiums payable (net of ceding commissions) .....	30,415,697	30,108,899
13. Funds held by company under reinsurance treaties .....		
14. Amounts withheld or retained by company for account of others .....	1,387,271	1,187,349
15. Remittances and items not allocated .....		
16. Provision for reinsurance (including \$ ..... certified) .....		
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		
18. Drafts outstanding .....		
19. Payable to parent, subsidiaries and affiliates .....	3,068	
20. Derivatives .....		
21. Payable for securities .....		
22. Payable for securities lending .....		
23. Liability for amounts held under uninsured plans .....		
24. Capital notes \$ ..... and interest thereon \$ ..... .....		
25. Aggregate write-ins for liabilities .....		
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	34,913,704	33,491,369
27. Protected cell liabilities .....		
28. Total liabilities (Lines 26 and 27) .....	34,913,704	33,491,369
29. Aggregate write-ins for special surplus funds .....		
30. Common capital stock .....	3,600,000	3,600,000
31. Preferred capital stock .....		
32. Aggregate write-ins for other than special surplus funds .....		
33. Surplus notes .....		
34. Gross paid in and contributed surplus .....	21,600,000	21,600,000
35. Unassigned funds (surplus) .....	80,680,395	76,918,279
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 30 \$ ..... ) .....		
36.2 ..... shares preferred (value included in Line 31 \$ ..... ) .....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36) .....	105,880,395	102,118,279
38. Totals (Page 2, Line 28, Col. 3)	140,794,099	135,609,648
DETAILS OF WRITE-INS		
2501. ....		
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....		
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)		
2901. ....		
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page .....		
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)		
3201. ....		
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page .....		
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)		

STATEMENT OF INCOME

	1	2	3
	Current Year to Date	Prior Year to Date	Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ .....120,259,506 ) .....	103,386,506	103,599,675	420,769,642
1.2 Assumed (written \$ .....1 ) .....	1	1	3
1.3 Ceded (written \$ .....120,259,507 ) .....	103,386,508	103,599,676	420,769,645
1.4 Net (written \$ ..... ) .....			
DEDUCTIONS:			
2. Losses incurred (current accident year \$ ..... ):			
2.1 Direct .....	39,778,591	46,196,615	191,544,852
2.2 Assumed .....	(6,469)	2,989	3,849
2.3 Ceded .....	39,772,123	46,199,604	191,548,701
2.4 Net .....			
3. Loss adjustment expenses incurred .....			
4. Other underwriting expenses incurred .....			
5. Aggregate write-ins for underwriting deductions .....			
6. Total underwriting deductions (Lines 2 through 5) .....			
7. Net income of protected cells .....			
8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7) .....			
INVESTMENT INCOME			
9. Net investment income earned .....	898,463	866,077	3,553,407
10. Net realized capital gains (losses) less capital gains tax of \$ .....			2,041,159
11. Net investment gain (loss) (Lines 9 + 10) .....	898,463	866,077	5,594,566
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ ..... amount charged off \$ ..... ) .....			
13. Finance and service charges not included in premiums .....			
14. Aggregate write-ins for miscellaneous income .....	518	446	933
15. Total other income (Lines 12 through 14) .....	518	446	933
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15) .....	898,981	866,523	5,595,499
17. Dividends to policyholders .....			
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) .....	898,981	866,523	5,595,499
19. Federal and foreign income taxes incurred .....	119,428	111,729	470,357
20. Net income (Line 18 minus Line 19)(to Line 22) .....	779,553	754,794	5,125,141
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year .....	102,118,279	99,999,393	99,999,393
22. Net income (from Line 20) .....	779,553	754,794	5,125,141
23. Net transfers (to) from Protected Cell accounts .....			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....793,128 .....	2,983,675	(1,332,362)	(3,003,524)
25. Change in net unrealized foreign exchange capital gain (loss) .....			
26. Change in net deferred income tax .....	(1,112)	(1,117)	(2,731)
27. Change in nonadmitted assets .....			
28. Change in provision for reinsurance .....			
29. Change in surplus notes .....			
30. Surplus (contributed to) withdrawn from protected cells .....			
31. Cumulative effect of changes in accounting principles .....			
32. Capital changes:			
32.1 Paid in .....			
32.2 Transferred from surplus (Stock Dividend) .....			
32.3 Transferred to surplus .....			
33. Surplus adjustments:			
33.1 Paid in .....			
33.2 Transferred to capital (Stock Dividend) .....			
33.3 Transferred from capital .....			
34. Net remittances from or (to) Home Office .....			
35. Dividends to stockholders .....			
36. Change in treasury stock .....			
37. Aggregate write-ins for gains and losses in surplus .....			
38. Change in surplus as regards policyholders (Lines 22 through 37).....	3,762,116	(578,684)	2,118,886
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	105,880,395	99,420,708	102,118,279
DETAILS OF WRITE-INS			
0501. ....			
0502. ....			
0503. ....			
0598. Summary of remaining write-ins for Line 5 from overflow page .....			
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)			
1401. Miscellaneous Income .....	518	446	933
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....			
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	518	446	933
3701. ....			
3702. ....			
3703. ....			
3798. Summary of remaining write-ins for Line 37 from overflow page .....			
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)			

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	306,798	1,666,883	1,192,037
2. Net investment income .....	961,956	899,537	3,723,315
3. Miscellaneous income .....	518	446	933
4. Total (Lines 1 to 3) .....	1,269,272	2,566,866	4,916,284
5. Benefit and loss related payments .....	3,492,980	384,731	(3,528,216)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....			
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	4,092	3,847	1,032,644
10. Total (Lines 5 through 9) .....	3,497,071	388,578	(2,495,572)
11. Net cash from operations (Line 4 minus Line 10) .....	(2,227,799)	2,178,289	7,411,856
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	1,590,949	644,969	6,751,262
12.2 Stocks .....			4,482,436
12.3 Mortgage loans .....			
12.4 Real estate .....			
12.5 Other invested assets .....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7 Miscellaneous proceeds .....		640,000	640,000
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	1,590,949	1,284,969	11,873,698
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	2,684,747	2,998,500	9,851,500
13.2 Stocks .....			5,866,402
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....		69	97
13.6 Miscellaneous applications .....			
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	2,684,747	2,998,569	15,717,999
14. Net increase (or decrease) in contract loans and premium notes .....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(1,093,797)	(1,713,600)	(3,844,301)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....			
16.2 Capital and paid in surplus, less treasury stock .....			
16.3 Borrowed funds .....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5 Dividends to stockholders .....			
16.6 Other cash provided (applied) .....	3,516,313	(870,078)	(4,340,146)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	3,516,313	(870,078)	(4,340,146)
<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) ..	194,716	(405,389)	(772,591)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	2,334,044	3,106,635	3,106,635
19.2 End of period (Line 18 plus Line 19.1) .....	2,528,760	2,701,246	2,334,044

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of The Cincinnati Indemnity Company (the 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, and for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' Accounting Practices and Procedures Manual (NAIC SAP), version effective January 1, 2001 and updates through the current year have been adopted as a component of prescribed or permitted practices by the state of Ohio.

The Company has no prescribed or permitted practices that would result in differences between the NAIC SAP and the state of Ohio basis, as shown below as of March 31, 2019 and December 31, 2018:

	SSAP #	F/S Page	F/S Line #	2019	2018
<b>NET INCOME</b>					
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 779,553	\$ 5,125,141
(2) State Prescribed Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(3) State Permitted Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 779,553	\$ 5,125,141
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 105,880,395	\$ 102,118,279
(6) State Prescribed Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(7) State Permitted Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 105,880,395	\$ 102,118,279

B. Use of Estimates in the Preparation of the Financial Statements – No significant change

C. Accounting Policies – No significant change

D. Going Concern

After review of the Company's financial condition, management has no doubts about the Company's ability to continue as a going concern.

2. Accounting Changes and Correction of Errors – No significant change

3. Business Combinations and Goodwill – Not applicable

4. Discontinued Operations – Not applicable

5. Investments – No significant change

6. Joint Ventures, Partnerships and Limited Liability Companies – Not applicable

7. Investment Income – No significant change

8. Derivative Instruments – Not applicable

9. Income Taxes

A. Components of Deferred Tax Assets (DTAs) and Deferred Tax Liabilities (DTLs):

1.

	March 31, 2019		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 0	\$ 0	\$ 0
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	0	0
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	0	0
(f) Deferred Tax Liabilities	\$ 9,578	\$ 2,830,084	\$ 2,839,662
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (9,578)	\$ (2,830,084)	\$ (2,839,662)

	December 31, 2018		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 0	\$ 0	\$ 0
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	0	0
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	0	0
(f) Deferred Tax Liabilities	\$ 9,459	\$ 2,035,962	\$ 2,045,421
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (9,459)	\$ (2,035,962)	\$ (2,045,421)

	Change		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 0	\$ 0	\$ 0
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	0	0
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	0	0
(f) Deferred Tax Liabilities	\$ 119	\$ 794,122	\$ 794,241
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (119)	\$ (794,122)	\$ (794,241)

NOTES TO FINANCIAL STATEMENTS

2.

	March 31, 2019		
	Ordinary	Capital	Total
Admission Calculation Components SSAP No. 101			
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 0	\$ 0	\$ 0
(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)	0	0	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	0	0	0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	15,882,059
(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	0	0	0
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	\$ 0	\$ 0	\$ 0

	December 31, 2018		
	Ordinary	Capital	Total
Admission Calculation Components SSAP No. 101			
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 0	\$ 0	\$ 0
(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)	0	0	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	0	0	0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	15,317,742
(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	0	0	0
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	\$ 0	\$ 0	\$ 0

	Change		
	Ordinary	Capital	Total
Admission Calculation Components SSAP No. 101			
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 0	\$ 0	\$ 0
(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)	0	0	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	0	0	0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	564,317
(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	0	0	0
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	\$ 0	\$ 0	\$ 0

3.

	2019 Percentage	2018 Percentage
(a)Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	3089%	3089%
(b)Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	\$ 102,118,279	\$ 102,118,279

4.

	March 31, 2019		
	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)	\$ 0	\$ 0	\$ 0
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)	\$ 0	\$ 0	\$ 0
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.			

NOTES TO FINANCIAL STATEMENTS

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) 2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies 3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e) 4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	December 31, 2018		
	Ordinary	Capital	Total
	\$ 0	\$ 0	\$ 0
	0.00%	0.00%	0.00%
	\$ 0	\$ 0	\$ 0
	0.00%	0.00%	0.00%
(b)The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.			

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) 2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies 3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e) 4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	Change		
	Ordinary	Capital	Total
	\$ 0	\$ 0	\$ 0
	0.00%	0.00%	0.00%
	\$ 0	\$ 0	\$ 0
	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:	March 31, 2019	December 31, 2018	Change
(a)Federal	\$ 115,335	\$ 455,190	\$ (339,855)
(b)Foreign	4,092	15,167	(11,075)
(c)Subtotal	119,427	470,357	(350,930)
(d)Federal income tax on capital gains/(losses)	0	542,587	(542,587)
(e)Utilization of capital loss carryforwards	0	0	0
(f) Other	0	0	0
(g)Federal income taxes incurred	\$ 119,427	\$ 1,012,944	\$ (893,517)

2. Deferred tax assets:	March 31, 2019	December 31, 2018	Change
(a)Ordinary			
1. Unearned premium reserve	\$ 0	\$ 0	\$ 0
2. Unpaid loss reserve	0	0	0
3. Contingent commission	0	0	0
4. Nonadmitted assets	0	0	0
5. Other deferred tax assets	0	0	0
99.Subtotal	\$ 0	\$ 0	\$ 0
(b)Statutory valuation allowance adjustment	0	0	0
(c)Nonadmitted	0	0	0
(d)Admitted ordinary deferred tax assets (2(a)99-2(b)-2(c))	\$ 0	\$ 0	\$ 0
(e)Capital			
1. Investments	\$ 0	\$ 0	\$ 0
1. Unrealized (gain)/loss on investments	0	0	0
99.Subtotal	\$ 0	\$ 0	\$ 0
(f) Statutory valuation allowance adjustment	0	0	0
(g)Nonadmitted	0	0	0
(h)Admitted capital deferred tax assets ((2(e)99- 2(f)-2(g))	\$ 0	\$ 0	\$ 0
(i) Admitted deferred tax assets (2(d)+2(h))	\$ 0	\$ 0	\$ 0

3. Deferred tax liabilities:	March 31, 2019	December 31, 2018	Change
(a)Ordinary			
1. Commission expense	\$ 0	\$ 0	\$ 0
2. Other, net	9,578	9,459	119
99.Subtotal	\$ 9,578	\$ 9,459	\$ 119
(b)Capital			
2. Investment	\$ 133,679	\$ 132,685	\$ 994
3. Unrealized (gain)/loss on investments	2,696,405	1,903,277	793,128
99.Subtotal	\$ 2,830,084	\$ 2,035,962	\$ 794,122
(c)Deferred tax liabilities (3(a)99+3(b)99)	\$ 2,839,662	\$ 2,045,421	\$ 794,241
4. Net deferred tax assets/(liabilities) (2(i)-3(c)):	\$ (2,839,662)	\$ (2,045,421)	\$ (794,241)



NOTES TO FINANCIAL STATEMENTS

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):

	March 31, 2019	December 31, 2018	Change
Total deferred tax assets	\$ 0	\$ 0	\$ 0
Total deferred tax liabilities	2,839,662	2,045,421	794,241
Net deferred tax asset/(liability)	\$ (2,839,662)	\$ (2,045,421)	\$ (794,241)
Tax effect of unrealized (gains)/losses			793,128
Change in net deferred income tax (charge)/benefit			\$ (1,113)
	December 31, 2018	December 31, 2017	Change
Total deferred tax assets	\$ 0	\$ 0	\$ 0
Total deferred tax liabilities	2,045,421	2,841,097	(795,676)
Net deferred tax asset/(liability)	\$ (2,045,421)	\$ (2,841,097)	\$ 795,676
Tax effect of unrealized (gains)/losses			(798,405)
Change in net deferred income tax (charge)/benefit			\$ (2,729)

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 March 31, 2019		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 898,981	\$ 188,786	21.00 %
Net tax exempt interest	(263,724)	(55,382)	(6.17)%
Net dividends received deduction (DRD)	(60,934)	(12,796)	(1.42)%
Other items permanent, net	10	2	0.00 %
DRD on accrued	(333)	(70)	(0.01)%
Total	\$ 574,000	\$ 120,540	13.40 %
Federal income tax expense incurred/(benefit)	\$ 568,700	\$ 119,427	13.28 %
Tax on capital gains/(losses)	0	0	0.00 %
Change in nonadmitted excluding deferred tax asset	0	0	0.00 %
Change in net deferred income tax charge/(benefit)	5,300	1,113	0.12 %
Total statutory income taxes incurred/(benefit)	\$ 574,000	\$ 120,540	13.40 %

Description	As of December 31, 2018		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 6,138,085	\$ 1,288,998	21.00 %
Net tax exempt interest	(1,083,095)	(227,450)	(3.71)%
Net dividends received deduction (DRD)	(213,190)	(44,770)	(0.73)%
Other items permanent, net	13	3	0.00 %
DRD on accrued	(5,276)	(1,108)	(0.02)%
Total	\$ 4,836,537	\$ 1,015,673	16.54 %
Federal income tax expense incurred/(benefit)	\$ 2,239,797	\$ 470,357	7.66 %
Tax on capital gains/(losses)	2,583,745	542,587	8.84 %
Change in nonadmitted excluding deferred tax asset	0	0	0.00 %
Change in net deferred income tax charge/(benefit)	12,995	2,729	0.04 %
Total statutory income taxes incurred/(benefit)	\$ 4,836,537	\$ 1,015,673	16.54 %

E. Operating Loss and Tax Credit Carryforwards

At March 31, 2019 the Company had no net operating loss carryforwards or capital loss carryforwards.

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
2019	\$ 115,336	\$ 0	\$ 115,336
2018	455,190	542,586	997,776
2017	0	177,320	177,320
Total	\$ 570,526	\$ 719,906	\$ 1,290,432

At March 31, 2019 the Company had no protective tax deposits under Section 6603 of the Internal Revenue Code.

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 Life Insurance Company  
The Cincinnati Casualty Company  
The Cincinnati Specialty Underwriters Insurance Company  
CFC Investment Company  
CSU Producer Resources, Inc.
2. The method of allocation between the companies 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.

G. Federal or Foreign Income Tax Loss Contingencies

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

**NOTES TO FINANCIAL STATEMENTS**

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 has closed for tax years 2014 and earlier. The statute of limitations for state income tax purposes has closed for tax years 2014 and earlier. There are no U.S. federal or state returns under examination.

**10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

- A. Nature of Relationships – No significant change
- B. Detail of Transactions Greater than 1/2% of Admitted Assets – Not applicable
- C. Change in Terms of Intercompany Agreements – Not Applicable
- D. Amounts Due to or from Related Parties

At March 31, 2019, the Company reported \$1,489,604 due from the Parent Company, The Cincinnati Insurance Company. The terms of the settlement require that these amounts be settled within 30 days.

- E. Guarantees or Contingencies for Related Parties – Not applicable
- F. Management, Service Contracts, Cost Sharing Arrangements – No significant change
- G. Nature of Relationships that Could Affect Operations – No significant change
- H. Amount Deducted from Value of an Investment in Upstream Entity – Not applicable
- I. Investment in an SCA that exceeds 10% of Admitted Assets – Not applicable
- J. Impairment Writedowns related to Investments in SCA entities – Not applicable
- K. Investment in Foreign Insurance Subsidiaries – Not applicable
- L. Investment in Downstream Noninsurance Holding Company – Not applicable
- M. All SCA Investments (Except 8bi Entities) – Not applicable
- N. Investment in Insurance SCA Entities Utilizing Permitted or Prescribed Practices – Not applicable

**11. Debt – Not applicable****12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans – No significant change****13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

- 1. Shares authorized, issued and outstanding – No significant change
- 2. Preferred stock issues – Not applicable
- 3. Dividend restrictions – No significant change
- 4. Dividends paid – Not applicable
- 5. Portion of profits that may be paid as ordinary dividends – No significant change
- 6. Surplus restrictions – Not applicable
- 7. Mutual Surplus Advances – Not applicable
- 8. Company Stock Held for Special Purposes – Not applicable
- 9. Changes in Special Surplus Funds – Not applicable
- 10. The portion of unassigned funds (surplus) represented or (reduced) by cumulative unrealized gains/(losses) are \$12,840,025 offset by deferred tax of \$2,696,405 for a net balance of \$10,143,620.
- 11. Surplus Notes – Not applicable
- 12. Restatement of Quasi-Reorganization – Not applicable
- 13. Date of Quasi-Reorganization – Not applicable

**14. Liabilities, Contingencies and Assessments – No significant change****15. Leases – Not applicable**

**NOTES TO FINANCIAL STATEMENTS**

**16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk** – Not applicable

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities** – Not applicable

**18. Gain or Loss to the Reporting Entity from Uninsured Plans and Uninsured Portion of Partially Insured Plans** – Not applicable

**19. Direct Written Premium/Produced by Managing General Agents/Third Party Administrators** – Not applicable

**20. Fair Value Measurements**

**A. Inputs Used for Assets and Liabilities Measured at Fair Value**

1. Included in various investment related line items in the financial statements are certain financial instruments carried at fair value. Other financial instruments are periodically measured at fair value, such as when impaired, or, for certain fixed maturities and preferred stock, when carried at the lower of cost or market.

The fair value of an asset is the amount at which that asset could be bought or sold in a current transaction between willing parties, that is, other than in a forced or liquidation sale. The Company does not have any material liabilities carried at fair value.

The Company has categorized its financial instruments, based on the priority of the inputs to the valuation technique, into a three-level fair value hierarchy. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used to measure the financial instruments fall within different levels of the hierarchy, the categorization is based on the lowest level that is significant to the fair value measurement of the instrument.

Financial assets that fall within Level 1 and Level 2 are priced according to observable data from identical or similar securities that have traded in the marketplace. Also within Level 2 are securities that are valued by outside services or brokers where the Company has evaluated the pricing methodology and determined that the inputs are observable. Financial assets that fall within Level 3 of the hierarchy are valued based upon unobservable market inputs. Pricing for each Level 3 security is based upon inputs that are market driven, including third-party reviews provided to the issuer or broker quotes. However, the Company places in the Level 3 hierarchy securities for which it is unable to obtain the pricing methodology or it could not consider the price provided as binding. Management ultimately determines the fair value for each Level 3 security that it considers to be the best exit price valuation.

The Company primarily bases fair value estimates for investments in equity and fixed-maturity securities on quoted market prices or on prices from a nationally recognized pricing vendor, an outside resource that supplies global securities pricing, dividend, corporate action and descriptive information to support fund pricing, securities operations, research and portfolio management. The Company obtains and reviews the pricing service's valuation methodologies and related inputs and validates these prices by replicating a sample across each asset class using a discounted cash flow model. When a price is not available from these sources, as in the case of securities that are not publicly traded, the Company determines the fair value using various inputs including quotes from independent brokers. In these circumstances, the Company has generally obtained and evaluated two nonbinding quotes from brokers; its investment professionals determine the best estimate of fair value. The fair value of investments not priced by a pricing vendor is less than 1 percent of the fair value of the Company's total investment portfolio.

Financial instruments are categorized based upon the following characteristics or inputs to the valuation techniques:

- Level 1—Financial assets and liabilities for which inputs are observable and are obtained from reliable quoted prices for identical assets or liabilities in active markets. This is the most reliable fair value measurement and includes, for example, active exchange-traded equity securities.
- Level 2 – Financial assets and liabilities for which values are based on quoted prices in markets that are not active or for which values are based on similar assets and liabilities that are actively traded. This also includes pricing models for which the inputs are corroborated by market data. The technique used for the Level 2 fixed-maturity securities is the application of market based modeling. The inputs used for all classes of fixed-maturity securities listed in the table below include relevant market information by asset class, trade activity of like securities, marketplace quotes, benchmark yields, spreads off benchmark yields, interest rates, U.S. Treasury or swap curves, yield to maturity and economic events. Level 2 fixed-maturity securities are primarily priced by a nationally recognized pricing vendor.
- Level 3—Financial assets and liabilities for which values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. Level 3 inputs include the following:
  - Quotes from brokers or other external sources that are not considered binding;
  - Quotes from brokers or other external sources where it cannot be determined that market participants would in fact transact for the asset or liability at the quoted price; or
  - Quotes from brokers or other external sources where the inputs are not deemed observable.

Reclassification of certain financial instruments may occur when input observability changes. Reclassifications are

NOTES TO FINANCIAL STATEMENTS

reported as transfers into/out of the Level 3 category.

The following table presents the Company’s assets measured and reported at fair value by level within the fair value hierarchy as of March 31, 2019:

Assets at Fair Value:

	Level 1	Level 2	Level 3	Total	Net Asset Value (NAV) Included in Level 2
Bonds	\$ 0	\$ 1,990,392	\$ 0	\$ 1,990,392	\$ 0
Common Stock	29,382,133	0	0	29,382,133	0
Total	\$ 29,382,133	\$ 1,990,392	\$ 0	\$ 31,372,525	\$ 0

- 2. Fair Value Measurements in Level 3 of the Fair Value Hierarchy – Not applicable
- 3. Transfers between levels are assumed to occur at the beginning of the period.
- 4. Inputs and Techniques Used for Level 2 and Level 3 Fair Values – See narrative in Note 20A1.

B. Other Fair Value Disclosures – Not applicable

C. Fair Values for all Financial Instruments by Level

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable	Net Asset Value (NAV)
Bonds	\$ 79,457,752	\$ 77,370,180	\$ 974,821	\$ 78,482,931	\$ 0	\$ 0	\$ 0
Common Stock	29,382,133	29,382,133	29,382,133	0	0	0	0

D. Reasons Not Practical to Estimate Fair Values – Not applicable

21. Other Items – No significant change

22. Subsequent Events

The Company has considered subsequent events through May 14, 2019, the date of issuance of these statutory financial statements. There were no events occurring subsequent to March 31, 2019, which may have a material effect on the Company.

23. Reinsurance – No significant change

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination – Not applicable

25. Changes in Incurred Losses and Loss Adjustment Expense – Not applicable

26. Intercompany Pooling Arrangements – Not applicable

27. Structured Settlements – Not applicable

28. Health Care Receivables – Not applicable

29. Participating Policies – Not applicable

30. Premium Deficiency Reserves – No significant change

31. High Deductibles – Not applicable

32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses – No significant change

33. Asbestos and Environmental Reserves – No significant change

34. Subscriber Savings Accounts – Not applicable

35. Multiple Peril Crop Insurance – Not applicable

36. Financial Guaranty Insurance – Not applicable

37. Other – No significant 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 [ ☒ ]
- 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 [ ☒ ]
- 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? .....

If yes, complete Schedule Y, Parts 1 and 1A.

Yes [ ☒ ] No [ ☐ ]
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end? .....

Yes [ ☒ ] No [ ☐ ]
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.  
Cincinnati Financial Corporation, the ultimate parent company, acquired an insurance affiliate.
- 3.4

Is the reporting entity publicly traded or a member of a publicly traded group? .....

Yes [ ☒ ] No [ ☐ ]
- 3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....

0000020286
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....

If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

Yes [ ☐ ] No [ ☒ ]
- 4.2

If yes, provide the name of the 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              | 2                 | 3                 |
|----------------|-------------------|-------------------|
| Name of Entity | NAIC Company Code | 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? .....

If yes, attach an explanation.

Yes [ ☐ ] No [ ☒ ] N/A [ ☐ ]
- 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. ....

12/31/2014
- 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). ....

10/05/2015
- 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 [ ☒ ] No [ ☐ ] N/A [ ☐ ]
- 6.6

Have all of the recommendations within the latest financial examination report been complied with? .....

Yes [ ☒ ] No [ ☐ ] N/A [ ☐ ]
- 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 [ ☒ ]
- 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 [ ☒ ]
- 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 [ ☒ ]
- 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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	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? .....  
(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.

Yes [ X ] No [ ]
- 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 [ X ] No [ ]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).  
The Code of Ethics for Senior Financial Officers was revised on 2/1/19 to limit the codes to U.S. subsidiaries of Cincinnati Financial Corporation.
- 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: .....\$.....

1,489,604

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) ..... | \$ .....                                    | \$ .....                                     |
| 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? .....  
If no, attach a description with this statement.

Yes [ ] No [ ]
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. ....

\$ .....

STATEMENT AS OF MARCH 31, 2019 OF THE THE CINCINNATI INDEMNITY COMPANY

GENERAL INTERROGATORIES

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 information relating thereto:

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

- 17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?..... Yes [ ] No [ ]

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?..... Yes [ ] No [ ]

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]
- 18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
  - b. Issuer or obligor is current on all contracted interest and principal payments.
  - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [ X ]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
  - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? ..... Yes [ ] No [ X ]

GENERAL INTERROGATORIES

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? .....  
If yes, attach an explanation.

Yes [ ] No [ X ] N/A [ ]
2.

Has the reporting entity reinsured any risk with any other reporting 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? .....  
If yes, attach an explanation.

Yes [ ] No [ X ]
- 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										

5.

Operating Percentages:
- 5.1

A&H loss percent .....

%
- 5.2

A&H cost containment percent .....

%
- 5.3

A&H expense percent excluding cost containment expenses .....

%
- 6.1

Do you act as a custodian for health savings accounts? .....

Yes [ ] No [ X ]
- 6.2

If yes, please provide the amount of custodial funds held as of the reporting date .....\$.....
- 6.3

Do you act as an administrator for health savings accounts? .....

Yes [ ] No [ X ]
- 6.4

If yes, please provide the balance of the funds administered as of the reporting date .....\$.....
7.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? .....

Yes [ X ] No [ ]
- 7.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? .....

Yes [ ] No [ ]



SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
NONE						

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

		1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
			2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1.	Alabama.....AL	L	2,326,446	2,197,270	309,912	269,324	3,841,115	5,228,690
2.	Alaska.....AK	L						
3.	Arizona.....AZ	L	4,204,820	3,639,177	955,461	844,471	12,272,698	9,102,209
4.	Arkansas.....AR	L	1,417,564	1,645,197	158,077	130,491	4,512,180	4,368,410
5.	California.....CA	L	119,753	72,048	22,279	12,870	349,196	348,471
6.	Colorado.....CO	L	5,046,239	4,658,598	3,021,880	2,812,380	17,849,952	16,119,226
7.	Connecticut.....CT	L	542,546	278,446	41,138	6,798	952,524	358,005
8.	Delaware.....DE	L	489,089	328,811	76,614	142,789	1,532,892	1,655,323
9.	District of Columbia.....DC	L	82,019	80,870	50,602		226,021	76,789
10.	Florida.....FL	L	5,998,823	5,515,242	1,865,319	1,310,623	21,698,594	19,105,890
11.	Georgia.....GA	L	4,264,413	4,193,839	901,765	1,006,641	15,412,867	15,491,477
12.	Hawaii.....HI	L	3,236	3,461			2,191	2,608
13.	Idaho.....ID	L	1,553,182	1,328,644	1,920,541	341,562	7,102,466	6,504,770
14.	Illinois.....IL	L	10,104,928	11,251,185	6,236,184	4,212,877	49,817,635	51,428,223
15.	Indiana.....IN	L	7,201,880	7,063,668	2,521,508	1,590,002	22,860,219	21,970,658
16.	Iowa.....IA	L	2,614,512	2,744,867	1,154,714	1,149,605	19,230,992	18,751,948
17.	Kansas.....KS	L	1,389,616	1,381,975	466,545	494,935	7,288,078	9,501,445
18.	Kentucky.....KY	L	2,008,585	2,512,285	457,682	500,246	9,930,301	10,506,902
19.	Louisiana.....LA	L	30,384	45,828	5,676	13,886	201,551	105,905
20.	Maine.....ME	L	11,657	9,342			6,077	4,544
21.	Maryland.....MD	L	1,986,795	2,503,690	1,882,807	1,266,320	10,758,025	12,876,352
22.	Massachusetts.....MA	L	21,084	10,302	2,870	466	94,723	5,544
23.	Michigan.....MI	L	6,061,089	5,565,857	1,650,006	1,413,092	18,427,728	17,093,963
24.	Minnesota.....MN	L	3,987,465	4,203,115	1,184,567	416,233	9,580,560	8,386,217
25.	Mississippi.....MS	L	34,098	2,366	32,929	18,155	270,453	153,713
26.	Missouri.....MO	L	3,349,154	3,819,775	637,167	1,684,280	14,463,663	14,114,102
27.	Montana.....MT	L	910,092	1,000,772	3,677,187	140,542	1,520,000	1,293,753
28.	Nebraska.....NE	L	998,858	1,134,380	137,440	436,862	7,314,495	7,344,233
29.	Nevada.....NV	L	29,439	8,661	6,218	2,680	150,413	68,730
30.	New Hampshire.....NH	L	803,249	802,023	130,525	194,973	1,755,621	1,702,876
31.	New Jersey.....NJ	L	78,459	14,768	84,349		281,332	96,089
32.	New Mexico.....NM	L	1,931,065	2,572,731	860,101	1,299,545	4,341,899	2,684,673
33.	New York.....NY	L	1,577,836	1,374,185	140,762	997,631	6,967,247	6,331,849
34.	North Carolina.....NC	L	4,358,578	4,724,035	1,203,436	1,277,720	16,316,025	16,016,900
35.	North Dakota.....ND	L	319,496	441,132	143,151	98,696	580,460	484,275
36.	Ohio.....OH	L	8,046,350	8,355,509	2,412,274	4,531,342	15,591,538	15,976,528
37.	Oklahoma.....OK	L	47,955	22,293	26,182	22,106	153,181	140,307
38.	Oregon.....OR	L	1,199,408	1,241,135	214,519	177,555	2,483,949	1,750,352
39.	Pennsylvania.....PA	L	11,321,242	10,935,877	5,586,768	4,272,463	43,936,402	44,207,058
40.	Rhode Island.....RI	L	(969)	8,837			15,059	14,137
41.	South Carolina.....SC	L	1,020,066	1,155,262	334,639	683,490	6,420,341	7,171,510
42.	South Dakota.....SD	L	544,395	570,302	30,921	159,924	1,749,689	2,083,656
43.	Tennessee.....TN	L	5,033,436	4,943,148	1,158,177	2,177,191	20,593,437	23,600,726
44.	Texas.....TX	L	4,756,956	5,622,588	1,124,841	1,405,260	16,290,122	16,750,436
45.	Utah.....UT	L	1,566,226	1,638,352	345,169	141,815	4,319,008	2,223,884
46.	Vermont.....VT	L	1,099,232	989,288	221,761	282,915	3,300,137	3,333,332
47.	Virginia.....VA	L	4,525,822	5,082,637	2,573,481	4,897,047	18,992,660	18,105,020
48.	Washington.....WA	L	1,642,544	1,381,334	413,389	858,354	4,007,814	2,807,155
49.	West Virginia.....WV	L	1,061,465	1,131,256	86,547	48,798	2,110,848	2,786,755
50.	Wisconsin.....WI	L	2,316,355	2,754,741	797,333	804,635	9,803,851	11,374,638
51.	Wyoming.....WY	L	222,578	224,410	15,511	365,374	134,976	279,721
52.	American Samoa.....AS	N						
53.	Guam.....GU	N						
54.	Puerto Rico.....PR	N						
55.	U.S. Virgin Islands.....VI	N						
56.	Northern Mariana Islands.....MP	N						
57.	Canada.....CAN	N						
58.	Aggregate Other Alien OT	XXX						
59.	Totals	XXX	120,259,506	123,185,514	47,280,925	44,914,965	437,813,206	431,889,977
DETAILS OF WRITE-INS								
58001.		XXX						
58002.		XXX						
58003.		XXX						
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX						
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX						

(a) Active Status Counts:

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG.....51

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI).....

D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile.....

R - Registered - Non-domiciled RRGs.....

Q - Qualified - Qualified or accredited reinsurer.....

N - None of the above - Not allowed to write business in the state.....6

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

	Domiciliary Location	FEIN	NAIC Co. Code
Cincinnati Financial Group (Parent)	OH	31-0746871	
CFC Investment Company	OH	31-0790388	
The Cincinnati Insurance Company (Insurer)	OH	31-0542366	10677
The Cincinnati Casualty Company (Insurer)	OH	31-0826946	28665
The Cincinnati Indemnity Company (Insurer)	OH	31-1241230	23280
The Cincinnati Life Insurance Company (Insurer)	OH	31-1213778	76236
CLIC District Invesments I, LLC	OH	82-5173506	
CLIC BP Investments B, LLC	OH	81-1908205	
CLIC BP Investments H, LLC	OH	81-4633687	
CLIC WSD Investments I, LLC	OH	82-1587731	
CLIC Uptown Investments I, LLC	OH	82-3254447	
CLIC DS Investments I, LLC	OH	81-3640769	
The Cincinnati Specialty Underwriters Insurance Company (Insurer)	DE	65-1316588	13037
CIC Uptown Investments I, LLC	OH	83-1627569	
CSU Producer Resources, Inc	OH	11-3823180	
MSP Underwriting, Inc	GBR		
Beaufort Dedicated No 1 Limited (Insurer)	GBR		
Beaufort Dedicated No 2 Limited (Insurer)*	GBR		
Beaufort Dedicated No 3 Limited (Insurer)	GBR		
Beaufort Dedicated No 4 Limited (Insurer)	GBR		
Beaufort Dedicated No 5 Limited (Insurer)	GBR		
Beaufort Dedicated No 6 Limited (Insurer)	GBR		
Beaufort Underwriting Agency Limited	GBR		
Beaufort Underwriting Services Limited	GBR		

\* Participant in Lloyd's Syndicate 0318

STATEMENT AS OF MARCH 31, 2019 OF THE THE CINCINNATI INDEMNITY COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0244	CINCINNATI INS GRP	.00000	31-0746871		000002028	NASDAQ	CINCINNATI FINANCIAL CORPORATION	.OH	UIP	CINCINNATI FINANCIAL CORPORATION	Board of Directors	0.000		.N	.0
.0244	CINCINNATI INS GRP	.10677	31-0542366		000127988		THE CINCINNATI INSURANCE COMPANY	.OH	UDP	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.76236	31-1213778		000127988		THE CINCINNATI LIFE INSURANCE COMPANY	.OH	.IA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.28665	31-0826946		000127988		THE CINCINNATI CASUALTY COMPANY	.OH	.RE	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.23280	31-1241230		000127988		THE CINCINNATI INDEMNITY COMPANY	.OH	.IA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
							THE CINCINNATI SPECIALTY UNDERWRITERS INSURANCE COMPANY	.OH	.IA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.13037	65-1316588		000142676		CFC INVESTMENT COMPANY	.OH	.NIA	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	31-0790388				CSU PRODUCER RESOURCES, INC	.OH	.NIA	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	11-3823180		000153446		CLIC BP INVESTMENTS B, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	81-1908205				CLIC DS INVESTMENTS I, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	81-3640769				CLIC BP INVESTMENTS H, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	81-4633687				CLIC WDS INVESTMENTS I, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	82-1587731				CLIC UPTOWN INVESTMENTS I, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	82-3254447				CLIC DISTRICT INVESTMENTS I, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	82-5173506				CIC UPTOWN INVESTMENTS I, LLC	.OH	.NIA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	83-1627569				MSP UNDERWRITING INC	.GBR	.NIA	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000					BEAUFORT DEDICATED NO 1 LIMITED	.GBR	.IA	MSP UNDERWRITING INC	Ownership		CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000					BEAUFORT DEDICATED NO 2 LIMITED	.GBR	.IA	MSP UNDERWRITING INC	Ownership		CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000					BEAUFORT DEDICATED NO 3 LIMITED	.GBR	.IA	MSP UNDERWRITING INC	Ownership		CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000					BEAUFORT DEDICATED NO 4 LIMITED	.GBR	.IA	MSP UNDERWRITING INC	Ownership		CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000					BEAUFORT DEDICATED NO 5 LIMITED	.GBR	.IA	MSP UNDERWRITING INC	Ownership		CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000					BEAUFORT DEDICATED NO 6 LIMITED	.GBR	.IA	MSP UNDERWRITING INC	Ownership		CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000					BEAUFORT UNDERWRITING AGENCY LIMITED	.GBR	.NIA	MSP UNDERWRITING INC	Ownership		CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000					BEAUFORT UNDERWRITING SERVICES LIMITED	.GBR	.NIA	MSP UNDERWRITING INC	Ownership		CINCINNATI FINANCIAL CORPORATION	.N	.0

Asterisk	Explanation

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 .....	3,581,365	1,511,229	42.2	35.4
2.	Allied Lines .....	4,331,198	829,166	19.1	38.1
3.	Farmowners multiple peril .....				
4.	Homeowners multiple peril .....				
5.	Commercial multiple peril .....	23,749,394	11,047,516	46.5	54.0
6.	Mortgage guaranty .....				
8.	Ocean marine .....				
9.	Inland marine .....	1,778,013	512,438	28.8	20.5
10.	Financial guaranty .....				
11.1	Medical professional liability - occurrence .....	597,834	481,353	80.5	34.8
11.2	Medical professional liability - claims-made .....	12,821			
12.	Earthquake .....	82,083			
13.	Group accident and health .....				
14.	Credit accident and health .....				
15.	Other accident and health .....				
16.	Workers' compensation .....	28,317,426	10,210,861	36.1	21.4
17.1	Other liability - occurrence .....	15,222,777	(1,198,069)	(7.9)	36.5
17.2	Other liability - claims-made .....	327,946	149,649	45.6	37.6
17.3	Excess workers' compensation .....				
18.1	Products liability - occurrence .....	1,619,173	992,739	61.3	115.9
18.2	Products liability - claims-made .....				
19.1,19.2	Private passenger auto liability .....	6,679	(185)	(2.8)	167.0
19.3,19.4	Commercial auto liability .....	16,123,429	11,741,864	72.8	77.5
21.	Auto physical damage .....	6,953,818	3,448,634	49.6	57.0
22.	Aircraft (all perils) .....				
23.	Fidelity .....				
24.	Surety .....				
26.	Burglary and theft .....	276,659	1,947	0.7	(9.1)
27.	Boiler and machinery .....	405,889	49,450	12.2	(1.3)
28.	Credit .....				
29.	International .....				
30.	Warranty .....				
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 .....				
35.	Totals	103,386,506	39,778,591	38.5	44.6
DETAILS OF WRITE-INS					
3401.	.....				
3402.	.....				
3403.	.....				
3498.	Summary of remaining write-ins for Line 34 from overflow page .....				
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)				

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1	2	3
		Current Quarter	Current Year to Date	Prior Year Year to Date
1.	Fire .....	3,769,716	3,769,716	3,841,276
2.	Allied Lines .....	4,601,881	4,601,881	4,527,592
3.	Farmowners multiple peril .....			
4.	Homeowners multiple peril .....			
5.	Commercial multiple peril .....	28,034,487	28,034,487	29,993,342
6.	Mortgage guaranty .....			
8.	Ocean marine .....			
9.	Inland marine .....	1,848,919	1,848,919	2,067,967
10.	Financial guaranty .....			
11.1	Medical professional liability - occurrence .....	653,422	653,422	667,263
11.2	Medical professional liability - claims-made .....	3,207	3,207	7,053
12.	Earthquake .....	(20,088)	(20,088)	86,077
13.	Group accident and health .....			
14.	Credit accident and health .....			
15.	Other accident and health .....			
16.	Workers' compensation .....	34,227,921	34,227,921	32,861,820
17.1	Other liability - occurrence .....	17,468,103	17,468,103	18,678,419
17.2	Other liability - claims-made .....	445,295	445,295	489,099
17.3	Excess workers' compensation .....			
18.1	Products liability - occurrence .....	1,730,670	1,730,670	1,725,250
18.2	Products liability - claims-made .....			
19.1,19.2	Private passenger auto liability .....	2,271	2,271	3,243
19.3,19.4	Commercial auto liability .....	18,658,818	18,658,818	19,389,433
21.	Auto physical damage .....	8,110,754	8,110,754	8,142,753
22.	Aircraft (all perils) .....			
23.	Fidelity .....			
24.	Surety .....			
26.	Burglary and theft .....	319,504	319,504	280,918
27.	Boiler and machinery .....	404,627	404,627	424,009
28.	Credit .....			
29.	International .....			
30.	Warranty .....			
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 .....			
35.	Totals	120,259,506	120,259,506	123,185,514
DETAILS OF WRITE-INS				
3401.	.....			
3402.	.....			
3403.	.....			
3498.	Summary of remaining write-ins for Line 34 from overflow page .....			
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)			

STATEMENT AS OF MARCH 31, 2019 OF THE 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)	2019 Loss and LAE Payments on Claims Reported as of Prior Year-End	2019 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2019 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. 2016 + Prior .....													
2. 2017 .....													
3. Subtotals 2017 + Prior .....													
4. 2018 .....													
5. Subtotals 2018 + Prior .....													
6. 2019 .....	XXX	XXX	XXX	XXX			XXX				XXX	XXX	XXX
7. Totals .....													
8. Prior Year-End Surplus As Regards Policyholders											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.	2.	3.
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4.

STATEMENT AS OF MARCH 31, 2019 OF THE THE CINCINNATI INDEMNITY COMPANY

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.

	Response
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

Explanations:

1.
3.

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]
3. Medicare Part D Coverage Supplement [Document Identifier 365]



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 .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Current year change in encumbrances .....		
4. Total gain (loss) on disposals .....		
5. Deduct amounts received on disposals .....		
6. Total foreign exchange change in book/adjusted carrying value .....		
7. Deduct current year's other than temporary impairment recognized .....		
8. Deduct current year's depreciation .....		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....		
10. Deduct total nonadmitted amounts .....		
11. Statement value at end of current period (Line 9 minus Line 10) .....		

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 .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and mortgage investment and commitment fees .....		
9. Total foreign exchange change in book value/recorded investment including accrued interest .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Total valuation allowance .....		
13. Subtotal (Line 11 plus Line 12) .....		
14. Deduct total nonadmitted amounts .....		
15. Statement value at end of current period (Line 13 minus Line 14) .....		

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 .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and depreciation .....		
9. Total foreign exchange change in book/adjusted carrying value .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....		

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 .....	101,940,105	98,876,948
2. Cost of bonds and stocks acquired .....	2,684,747	21,622,871
3. Accrual of discount .....	6,878	43,706
4. Unrealized valuation increase (decrease) .....	3,776,804	(3,801,929)
5. Total gain (loss) on disposals .....		2,582,739
6. Deduct consideration for bonds and stocks disposed of .....	1,590,949	17,137,661
7. Deduct amortization of premium .....	65,270	246,569
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	106,752,315	101,940,105
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....	106,752,315	101,940,105



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) .....	52,530,545	687,627	1,500,000	932,092	52,650,263			52,530,545
2. NAIC 2 (a) .....	23,813,763	1,997,120	90,949	(2,990,409)	22,729,525			23,813,763
3. NAIC 3 (a) .....				1,990,392	1,990,392			
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds	76,344,308	2,684,747	1,590,949	(67,925)	77,370,180			76,344,308
PREFERRED STOCK								
8. NAIC 1 .....								
9. NAIC 2 .....								
10. NAIC 3 .....								
11. NAIC 4 .....								
12. NAIC 5 .....								
13. NAIC 6 .....								
14. Total Preferred Stock .....								
15. Total Bonds and Preferred Stock	76,344,308	2,684,747	1,590,949	(67,925)	77,370,180			76,344,308

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:  
NAIC 1 \$ ..... ; NAIC 2 \$ ..... ; NAIC 3 \$ ..... NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

Schedule DA - Part 1 - Short-Term Investments

**N O N E**

Schedule DA - Verification - Short-Term Investments

**N O N E**

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

**N O N E**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

**N O N E**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of  
Derivatives

**N O N E**

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of cash equivalents acquired .....		255,000
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration received on disposals .....		255,000
7. Deduct amortization of premium .....		
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....		
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11)		

Schedule A - Part 2 - Real Estate Acquired and Additions Made

**N O N E**

Schedule A - Part 3 - Real Estate Disposed

**N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

**N O N E**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

**N O N E**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

**N O N E**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

**N O N E**

STATEMENT AS OF MARCH 31, 2019 OF THE THE CINCINNATI INDEMNITY COMPANY

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation and Administrative Symbol/Market Indicator (a)
86932U-BT-1 .....	SUSTAINABLE ENERGY UTIL INC DEL ENERGY E .....		..01/30/2019 .....	RAYMOND JAMES/FI .....		..424,084 .....	..400,000 .....		
86932U-BU-8 .....	SUSTAINABLE ENERGY UTIL INC DEL ENERGY E .....		..01/30/2019 .....	RAYMOND JAMES/FI .....		..263,543 .....	..250,000 .....		
3199999. Subtotal - Bonds - U.S. Special Revenues						687,627	650,000		XXX
749685-AX-1 .....	RPM INTERNATIONAL INC .....		..02/26/2019 .....	WELLS FARGO SECURITIES LLC .....		1,997,120	2,000,000		2FE
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						1,997,120	2,000,000		XXX
8399997. Total - Bonds - Part 3						2,684,747	2,650,000		XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
8399999. Total - Bonds						2,684,747	2,650,000		XXX
8999997. Total - Preferred Stocks - Part 3							XXX		XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks							XXX		XXX
9799997. Total - Common Stocks - Part 3							XXX		XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
9799999. Total - Common Stocks							XXX		XXX
9899999. Total - Preferred and Common Stocks							XXX		XXX
9999999 - Totals						2,684,747	XXX		XXX

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

## SCHEDULE D - PART 4

[illegible]

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

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

**N O N E**

Schedule DB - Part B - Section 1 - Futures Contracts Open

**N O N E**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

**N O N E**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**N O N E**

## SCHEDULE E - PART 1 - CASH

[illegible]



Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter

**N O N E**



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2019 OF THE THE CINCINNATI INDEMNITY COMPANY

Designate the type of health care providers reported on this page:  
Physicians, including surgeons and osteopaths

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  No. of Claims		6  Amount Reported	7  No. 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	2,279	570			920			1,660
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	(1)	559			(834)			(3)
35. North Dakota.....ND								
36. Ohio.....OH	9,652	2,413			15,484			18,693
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. Nothern Mariana Islands.....MP								
57. Canada.....CAN								
58. Aggregate Other Aliens.....OT								
59. Totals	11,930	3,542			15,569			20,350
DETAILS OF WRITE-INS								
58001. ....								
58002. ....								
58003. ....								
58998. Summary of remaining write-ins for Line 58 from overflow page.....								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2019 OF THE THE CINCINNATI INDEMNITY 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  No. of Claims		6  Amount Reported	7  No. 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 Aliens.....OT								
59. Totals								
DETAILS OF WRITE-INS								
58001. ....								
58002. ....								
58003. ....								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2019 OF THE THE CINCINNATI INDEMNITY COMPANY

Designate the type of health care providers reported on this page:  
Other health care professionals, including dentists, chiropractors, and podiatrists

SUPPLEMENT A TO SCHEDULE T  
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES

			1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
					3	4		6	7	
States, etc.			Direct Premiums Written	Direct Premiums Earned	Amount	No. of Claims	Direct Losses Incurred	Amount Reported	No. of Claims	Direct Losses Incurred But Not Reported
1.	Alabama	AL	194,119	53,019			6,869			85,862
2.	Alaska	AK								
3.	Arizona	AZ	6,728	5,726			(4)	78,817	1	9,177
4.	Arkansas	AR	248	1,022			1,168			549
5.	California	CA								
6.	Colorado	CO	8,838	2,863			359			3,626
7.	Connecticut	CT		1,169			74,956	75,000	1	1,472
8.	Delaware	DE	1,813	4,959			2,125			8,899
9.	District of Columbia	DC								
10.	Florida	FL	100,745	73,411			48,903	168,243	5	113,663
11.	Georgia	GA	11,946	13,850			(1,110)			20,381
12.	Hawaii	HI								
13.	Idaho	ID	4,546	5,024			(706)			5,731
14.	Illinois	IL	29,768	40,950		1	(16,416)	544,550	3	51,505
15.	Indiana	IN	9,761	6,989	4,291	1	8,567	5,000	1	14,594
16.	Iowa	IA	11,666	5,243			(47)			9,098
17.	Kansas	KS	7,642	2,707			722			7,263
18.	Kentucky	KY	1,250	3,565			(1,490)	132,203	2	3,812
19.	Louisiana	LA								
20.	Maine	ME								
21.	Maryland	MD	2,750	1,875			(3)			2,586
22.	Massachusetts	MA								
23.	Michigan	MI	34,592	42,226			(1,064)			54,928
24.	Minnesota	MN	23,265	16,370			6,404	5,000	1	19,277
25.	Mississippi	MS								
26.	Missouri	MO	11,056	4,892			(91)			5,968
27.	Montana	MT	21,319	11,685			(15,825)	90,580	3	15,528
28.	Nebraska	NE	(33)	211			(1,711)	58,610	1	103
29.	Nevada	NV								
30.	New Hampshire	NH	822	2,945			(4,270)	43,353	4	2,977
31.	New Jersey	NJ								
32.	New Mexico	NM		329			29,859			30,206
33.	New York	NY		9,453			19,115	67,264	1	33,525
34.	North Carolina	NC	5,540	8,676			1,225	35,000	1	15,099
35.	North Dakota	ND								
36.	Ohio	OH	77,274	60,527			94,442	57,813	2	149,655
37.	Oklahoma	OK								
38.	Oregon	OR		1,391			726			2,352
39.	Pennsylvania	PA	16,719	26,871			41,025	68,925	2	72,010
40.	Rhode Island	RI								
41.	South Carolina	SC	(1)	2,498			141			3,610
42.	South Dakota	SD								
43.	Tennessee	TN	4,360	18,426			2,171	10,168	1	25,800
44.	Texas	TX	706	6,171			1,751			3,316
45.	Utah	UT	(58)	2,979			(642)			5,203
46.	Vermont	VT	120	3,102			5,032	5,000	1	4,782
47.	Virginia	VA	8,206	10,155			(39,169)	13,286	1	29,480
48.	Washington	WA	1,092	255			(13)			350
49.	West Virginia	WV	12,060	4,205			3,106			14,565
50.	Wisconsin	WI	30,007	23,570			43,320	40,000	2	33,691
51.	Wyoming	WY	5,833	1,474			(71)			2,006
52.	American Samoa	AS								
53.	Guam	GU								
54.	Puerto Rico	PR								
55.	U.S. Virgin Islands	VI								
56.	Nothern Mariana Islands	MP								
57.	Canada	CAN								
58.	Aggregate Other Aliens	OT								
59.	Totals		644,699	480,781	4,291	2	309,354	1,498,811	33	862,650
DETAILS OF WRITE-INS										
58001.										
58002.										
58003.										
58998.	Summary of remaining write-ins for Line 58 from overflow page									
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)									



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2019 OF THE THE CINCINNATI INDEMNITY 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 No. of Claims		6 Amount Reported	7 No. 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		19,890			(21,005)			
31. New Jersey.....NJ		16,700			299,633	784,680	3	
32. New Mexico.....NM								
33. New York.....NY								
34. North Carolina.....NC		48,848			(65,269)			
35. North Dakota.....ND								
36. Ohio.....OH								
37. Oklahoma.....OK		25,668			(32,445)	323,799	1	
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		11,637			(14,463)			
46. Vermont.....VT								
47. Virginia.....VA					(7,687)			
48. Washington.....WA		3,631		1	(2,334)	225,000	1	
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 Aliens.....OT								
59. Totals		126,375		1	156,429	1,333,479	5	
DETAILS OF WRITE-INS								
58001. ....								
58002. ....								
58003. ....								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2019 OF THE THE CINCINNATI INDEMNITY COMPANY

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended MARCH 31, 2019

NAIC Group Code 0244 NAIC Company Code 23280

Company Name THE CINCINNATI INDEMNITY COMPANY

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
\$ 21,050	\$ 17,934	\$ (15,241)

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:

\$ 21,843

2.32 Amount estimated using reasonable assumptions:

\$
- 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.

\$ (17,047)