



PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

ANNUAL STATEMENT
For the Year Ended December 31, 2015
OF THE CONDITION AND AFFAIRS OF THE
CINCINNATI INDEMNITY COMPANY

NAIC Group Code	0244	NAIC Company Code	23280	Employer's ID Number	31-1241230
(Current Period)		(Prior Period)			
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		Ohio
Country of Domicile	United States				
Incorporated/Organized	05/19/1988		Commenced Business		01/01/1989
Statutory Home Office	6200 SOUTH GILMORE ROAD				FAIRFIELD, OH, US 45014-5141
(Street and Number)				(City or Town, State, Country and Zip Code)	
Main Administrative Office	6200 SOUTH GILMORE ROAD		FAIRFIELD, OH, US 45014-5141		513-870-2000
(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Mail Address	P.O. BOX 145496				CINCINNATI, OH, US 45250-5496
(Street and Number or P.O. Box)				(City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	6200 SOUTH GILMORE ROAD		FAIRFIELD, OH, US 45014-5141		513-870-2000-4414
(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Internet Web Site Address	www.cinfin.com				
Statutory Statement Contact	Christy Scherpenberg				513-870-2000
(Name)				(Area Code) (Telephone Number) (Extension)	
Christina_scherpenberg@cinfin.com					513-603-5500
(E-Mail Address)				(Fax Number)	

OFFICERS

Name	Title	Name	Title
STEVEN JUSTUS JOHNSTON	CHIEF EXECUTIVE OFFICER, PRESIDENT	MICHAEL JAMES SEWELL	CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT
THERESA ANN HOFFER	VICE PRESIDENT, TREASURER		

OTHER OFFICERS

TERESA CURRIN CRACAS	SENIOR VICE PRESIDENT	DONALD JOSEPH DOYLE JR	SENIOR VICE PRESIDENT
MARTIN FRANCIS HOLLOWBECK	SENIOR VICE PRESIDENT	JOHN SCOTT KELLINGTON	SENIOR VICE PRESIDENT
	SENIOR VICE PRESIDENT, CORPORATE SECRETARY	ERIC NEIL MATHEWS	SENIOR VICE PRESIDENT
LISA ANNE LOVE	SENIOR VICE PRESIDENT	JACOB FERDINAND SCHERER	EXECUTIVE VICE PRESIDENT
MARTIN JOSEPH MULLEN	SENIOR VICE PRESIDENT	KENNETH WILLIAM STECHER	CHAIRMAN OF THE BOARD
STEPHEN MICHAEL SPRAY	SENIOR VICE PRESIDENT		
CHARLES PHILIP STONEBURNER	SENIOR VICE PRESIDENT	TIMOTHY LEE TIMMEL	SENIOR VICE PRESIDENT
II	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
MARTIN FRANCIS HOLLOWBECK	STEVEN JUSTUS JOHNSTON	JOHN SCOTT KELLINGTON	LISA ANNE LOVE
WILLIAM RODNEY McMULLEN	MARTIN JOSEPH MULLEN	DAVID PAUL OSBORN	JACOB FERDINAND SCHERER
JOHN JEFFERSON SCHIFF JR	THOMAS REID SCHIFF	MICHAEL JAMES SEWELL	STEPHEN MICHAEL SPRAY
KENNETH WILLIAM STECHER	JOHN FREDERICK STEELE JR	CHARLES PHILIP STONEBURNER	TIMOTHY LEE TIMMEL
WILLIAM HAROLD VAN DEN HEUVEL #	LARRY RUSSEL WEBB	II	

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
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Subscribed and sworn to before me
this 19TH day of FEBRUARY, 2016

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	66,797,431		66,797,431	61,563,498
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks		21,164,188	21,164,188	21,897,476
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 2,664,053 , Schedule E-Part 1), cash equivalents (\$ 0 , Schedule E-Part 2) and short-term investments (\$ 0 , Schedule DA).....	2,664,053		2,664,053	5,610,715
6. Contract loans (including \$ premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA).....	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	90,625,672	0	90,625,672	89,071,689
13. Title plants less \$ charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	836,154		836,154	877,712
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection			0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	15,156,065		15,156,065	14,569,151
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts	3,782,156		3,782,156	3,195,790
17. Amounts receivable relating to uninsured plans	0		0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0		0	0
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	13,981,538		13,981,538	15,306,194
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other-than-invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	124,381,586	0	124,381,586	123,020,536
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	124,381,586	0	124,381,586	123,020,536
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501.			0	0
2502.			0	0
2503.			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8)	.0	0
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)	4,853	0
3. Loss adjustment expenses (Part 2A, Line 35, Column 9)	.0	0
4. Commissions payable, contingent commissions and other similar charges	.0	0
5. Other expenses (excluding taxes, licenses and fees)	2,168	2,545
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	.0	0
7.1 Current federal and foreign income taxes (including \$ 402 on realized capital gains (losses))	19,813	73,160
7.2 Net deferred tax liability	2,968,366	3,218,848
8. Borrowed money \$ and interest thereon \$	.0	0
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ 194,854,649 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)	.0	0
10. Advance premium	.0	0
11. Dividends declared and unpaid:		
11.1 Stockholders	.0	0
11.2 Policyholders	.0	0
12. Ceded reinsurance premiums payable (net of ceding commissions)	32,469,151	32,797,632
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)	.0	0
14. Amounts withheld or retained by company for account of others	1,130,890	1,349,096
15. Remittances and items not allocated	.0	0
16. Provision for reinsurance (including \$ certified) (Schedule F, Part 8)	.0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates	.0	0
18. Drafts outstanding	.0	0
19. Payable to parent, subsidiaries and affiliates	.0	0
20. Derivatives	.0	0
21. Payable for securities	.0	0
22. Payable for securities lending	.0	0
23. Liability for amounts held under uninsured plans	.0	0
24. Capital notes \$ and interest thereon \$	.0	0
25. Aggregate write-ins for liabilities	30,792	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	36,626,033	37,441,282
27. Protected cell liabilities	.0	0
28. Total liabilities (Lines 26 and 27)	36,626,033	37,441,282
29. Aggregate write-ins for special surplus funds	.0	0
30. Common capital stock	3,600,000	3,600,000
31. Preferred capital stock	.0	0
32. Aggregate write-ins for other-than-special surplus funds	.0	0
33. Surplus notes	.0	0
34. Gross paid in and contributed surplus	21,600,000	21,600,000
35. Unassigned funds (surplus)	62,555,553	60,379,254
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$)	.0	0
36.2 shares preferred (value included in Line 31 \$)	.0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	87,755,553	85,579,254
38. Totals (Page 2, Line 28, Col. 3)	124,381,586	123,020,536
DETAILS OF WRITE-INS		
2501. Accounts Payable -- Other	30,792	0
2502.	.0	0
2503.	.0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	.0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	30,792	0
2901.	.0	0
2902.	.0	0
2903.	.0	0
2998. Summary of remaining write-ins for Line 29 from overflow page	.0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0
3201.	.0	0
3202.	.0	0
3203.	.0	0
3298. Summary of remaining write-ins for Line 32 from overflow page	.0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY

STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4)	0	0
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7)	0	0
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	0	0
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2)	0	0
5. Aggregate write-ins for underwriting deductions	0	0
6. Total underwriting deductions (Lines 2 through 5)	0	0
7. Net income of protected cells	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	0	0
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17)	3,210,013	3,355,032
10. Net realized capital gains (losses) less capital gains tax of \$	11,867 (Exhibit of Capital Gains (Losses))	22,038 386,215
11. Net investment gain (loss) (Lines 9 + 10)	3,232,051	3,741,247
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ charged off \$)	amount	0
13. Finance and service charges not included in premiums	0	0
14. Aggregate write-ins for miscellaneous income	0	0
15. Total other income (Lines 12 through 14)	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	3,232,051	3,741,247
17. Dividends to policyholders	0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	3,232,051	3,741,247
19. Federal and foreign income taxes incurred	572,946	616,693
20. Net income (Line 18 minus Line 19) (to Line 22)	2,659,105	3,124,554
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	85,579,254	82,004,779
22. Net income (from Line 20)	2,659,105	3,124,554
23. Net transfers (to) from Protected Cell accounts	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$	(256,650)	(476,637)
25. Change in net unrealized foreign exchange capital gain (loss)	0	0
26. Change in net deferred income tax	(6,169)	(18,057)
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)	0	0
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)	0	0
29. Change in surplus notes	0	0
30. Surplus (contributed to) withdrawn from protected cells	0	0
31. Cumulative effect of changes in accounting principles	0	0
32. Capital changes:		
32.1 Paid in	0	0
32.2 Transferred from surplus (Stock Dividend)	0	0
32.3 Transferred to surplus	0	0
33. Surplus adjustments:		
33.1 Paid in	0	0
33.2 Transferred to capital (Stock Dividend)	0	0
33.3 Transferred from capital	0	0
34. Net remittances from or (to) Home Office	0	0
35. Dividends to stockholders	0	0
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)	0	0
37. Aggregate write-ins for gains and losses in surplus	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37)	2,176,299	3,574,475
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	87,755,553	85,579,254
DETAILS OF WRITE-INS		
0501.	0	0
0502.	0	0
0503.	0	0
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0
1401.	0	0
1402.	0	0
1403.	0	0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0
3701.	0	0
3702.	0	0
3703.	0	0
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0
3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY

CASH FLOW

		1 Current Year	2 Prior Year
Cash from Operations			
1. Premiums collected net of reinsurance		(328,481)	8,126,717
2. Net investment income		3,386,687	3,388,616
3. Miscellaneous income		0	0
4. Total (Lines 1 through 3)		3,058,206	11,515,333
5. Benefit and loss related payments		1,168,426	2,889,752
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions		0	0
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of \$	11,867	tax on capital gains (losses)	638,160
10. Total (Lines 5 through 9)		1,806,586	3,652,117
11. Net cash from operations (Line 4 minus Line 10)		1,251,620	7,863,216
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		15,621,129	7,965,562
12.2 Stocks		0	1,486,812
12.3 Mortgage loans		0	0
12.4 Real estate		0	0
12.5 Other invested assets		0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		0	0
12.7 Miscellaneous proceeds		0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)		15,621,129	9,452,373
13. Cost of investments acquired (long-term only):			
13.1 Bonds		20,956,653	9,301,371
13.2 Stocks		0	496,657
13.3 Mortgage loans		0	0
13.4 Real estate		0	0
13.5 Other invested assets		0	0
13.6 Miscellaneous applications		0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)		20,956,653	9,798,028
14. Net increase (decrease) in contract loans and premium notes		0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)		(5,335,523)	(345,654)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes		0	0
16.2 Capital and paid in surplus, less treasury stock		0	0
16.3 Borrowed funds		0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
16.5 Dividends to stockholders		0	0
16.6 Other cash provided (applied)		1,137,241	(3,578,292)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		1,137,241	(3,578,292)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)		(2,946,662)	3,939,270
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year		5,610,715	1,671,445
19.2 End of year (Line 18 plus Line 19.1)		2,664,053	5,610,715

Part 1
NONE

Part 1A
NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Cols. 1 + 2 + 3 - 4 - 5
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire	15,326,558			15,326,558		0
2. Allied lines	16,777,717			16,777,717		0
3. Farmowners multiple peril	0					0
4. Homeowners multiple peril	0					0
5. Commercial multiple peril	105,850,994			105,850,994		0
6. Mortgage guaranty						0
8. Ocean marine						0
9. Inland marine	6,754,849			6,754,849		0
10. Financial guaranty	0					0
11.1 Medical professional liability-occurrence	2,299,036			2,299,036		0
11.2 Medical professional liability-claims-made	2,763			2,763		0
12. Earthquake	278,518			278,518		0
13. Group accident and health						0
14. Credit accident and health (group and individual)						0
15. Other accident and health						0
16. Workers' compensation	134,475,219		.61	134,475,280		0
17.1 Other liability-occurrence	63,840,710			63,840,710		0
17.2 Other liability-claims-made	909,920			909,920		0
17.3 Excess workers' compensation						0
18.1 Products liability-occurrence	7,272,269			7,272,269		0
18.2 Products liability-claims-made						0
19.1, 19.2 Private passenger auto liability	31,376			31,376		0
19.3, 19.4 Commercial auto liability	56,149,353			56,149,353		0
21. Auto physical damage	23,149,985			23,149,985		0
22. Aircraft (all perils)						0
23. Fidelity						0
24. Surety						0
26. Burglary and theft	759,739			759,739		0
27. Boiler and machinery	1,543,902			1,543,902		0
28. Credit						0
29. International						0
30. Warranty						0
31. Reinsurance-nonproportional assumed property	XXX					0
32. Reinsurance-nonproportional assumed liability	XXX					0
33. Reinsurance-nonproportional assumed financial lines	XXX					0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0
35. TOTALS	435,422,908	0	61	435,422,969	0	0
DETAILS OF WRITE-INS						
3401.						
3402.						
3403.						
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)	0	0	0	0	0	0

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [] No [X]

If yes: 1. The amount of such installment premiums \$

2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

Line of Business	Direct Business	Losses Paid Less Salvage			Net Losses Unpaid Current Year (Part 2A, Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
		1 Reinsurance Assumed	2 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire	5,437,363		5,437,363	0	0	0	0	0.0
2. Allied lines	6,377,157		6,377,157	0	0	0	0	0.0
3. Farmowners multiple peril			0	0	0	0	0	0.0
4. Homeowners multiple peril			0	0	0	0	0	0.0
5. Commercial multiple peril	32,459,046		32,459,046	0	0	0	0	0.0
6. Mortgage guaranty				0	0	0	0	0.0
8. Ocean marine				0	0	0	0	0.0
9. Inland marine	3,352,913		3,352,913	0	0	0	0	0.0
10. Financial guaranty				0	0	0	0	0.0
11.1 Medical professional liability-occurrence	19,142		19,142	0	0	0	0	0.0
11.2 Medical professional liability-claims-made				0	0	0	0	0.0
12. Earthquake				0	0	0	0	0.0
13. Group accident and health				0	0	0	0	0.0
14. Credit accident and health (group and individual)				0	0	0	0	0.0
15. Other accident and health				0	0	0	0	0.0
16. Workers' compensation	47,551,289	25,176	47,576,465	0	0	0	0	0.0
17.1 Other liability-occurrence	4,951,177		4,951,177	0	0	0	0	0.0
17.2 Other liability-claims-made	97,365		97,365	0	0	0	0	0.0
17.3 Excess workers' compensation				0	0	0	0	0.0
18.1 Products liability-occurrence	407,900		407,900	0	0	0	0	0.0
18.2 Products liability-claims-made				0	0	0	0	0.0
19.1,19.2 Private passenger auto liability	329		329	0	0	0	0	0.0
19.3,19.4 Commercial auto liability	26,514,038		26,514,038	0	0	0	0	0.0
21. Auto physical damage	13,257,269		13,257,269	0	0	0	0	0.0
22. Aircraft (all perils)				0	0	0	0	0.0
23. Fidelity				0	0	0	0	0.0
24. Surety				0	0	0	0	0.0
26. Burglary and theft	96,018		96,018	0	0	0	0	0.0
27. Boiler and machinery	52,820		52,820	0	0	0	0	0.0
28. Credit				0	0	0	0	0.0
29. International				0	0	0	0	0.0
30. Warranty				0	0	0	0	0.0
31. Reinsurance-nonproportional assumed property	XXX			0	0	0	0	0.0
32. Reinsurance-nonproportional assumed liability	XXX			0	0	0	0	0.0
33. Reinsurance-nonproportional assumed financial lines	XXX			0	0	0	0	0.0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0.0
35. TOTALS	140,573,826	25,176	140,599,001	0	0	0	0	0.0
DETAILS OF WRITE-INS								
3401.								
3402.								
3403.								
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0.0
3499. Totals (Lines 3401 through 3403 + 3498) (Line 34 above)	0	0	0	0	0	0	0	0.0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire	3,284,027		3,284,027	0				0	0
2. Allied lines	4,597,991		4,597,991	0				0	0
3. Farmowners multiple peril				0				0	0
4. Homeowners multiple peril				0				0	0
5. Commercial multiple peril	36,999,901		36,999,901	0	1,790,000		1,790,000	0	0
6. Mortgage guaranty				0				0	0
8. Ocean marine				0				0	0
9. Inland marine	576,617		576,617	0				0	0
10. Financial guaranty				0				0	0
11.1 Medical professional liability-occurrence	409,630		409,630	0	612,000		612,000	0	0
11.2 Medical professional liability-claims-made				0				0	0
12. Earthquake				0				0	0
13. Group accident and health				0				(a)	0
14. Credit accident and health (group and individual)				0				0	0
15. Other accident and health				0				(a)	0
16. Workers' compensation	86,851,090	240,384	87,091,475	0	113,523,000	223,437	113,746,437	0	0
17.1 Other liability-occurrence	33,994,021		33,994,021	0	25,099,000		25,099,000	0	0
17.2 Other liability-claims-made	277,207		277,207	0				0	0
17.3 Excess workers' compensation				0				0	0
18.1 Products liability-occurrence	3,519,136		3,519,136	0	4,562,000		4,562,000	0	0
18.2 Products liability-claims-made				0				0	0
19.1,19.2 Private passenger auto liability				0				0	0
19.3,19.4 Commercial auto liability	38,100,391		38,100,391	0	8,801,000		8,801,000	0	0
21. Auto physical damage	706,796		706,796	0	2,000		2,000	0	0
22. Aircraft (all perils)				0				0	0
23. Fidelity				0				0	0
24. Surety				0				0	0
26. Burglary and theft	58,987		58,987	0				0	0
27. Boiler and machinery	29,000		29,000	0				0	0
28. Credit				0				0	0
29. International				0				0	0
30. Warranty				0				0	0
31. Reinsurance-nonproportional assumed property	XXX			0	XXX			0	0
32. Reinsurance-nonproportional assumed liability	XXX			0	XXX			0	0
33. Reinsurance-nonproportional assumed financial lines	XXX			0	XXX			0	0
34. Aggregate write-ins for other lines of business	0	.0	0	0	0	.0	0	0	.0
35. TOTALS	209,404,795	240,384	209,645,179	0	154,389,000	223,437	154,612,437	0	0
DETAILS OF WRITE-INS									
3401.									
3402.									
3403.									
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	.0	0	0	0	.0	0	0	0
3499. Totals (Lines 3401 through 3403 + 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0

(a) Including \$ for present value of life indemnity claims.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct	24,734,013	0	0	24,734,013
1.2 Reinsurance assumed	0	0	0	0
1.3 Reinsurance ceded	24,734,013	0	0	24,734,013
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3)	0	0	0	0
2. Commission and brokerage:				
2.1 Direct, excluding contingent	54,713,082	0	0	54,713,082
2.2 Reinsurance assumed, excluding contingent	502	0	0	502
2.3 Reinsurance ceded, excluding contingent	54,713,584	0	0	54,713,584
2.4 Contingent-direct	12,700,000	0	0	12,700,000
2.5 Contingent-reinsurance assumed	0	0	0	0
2.6 Contingent-reinsurance ceded	12,700,000	0	0	12,700,000
2.7 Policy and membership fees	0	0	0	0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)	0	0	0	0
3. Allowances to manager and agents	0	0	0	0
4. Advertising	0	0	0	0
5. Boards, bureaus and associations	0	1,225	0	1,225
6. Surveys and underwriting reports	0	0	0	0
7. Audit of assureds' records	0	111	0	111
8. Salary and related items:				
8.1 Salaries	43,789	0	0	43,789
8.2 Payroll taxes	0	2,736	0	2,736
9. Employee relations and welfare	0	8,993	0	8,993
10. Insurance	0	0	0	0
11. Directors' fees	0	0	0	0
12. Travel and travel items	0	736	0	736
13. Rent and rent items	0	0	0	0
14. Equipment	0	17,086	0	17,086
15. Cost or depreciation of EDP equipment and software	0	0	131	131
16. Printing and stationery	0	0	0	0
17. Postage, telephone and telegraph, exchange and express	0	0	57	57
18. Legal and auditing	0	11,845	0	11,845
19. Totals (Lines 3 to 18)	0	0	86,709	86,709
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$	0	0	0	0
20.2 Insurance department licenses and fees	0	0	0	0
20.3 Gross guaranty association assessments	0	0	0	0
20.4 All other (excluding federal and foreign income and real estate)	0	0	0	0
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)	0	0	0	0
21. Real estate expenses	0	0	0	0
22. Real estate taxes	0	0	0	0
23. Reimbursements by uninsured plans	0	0	0	0
24. Aggregate write-ins for miscellaneous expenses	0	0	0	0
25. Total expenses incurred	0	0	86,709	(a) 86,709
26. Less unpaid expenses-current year	0	0	2,168	2,168
27. Add unpaid expenses-prior year	0	0	2,546	2,546
28. Amounts receivable relating to uninsured plans, prior year	0	0	0	0
29. Amounts receivable relating to uninsured plans, current year	0	0	0	0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	0	0	87,087	87,087
DETAILS OF WRITE-INS				
2401.	0	0	0	0
2402.	0	0	0	0
2403.	0	0	0	0
2498. Summary of remaining write-ins for Line 24 from overflow page	0	0	0	0
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above)	0	0	0	0

(a) Includes management fees of \$ to affiliates and \$ to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a) .17,705	.17,695
1.1 Bonds exempt from U.S. tax	(a) 1,499,076	1,405,036
1.2 Other bonds (unaffiliated)	(a) 1,191,851	1,253,133
1.3 Bonds of affiliates	(a) 0	0
2.1 Preferred stocks (unaffiliated)	(b) 0	0
2.11 Preferred stocks of affiliates	(b) 0	0
2.2 Common stocks (unaffiliated)	616,526	620,856
2.21 Common stocks of affiliates	0	0
3. Mortgage loans	(c) .....	.....
4. Real estate	(d) .....	.....
5. Contract loans	(e) 2	2
6. Cash, cash equivalents and short-term investments	(f) .....	.....
7. Derivative instruments	0	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	3,325,160	3,296,722
11. Investment expenses	(g) .86,709	.....
12. Investment taxes, licenses and fees, excluding federal income taxes	(g) .....	.....
13. Interest expense	(h) .....	.....
14. Depreciation on real estate and other invested assets	(i)	0
15. Aggregate write-ins for deductions from investment income	0	0
16. Total deductions (Lines 11 through 15) .....	.....	.86,709
17. Net investment income (Line 10 minus Line 16) .....	.....	3,210,013
DETAILS OF WRITE-INS		
0901. .....	.....	.....
0902. .....	.....	.....
0903. .....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0
1501. .....	.....	.....
1502. .....	.....	.....
1503. .....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page	0	0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)	0	0

(a) Includes \$ 25,362 accrual of discount less \$ 160,858 amortization of premium and less \$ 24,340 paid for accrued interest on purchases.
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ 0 paid for accrued dividends on purchases.
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ paid for accrued interest on purchases.
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
 (f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....	.0	.....	.....	.....	.....
1.1 Bonds exempt from U.S. tax	1,769	.....	1,769	.....	.....
1.2 Other bonds (unaffiliated)	32,136	.....	32,136	.....	.....
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	(733,288)	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	0	0	0	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	33,905	0	33,905	(733,288)	0
DETAILS OF WRITE-INS			.....	.....	.....
0901. .....	.....	.....	0	.....	.....
0902. .....	.....	.....	0	.....	.....
0903. .....	.....	.....	0	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only).....	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	0	0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to re-determination.....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable.....	0	0	0
25. Aggregate write-ins for other-than-invested assets	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	0	0	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27).....	0	0	0
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of the Cincinnati Indemnity Company are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance. The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures* manual, version effective January 1, 2001 and updates through current year have been adopted as a component of prescribed or permitted practices by the state of Ohio.

	STATE OF DOMICILE	2015	2014
NET INCOME			
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	Ohio	\$2,659,105	\$3,124,554
(2) State Prescribed Practices that increase/(decrease) NAIC SAP	Ohio	0	0
(3) State Permitted Practices that increase/(decrease) NAIC SAP	Ohio	0	0
(4) NAIC SAP (1-2-3=4)	Ohio	\$2,659,105	\$3,124,554
SURPLUS			
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	Ohio	\$87,755,553	\$85,579,254
(6) State Prescribed Practices that increase/(decrease) NAIC SAP	Ohio	0	0
(7) State Permitted Practices that increase/(decrease) NAIC SAP	Ohio	0	0
(8) NAIC SAP (5-6-7=8)	Ohio	\$87,755,553	\$85,579,254

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. These reserves are computed by pro rata methods for direct business and are based on reports received from ceding companies for reinsurance. Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans are stated at amortized cost using the effective yield method.
- (3) Common stocks are stated at market.
- (4) Preferred stocks are stated at book value. Also, Per SSAP 32, lower quality preferred stocks (P3 to P6) are being stated at the lower of book or fair value.
- (5) Mortgage Loans on Real Estate - Not applicable
- (6) Loan-backed Securities - Not applicable
- (7) Investments in stocks of uncombined subsidiaries and affiliate – Not applicable
- (8) Joint Ventures - Not applicable
- (9) Derivatives – Not applicable
- (10) In the event that a first-order approximation (excluding anticipated investment income) of estimated future costs related to unearned premium as of a particular evaluation date exceeds the unearned premium as of that date, we would incorporate consideration of the related investment income we would expect to earn. However, to date we have not had to proceed to this step in order to demonstrate that no premium deficiency exists.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
- (12) The company has not modified its capital policy from a prior period.
- (13) Pharmaceutical Rebate Receivables - Not applicable

2. Accounting Changes and Correction of Errors - The Company had no material changes in accounting principles and/or correction of errors.

3. Business Combinations and Goodwill

- A. Statutory Purchase Method – Not applicable
- B. Statutory Merger – Not applicable
- C. Impairment Loss – Not applicable

4. Discontinued Operations – Not applicable

5. Investments

- A. Mortgage Loans - Not applicable
- B. Debt Restructuring - Not applicable
- C. Reverse Mortgages - Not applicable
- D. Loan-Backed Securities - Not applicable
- E. Repurchase Agreements and/or Securities Lending Transactions - Not applicable
- F. Real Estate - Not applicable
- G. Low-income Housing Tax Credit (LIHTC) – Not applicable

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

H. Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	Gross Restricted							Percentage			
	Current Year					Total from Prior Year	Increase/(Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross Restricted to Total Assets	Admitted Restricted to Total Admitted Assets	
	1 Total General Account (G/A)	2 G/A Supporting S/A Activity (a)	3 Total Separate Account (S/A) Restricted Assets	4 S/A Assets Supporting G/A Activity (b)	5 Total (1 plus 3)						
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%	0.000%	
b. Collateral held under security lending agreements	-	-	-	-	-	-	-	-	0.000%	0.000%	
c. Subject to repurchase agreements	-	-	-	-	-	-	-	-	0.000%	0.000%	
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-	-	0.000%	0.000%	
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-	-	0.000%	0.000%	
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-	-	0.000%	0.000%	
g. Placed under option contracts	-	-	-	-	-	-	-	-	0.000%	0.000%	
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	-	-	-	-	-	-	-	-	0.000%	0.000%	
i. FHLB capital stock	-	-	-	-	-	-	-	-	0.000%	0.000%	
j. On deposit with states	10,726,757	-	-	-	-	10,726,757	10,536,758	189,999	10,726,757	8.624%	8.624%
k. On deposit with other regulatory bodies	-	-	-	-	-	-	-	-	0.000%	0.000%	
l. Pledged collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-	-	-	0.000%	0.000%	
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-	-	0.000%	0.000%	
n. Other restricted assets	-	-	-	-	-	-	-	-	0.000%	0.000%	
o. Total Restricted Assets	\$ 10,726,757	\$ -	\$ -	\$ -	\$ 10,726,757	\$ 10,536,758	\$ 189,999	\$ 10,726,757	8.624%	8.624%	
(a) Subset of column 1											
(b) Subset of column 3											

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories – Not applicable

3. Detail of Other Restricted Assets – Not applicable

I. Working Capital Finance Investments – Not applicable

J. Offsetting and Netting of Assets and Liabilities – Not applicable

K. Structured Notes – Not applicable

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.
 B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income

A. There was no due and accrued income excluded from investment income in 2015.

B. Not applicable

8. Derivative Instruments

A. Not applicable

B. Not applicable

C. Not applicable

D. Not applicable

E. Not applicable

F. Not applicable

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

9 - Income Taxes

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

1.

	2015		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ -	\$ 139,960	\$ 139,960
(b) Statutory Valuation Allowance	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	-	139,960	139,960
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	-	139,960	139,960
(f) Deferred Tax Liabilities	\$ 8,137	\$ 3,100,189	\$ 3,108,326
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (8,137)	\$ (2,960,229)	\$ (2,968,366)

	2014		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ -	\$ 145,515	\$ 145,515
(b) Statutory Valuation Allowance	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	-	145,515	145,515
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	-	145,515	145,515
(f) Deferred Tax Liabilities	\$ 7,524	\$ 3,356,839	\$ 3,364,363
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (7,524)	\$ (3,211,324)	\$ (3,218,848)

	Change		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ -	\$ (5,555)	\$ (5,555)
(b) Statutory Valuation Allowance	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	-	(5,555)	(5,555)
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	-	(5,555)	(5,555)
(f) Deferred Tax Liabilities	\$ 613	\$ (256,650)	\$ (256,037)
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (613)	\$ 251,095	\$ 250,482

2.

SSAP 101, paragraphs 11.a., 11.b., and 11.c.:	2015		
	Ordinary	Capital	Total
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	-	-	-
(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)	-	-	-
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	-	-	-
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	13,163,333	13,163,333	13,163,333
(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	-	139,960	139,960
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	-	139,960	139,960

SSAP 101, paragraphs 11.a., 11.b., and 11.c.:	2014		
	Ordinary	Capital	Total
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	-	-	-
(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)	-	-	-
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	-	-	-
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	12,836,888	12,836,888	12,836,888
(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	-	145,515	145,515
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	-	145,515	145,515

SSAP 101, paragraphs 11.a., 11.b., and 11.c.:	Change		
	Ordinary	Capital	Total
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	-	-	-
(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)	-	-	-
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	-	-	-
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	326,445	326,445	326,445
(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	-	(5,555)	(5,555)
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	-	(5,555)	(5,555)

3.

	2015		2014	
	Percentage	Percentage	Percentage	Percentage
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	3119%		2744%	
(b) Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b) 2 above	\$ 87,755,553		\$ 85,579,254	

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

4.

	2015		
	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)	-	139,960	139,960
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)	-	139,960	139,960
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.			

	2014		
	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)	-	145,515	145,515
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)	-	145,515	145,515
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.			

	Change		
	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)	-	(5,555)	(5,555)
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)	-	(5,555)	(5,555)
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.			

B. Unrecognized DTLs

Not applicable

C. Current Tax and Change in Deferred Tax

1. Current income tax:

	2015	2014	Change
(a) Federal	\$ 572,946	\$ 616,693	\$ (43,747)
(b) Foreign	-	-	-
(c) Subtotal	572,946	616,693	(43,747)
(d) Federal Income Tax on capital gains/(losses)	11,867	207,467	(195,600)
(e) Utilization of capital loss carryforwards	-	-	-
(f) Other	-	-	-
Federal income taxes incurred	\$ 584,813	\$ 824,160	\$ (239,347)

2. Deferred tax assets

	December 31, 2015	December 31, 2014	Change
(a) Ordinary			
(1) Unearned premium reserve	\$ -	\$ -	\$ -
(2) Unpaid loss reserve	-	-	-
(3) Contingent commission	-	-	-
(4) Nonadmitted assets	-	-	-
(5) Other deferred tax assets	-	-	-
(99) Subtotal	-	-	-
(b) Statutory valuation allowance adj	-	-	-
(c) Nonadmitted	-	-	-
(d) Admitted ordinary deferred tax assets (2a99-2b-2c)	\$ -	\$ -	\$ -
(e) Capital			
(1) Investments	\$ 139,960	\$ 145,515	\$ (5,555)
(2) Unrealized (gain)/loss on investments	-	-	-
(99) Subtotal	139,960	145,515	(5,555)
(f) Statutory valuation allowance adj	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets (2e99-2f-2g)	\$ 139,960	\$ 145,515	\$ (5,555)
(i) Admitted deferred tax assets (2d + 2h)	\$ 139,960	\$ 145,515	\$ (5,555)

3. Deferred tax liabilities

	December 31, 2015	December 31, 2014	Change
(a) Ordinary			
(1) Commission expense	\$ 8,137	\$ 7,524	\$ 613
(2) Other, net	-	-	-
(99) Subtotal	8,137	7,524	613
(b) Capital			
(1) Unrealized (gain)/loss on investments	\$ 3,100,189	\$ 3,356,839	\$ (256,650)
(99) Subtotal	3,100,189	3,356,839	(256,650)
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 3,108,326	\$ 3,364,363	\$ (256,037)

4. Net deferred tax assets/liabilities (2i-3c)	\$ (2,968,366)	\$ (3,218,848)	\$ 250,482
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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY
NOTES TO THE 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):

	December 31, 2015	December 31, 2014	Change
Total deferred tax assets	\$ 139,960	\$ 145,515	\$ (5,555)
Total deferred tax liabilities	3,108,326	3,364,363	(256,037)
Net deferred tax asset/(liability)	\$ (2,968,366)	\$ (3,218,848)	\$ 250,482
Tax effect of unrealized (gains)/losses			(256,650)
Change in net deferred income tax (charge)/benefit			\$ (6,168)

	December 31, 2014	December 31, 2013	Change
Total deferred tax assets	\$ 145,515	\$ 163,203	\$ (17,688)
Total deferred tax liabilities	3,364,363	3,112,006	252,357
Net deferred tax asset/(liability)	\$ (3,218,848)	\$ (2,948,803)	\$ (270,045)
Tax effect of unrealized (gains)/losses			251,988
Change in net deferred income tax (charge)/benefit			\$ (18,057)

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 December 31, 2015		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 3,243,918	\$ 1,135,371	35.00%
Net tax exempt interest	(1,186,001)	(415,100)	-12.80%
Net dividends received deduction	(366,833)	(128,391)	-3.96%
Other items permanent, net	9	3	0.00%
DRD on accrued	(2,576)	(902)	-0.02%
Total	<u>\$ 1,688,517</u>	<u>\$ 590,981</u>	<u>18.22%</u>
 Federal income taxes incurred expense/(benefit)	 \$ 1,636,988	 \$ 572,946	 17.66%
Tax on capital gains/(losses)	33,905	11,867	0.37%
Change in net deferred income tax charge/(benefit)	17,624	6,168	0.19%
Total statutory income taxes incurred	<u>\$ 1,688,517</u>	<u>\$ 590,981</u>	<u>18.22%</u>
As of December 31, 2014			
Description	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 3,948,714	\$ 1,382,050	35.00%
Net tax exempt interest	(1,195,423)	(418,398)	-10.60%
Net dividends received deduction	(345,422)	(120,898)	-3.06%
Other items permanent, net	12	4	0.00%
DRD on accrued	(1,547)	(541)	-0.01%
Total	<u>\$ 2,406,334</u>	<u>\$ 842,217</u>	<u>21.33%</u>
 Federal income taxes incurred expense/(benefit)	 \$ 1,761,981	 \$ 616,693	 15.62%
Tax on capital gains/(losses)	592,762	207,467	5.25%
Change in net deferred income tax charge/(benefit)	51,591	18,057	0.46%
Total statutory income taxes incurred	<u>\$ 2,406,334</u>	<u>\$ 842,217</u>	<u>21.33%</u>

E. Operating Loss and Tax Credit Carryforwards

(1) At December 31, 2015, the Company had net operating loss and tax credit carryforwards of:
(2) At December 31, 2015, the Company had capital loss carryforwards of:

\$ -
\$ -

(3) 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
2015	\$ 572,946	\$ 11,867	\$ 584,813
2014	616,693	207,467	824,160
2013	-	-	-
Total	<u>\$ 1,189,639</u>	<u>\$ 219,334</u>	<u>\$ 1,408,973</u>

(4) Deposits admitted under Internal Revenue Code Section 6603:

\$ -

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 Casualty Company
The Cincinnati Specialty Underwriters Insurance Company
The Cincinnati Life Insurance Company
CFC Investment Company
CSU Producer Resources, Inc.

(2) The method of allocation between the Company 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. Furthermore, tax allocations are computed without regard to any amount attributable to any minimum tax arising under Code Section 55 or minimum tax credit arising under Code Section 53.

G. Federal or Foreign Federal Income Tax Loss Contingencies

For the years ended December 31, 2015 and 2014, 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 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 2011 and earlier. The statute of limitations for state income tax purposes has closed for tax years 2011 and earlier. As of December 31, 2015, there are no U.S. federal or state returns under examination.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties
 - A. Not applicable
 - B. Not applicable
 - C. Not applicable
 - D. At December 31, 2015, the Company reported \$13,981,538 due from the Parent Company, The Cincinnati Insurance Company. The terms of the settlement require that these amounts be settled within 30 days.
 - E. Not applicable
 - F. The Company has the following management agreements with related parties:
 - (1) Inter-company Benefits and Expense Allocation Agreement.
 - (2) Inter-company Cost Sharing and Expense Allocation Agreement.
 - (3) Inter-company Tax Sharing Agreement.
 - (4) Inter-company Reinsurance Agreement.
 - G. All outstanding shares of The Company are owned by the Parent Company, The Cincinnati Insurance Company, an insurance company domiciled in the State of Ohio.
 - H. Not applicable
 - I. Not applicable
 - J. Not applicable
 - K. Not applicable
 - L. Not applicable
 - M. Not applicable
 - N. Not applicable
11. Debt
 - A. Capital Notes – Not applicable
 - B. FHLB (Federal Home Loan Bank) Agreements – Not applicable
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
 - A. Defined Benefit Plan – Not applicable
 - B. Not applicable
 - C. Not applicable
 - D. Not applicable
 - E. Defined Contribution Plans – Not applicable
 - F. Multiemployer Plans – Not applicable
 - G. Consolidated/Holding Company Plans
 - (1) Defined Benefit Pension Plan – The Company participates in a qualified, noncontributory defined benefit pension plan sponsored by Cincinnati Financial Corporation, the ultimate parent. The Company has no legal obligations for benefits under these plans.
 - (2) Defined Contribution Plans - The Company participates in a qualified, defined contribution plan sponsored by Cincinnati Financial Corporation, the ultimate parent. The Company has no legal obligations for benefits under these plans. Cincinnati Financial Corporation allocates amounts to the Company based on an inter-company management fee. The Company's share of net expense for the contribution plan was \$1,749 and \$1,803 for 2015 and 2014 respectively.
 - H. Postemployment Benefits and Compensated Absences – Not applicable
 - I. Impact of Medicare Modernization Act on Postretirement Benefits – Not applicable
13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations
 - (1) The Company has 2,000 shares authorized, 1,800 shares issued and 1,800 shares outstanding. All shares are Class A shares.
 - (2) The Company has no preferred stock outstanding.
 - (3) Without prior approval from the Ohio Insurance Commissioner, dividends to shareholders are limited by the laws of Ohio which state that dividends are restricted to the greater of 10% of surplus or net income. In 2016 we would be restricted to \$8,775,555. In 2015 10% of surplus was \$8,775,555 and net income was \$2,659,105. In 2015 we were restricted to \$8,557,925. In 2014 10% of surplus was \$8,557,925 and net income was \$3,124,554.
 - (4) Dividends Paid – Not applicable
 - (5) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
 - (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
 - (7) Not applicable
 - (8) Not applicable
 - (9) Not applicable
 - (10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains & losses are (\$476,637) net of tax.
 - (11) The Company has no surplus debentures or similar obligations.
 - (12) Not applicable
 - (13) Not applicable
14. Liabilities, Contingencies and Assessments
 - A. The Company is not aware of any material commitments not disclosed on our balance sheet as of year-end.
 - B. The Company is not aware of any material assessments as of year-end.
 - C. The Company does not have any gain contingencies.
 - D. The Company does not have any bad faith losses stemming from lawsuits.
 - E. The Company does not have product warranties.
 - F. Joint and Several Liabilities – Not applicable
 - G. Various lawsuits against the Company have arisen in the course of the Company's business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company. The Company has no assets it considers impaired.
15. Leases – The Company does not have material lease obligations at this time.
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
 - A. Transfers of Receivables Reported as Sales - Not applicable
 - B. Transfer and Servicing of Financial Assets - Not applicable
 - C. Wash Sales - Not applicable
18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans – Not applicable
19. The Company does not have any direct premiums written through managing general agents or third party administrators equal or greater than 5% of surplus.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

20. Fair Value Measurement

- A. Not applicable
- B. Not applicable
- C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	68,489,957	66,797,431	984,088	67,505,869		
Common Stock	21,164,188	21,164,188	21,164,188			
Perpetual Preferred Stock						
Mortgage Loans						

- D. Not applicable

21. Other Items

- A. Unusual or Infrequent Items – Not applicable
- B. Troubled Debt Restructuring - Not applicable
- C. Assets in the amount of \$10,726,757 and \$10,536,758 at December 31, 2015 and 2014, respectively, were on deposit with government authorities or trustees as required by law.
- D. Business Interruption Insurance Recoveries - Not applicable
- E. State Transferable and Non-Transferable Tax Credits - Not applicable
- F. Subprime-Mortgage-Related Risk Exposure - The Cincinnati Indemnity Company has no investments in subprime or related areas. This includes direct investments in subprime mortgage loans, RMBS, CMBS, CDO's, hedge funds, credit default swaps or SIVs. Additionally, we have no equity investments in subsidiary, controlled or affiliated entities with subprime exposure nor do we underwrite any form of mortgage guarantee insurance.
- G. Not applicable

22. Subsequent Events – Not applicable

23. Reinsurance

- A. Unsecured Reinsurance Recoverables – Not applicable
- B. Reinsurance Recoverable in Dispute – Not applicable
- C. Reinsurance Assumed and Ceded

(1)

	Assumed Reinsurance		Ceded Reinsurance		Assumed Less Ceded	
	Premium	Commission	Premium	Commission	Premium	Commission
	Reserve	Equity	Reserve	Equity	Reserve	Equity
a. Affiliates	\$ 0	\$ 0	\$ 194,854,649	\$24,132,018	(\$194,854,649)	(\$24,132,018)
b. All Other	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
c. Total	\$ 0	\$ 0	\$194,854,649	\$24,132,018	(\$194,854,649)	(\$24,132,018)
d. Direct Unearned Premium Reserve	\$194,854,649					

(2)

REINSURANCE				
	Direct	Assumed	Ceded	Net
a. Contingent Comm	\$ 12,700,000	\$ 0	\$ 12,700,000	\$ 0
b. Sliding Scale Adj.				
c. Other Profit Comm Arrangements				
d. Total	\$ 12,700,000	\$ 0	\$ 12,700,000	\$ 0

(3) Not applicable

- D. Uncollectible Reinsurance – Not applicable
- E. Commutation of Ceded Reinsurance – Not applicable
- F. Retroactive Reinsurance – Not applicable
- G. Reinsurance Accounted for as a Deposit – Not applicable
- H. Disclosures for the Transfer of Property and Casualty Run-off Agreements – Not applicable
- I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – Not applicable
- J. Reinsurance Agreements Qualifying for Reinsurer Aggregation – Not applicable

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

25. Change in Incurred Losses and Loss Adjustment Expenses – 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

1. Liability carried for premium deficiency reserves	\$0
2. Date of most recent evaluation of this liability	01/21/2016
3. Was anticipated investment income utilized in the calculation	No

31. High Deductibles – Not applicable

32. The Company does not discount unpaid losses or loss adjustment expenses except for income tax purposes.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

33. Asbestos and Environmental Reserves

Does the company have on the books, or has it ever written an insured for which you have identified a potential for the existence of, a liability due to asbestos losses? Yes (X) No ()

The Company's exposure arose from the sale of commercial liability products. The Company tries to estimate the full impact of the asbestos exposures by establishing full case basis reserves on all known losses and computing IBNR based on generally accepted actuarial methodologies. Ceded amounts are related to Company business only. The increase in asbestos reserves is the result of changes in the identification of asbestos and environmental losses and is not related to new or additional exposures.

ASBESTOS LOSSES	2011	2012	2013	2014	2015
	Direct	Direct	Direct	Direct	Direct
Beginning Reserves	\$0	\$0	\$0	\$180,400	\$80,327
Incurred Loss & LAE	\$0	\$0	\$192,300	\$1,139	\$29,936
Calendar year payments for Loss and LAE	\$0	\$0	\$11,900	\$101,212	\$38,488
Ending Reserves	\$0	\$0	\$180,400	\$80,327	\$71,775
	Assumed	Assumed	Assumed	Assumed	Assumed
Beginning Reserves	\$0	\$0	\$0	\$0	\$0
Incurred Loss & LAE	\$0	\$0	\$0	\$0	\$0
Calendar year payments for Loss and LAE	\$0	\$0	\$0	\$0	\$0
Ending Reserves	\$0	\$0	\$0	\$0	\$0
	Net	Net	Net	Net	Net
Beginning Reserves	\$0	\$0	\$0	\$0	\$0
Incurred Loss & LAE	\$0	\$0	\$0	\$0	\$0
Calendar year payments for Loss and LAE	\$0	\$0	\$0	\$0	\$0
Ending Reserves	\$0	\$0	\$0	\$0	\$0
IBNR Reserves	\$0	\$0	\$0	\$0	\$0
Direct	\$0	\$0	\$0	\$0	\$0
Assumed	\$0	\$0	\$0	\$0	\$0
Net	\$0	\$0	\$0	\$0	\$0
LAE Reserves					
Direct	\$0	\$0	\$0	\$0	\$0
Assumed	\$0	\$0	\$0	\$0	\$0
Net	\$0	\$0	\$0	\$0	\$0

Does the company have on the books, or has it ever written an insured for which you have identified a potential for the existence of, a liability due to environmental losses? Yes (X) No ()

The Company's exposure arose from the sale of commercial liability products. The Company tries to estimate the full impact of the environmental exposures by establishing full case basis reserves on all known losses and computing IBNR based on generally accepted actuarial methodologies. The increase in environmental reserves is the result of changes in the identification of environmental losses and is not related to new or additional exposures.

ENVIRONMENTAL LOSSES	2011	2012	2013	2014	2015
	Direct	Direct	Direct	Direct	Direct
Beginning Reserves	\$0	\$0	\$0	\$169,000	\$108,542
Incurred Loss & LAE	\$0	\$0	\$287,774	\$201,143	\$234,334
Calendar year payments for Loss and LAE	\$0	\$0	\$118,774	\$261,601	\$117,793
Ending Reserves	\$0	\$0	\$169,000	\$108,542	\$225,083
	Assumed	Assumed	Assumed	Assumed	Assumed
Beginning Reserves	\$0	\$0	\$0	\$0	\$0
Incurred Loss & LAE	\$0	\$0	\$0	\$0	\$0
Calendar year payments for Loss and LAE	\$0	\$0	\$0	\$0	\$0
Ending Reserves	\$0	\$0	\$0	\$0	\$0
	Net	Net	Net	Net	Net
Beginning Reserves	\$0	\$0	\$0	\$0	\$0
Incurred Loss & LAE	\$0	\$0	\$0	\$0	\$0
Calendar year payments for Loss and LAE	\$0	\$0	\$0	\$0	\$0
Ending Reserves	\$0	\$0	\$0	\$0	\$0
IBNR Reserves	\$0	\$0	\$0	\$0	\$0
Direct	\$0	\$0	\$0	\$0	\$0
Assumed	\$0	\$0	\$0	\$0	\$0
Net	\$0	\$0	\$0	\$0	\$0
LAE Reserves	\$0	\$0	\$0	\$0	\$0
Direct	\$0	\$0	\$0	\$0	\$0
Assumed	\$0	\$0	\$0	\$0	\$0
Net	\$0	\$0	\$0	\$0	\$0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY
NOTES TO THE FINANCIAL STATEMENTS

- 34. Subscriber Savings Accounts – Not applicable
- 35. Multiple Peril Crop Insurance – Not applicable
- 36. Financial Guaranty Insurance – Not applicable
- 37. Other

Prior year data included in Schedule P is calculated as follows:

Part 1-Payments made in the current year and current reserves for AY's 2005 & prior.

Parts 2&3-The prior line on last year's statement is combined with the year 2005 total. Paid amounts prior to 2006 are then subtracted from this sum to arrive at the prior figure.

Part 4-The sum of the prior year line and the 2005 line from the prior year's Schedule P compose the prior figures for this section.

Part 5 Section 1&3-The prior line is combined with year 2004 from the prior schedule P. Counts for accident year 2005 in the preceding year are then subtracted from this sum to arrive at the prior figure, removing the cumulative effect.

Part 5 Section 2 - The prior line is combined with the 2005 AY of the prior year's Schedule P to arrive at the new prior number.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 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? Yes [] No []

If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A []

1.3 State Regulating? Ohio.....

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: 12/31/2014

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014

3.2 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

3.3 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

3.4 By what department or departments? Ohio.....

3.5 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 []

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A []

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.11 sales of new business? Yes [] No [] 4.12 renewals? Yes [] No []

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of: 4.21 sales of new business? Yes [] No [] 4.22 renewals? Yes [] No []

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No []

5.2 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. Yes [] No []

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....
.....
.....
.....

6.1 Has the 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 []

6.2 If yes, give full information Yes [] No []

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No []

7.2 If yes, 7.21 State the percentage of foreign control 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact). Yes [] No []

1 Nationality	2 Type of Entity
.....
.....
.....
.....
.....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY**GENERAL INTERROGATORIES**

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Deloitte & Touche; Suite 1900; 250 E. 5th St; PO Box 5340; Cincinnati, OH 45201-5340.....

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []

10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Rita Zona; Deloitte Consulting LLP; 111 S. Wacker Dr; Chicago, IL 60606.....

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]

12.11 Name of real estate holding company.....

12.12 Number of parcels involved.....

12.13 Total book/adjusted carrying value \$.....

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s)

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY

GENERAL INTERROGATORIES

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
.....
.....
.....

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): 20.11 To directors or other officers \$.....
20.12 To stockholders not officers \$.....
20.13 Trustees, supreme or grand (Fraternal only) \$.....

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans): 20.21 To directors or other officers \$.....
20.22 To stockholders not officers \$.....
20.23 Trustees, supreme or grand (Fraternal only) \$.....

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year: 21.21 Rented from others \$.....
21.22 Borrowed from others \$.....
21.23 Leased from others \$.....
21.24 Other \$.....

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [] No [X]

22.2 If answer is yes: 22.21 Amount paid as losses or risk adjustment \$.....
22.22 Amount paid as expenses \$.....
22.23 Other amounts paid \$.....

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$..... 13,981,538

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No []

24.02 If no, give full and complete information, relating thereto

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] NA [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$.....

24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$.....

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] NA [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] NA [X]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] NA [X]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$.....

24.103 Total payable for securities lending reported on the liability page \$.....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY

GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

25.2 If yes, state the amount thereof at December 31 of the current year.

25.21 Subject to repurchase agreements	\$
25.22 Subject to reverse repurchase agreements	\$
25.23 Subject to dollar repurchase agreements	\$
25.24 Subject to reverse dollar repurchase agreements	\$
25.25 Placed under option agreements	\$
25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$
25.27 FHLB Capital Stock	\$
25.28 On deposit with states	\$ 10,726,757
25.29 On deposit with other regulatory bodies	\$
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$
25.32 Other	\$

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....
.....
.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]

If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year. \$.....

28. 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.JII – General Examination.

pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 7, in "General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*?" Yes No

28.01 For agreements that comply with the requirements of the *NAIC Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Fifth Third Bank.....	Fifth Third Center; Cincinnati, OH 45263.....

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?
28.04 If yes, give full and complete information relating thereto;

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

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY

GENERAL INTERROGATORIES

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
.....
.....
.....
.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....
.....
.....
29.2999 TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....
.....
.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	66,797,431	68,489,957	1,692,526
30.2 Preferred Stocks.....	0	0	0
30.3 Totals	66,797,431	68,489,957	1,692,526

30.4 Describe the sources or methods utilized in determining the fair values:

The majority of fair market values are obtained from Interactive Data Corporation (IDC). For securities IDC is unable to price, the company looks to Bloomberg and uses a recent historical price method. If this cannot be determined the company uses outside brokers to analytically determine the price.....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [] No [X]

32.2 If no, list exceptions:

For securities not filed with the SVO, please see the list included at the back of this statement on Page 101.....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY

GENERAL INTERROGATORIES

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 2,973,754
33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....

34.1 Amount of payments for legal expenses, if any? \$ 2,260
34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Campbell, Hightower & Adams.....	\$..... 2,260

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$
35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]

1.2 If yes, indicate premium earned on U. S. business only. \$ 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. \$

1.5 Indicate total incurred claims on all Medicare Supplement insurance. \$ 0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned \$ 0

1.62 Total incurred claims \$ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned \$ 0

1.65 Total incurred claims \$ 0

1.66 Number of covered lives 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned \$ 0

1.72 Total incurred claims \$ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned \$ 0

1.75 Total incurred claims \$ 0

1.76 Number of covered lives 0

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	\$ 0	\$ 0
2.2 Premium Denominator	\$ 0	\$ 0
2.3 Premium Ratio (2.1/2.2)	.....0.000	.....0.000
2.4 Reserve Numerator	\$ 0	\$ 0
2.5 Reserve Denominator	\$ 4,853	\$ 0
2.6 Reserve Ratio (2.4/2.5)	.....0.000	.....0.000

3.1 Does the reporting entity issue both participating and non-participating policies? Yes [X] No []

3.2 If yes, state the amount of calendar year premiums written on:

3.21 Participating policies \$ 134,475,219

3.22 Non-participating policies \$ 300,947,689

4. For Mutual reporting entities and Reciprocal Exchanges only:

4.1 Does the reporting entity issue assessable policies? Yes [] No []

4.2 Does the reporting entity issue non-assessable policies? Yes [] No []

4.3 If assessable policies are issued, what is the extent of the contingent liability of the policyholders? %

4.4 Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. \$

5. For Reciprocal Exchanges Only:

5.1 Does the exchange appoint local agents? Yes [] No []

5.2 If yes, is the commission paid:

5.21 Out of Attorney's-in-fact compensation Yes [] No [] N/A []

5.22 As a direct expense of the exchange Yes [] No [] N/A []

5.3 What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact?

5.4 Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred? Yes [] No []

5.5 If yes, give full information

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss:.....
Protection is provided through several excess reinsurance contracts for workers' compensation coverage.....

6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:.....
The company has engaged with JLT Towers Re, who uses the catastrophe risk models from Risk Management Solutions and Applied Insurance Research to model potential maximum loss exposure.....

6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?.....
The company has a catastrophe reinsurance program insuring losses to \$500 million in excess of \$100 million, plus co-participation by layer.....

6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?.....

6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss.....

Yes [X] No []

7.1 Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?.....

7.2 If yes, indicate the number of reinsurance contracts containing such provisions.....

7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?.....

7.4 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?.....

7.5 If yes, give full information.....

8.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:

- (a) A contract term longer than two years and the contract is noncancelable by the reporting entity during the contract term;
- (b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
- (c) Aggregate stop loss reinsurance coverage;
- (d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
- (e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
- (f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity.....

Yes [] No [X]

9.1 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:

- (a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
- (b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.

9.2 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:

- (a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;
- (b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
- (c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.

9.3 Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:

- (a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or
- (b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?.....

Yes [] No [X]

9.4 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.

9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.

9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:

- (a) The entity does not utilize reinsurance; or
- (b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or
- (c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.

10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?.....

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY

GENERAL INTERROGATORIES
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force:..... Yes [] No [X]
 11.2 If yes, give full information

12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:
 12.11 Unpaid losses..... \$.....
 12.12 Unpaid underwriting expenses (including loss adjustment expenses)..... \$.....

12.2 Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds..... \$.....

12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?..... Yes [] No [X] N/A []

12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:
 12.41 From..... %.....
 12.42 To..... %.....

12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies?..... Yes [] No [X]

12.6 If yes, state the amount thereof at December 31 of current year:
 12.61 Letters of Credit..... \$.....
 12.62 Collateral and other funds..... \$.....

13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation):..... \$.....
 13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?..... Yes [] No [X]

13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.

14.1 Is the company a cedant in a multiple cedant reinsurance contract?..... Yes [] No [X]
 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:

 14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?..... Yes [] No []
 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?..... Yes [] No []
 14.5 If the answer to 14.4 is no, please explain:

 15.1 Has the reporting entity guaranteed any financed premium accounts?..... Yes [] No [X]
 15.2 If yes, give full information

 16.1 Does the reporting entity write any warranty business?..... Yes [] No [X]
 If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home	\$	\$	\$	\$	\$
16.12 Products	\$	\$	\$	\$	\$
16.13 Automobile	\$	\$	\$	\$	\$
16.14 Other*	\$	\$	\$	\$	\$

* Disclose type of coverage:

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY**GENERAL INTERROGATORIES**
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that it excludes from Schedule F – Part 5..... Yes [] No [X]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F – Part 5. Provide the following information for this exemption:

	Gross amount of unauthorized reinsurance in Schedule F – Part 3	\$.....
17.11	excluded from Schedule F – Part 5.....	\$.....
17.12	Unfunded portion of Interrogatory 17.11.....	\$.....
17.13	Paid losses and loss adjustment expenses portion of Interrogatory 17.11.....	\$.....
17.14	Case reserves portion of Interrogatory 17.11.....	\$.....
17.15	Incurred but not reported portion of Interrogatory 17.11.....	\$.....
17.16	Unearned premium portion of Interrogatory 17.11.....	\$.....
17.17	Contingent commission portion of Interrogatory 17.11.....	\$.....

Provide the following information for all other amounts included in Schedule F – Part 3 and excluded from Schedule F – Part 5, not included above.

	Gross amount of unauthorized reinsurance in Schedule F – Part 3	\$.....
17.18	excluded from Schedule F – Part 5.....	\$.....
17.19	Unfunded portion of Interrogatory 17.18.....	\$.....
17.20	Paid losses and loss adjustment expenses portion of Interrogatory 17.18.....	\$.....
17.21	Case reserves portion of Interrogatory 17.18.....	\$.....
17.22	Incurred but not reported portion of Interrogatory 17.18.....	\$.....
17.23	Unearned premium portion of Interrogatory 17.18.....	\$.....
17.24	Contingent commission portion of Interrogatory 17.18.....	\$.....

18.1 Do you act as a custodian for health savings accounts?..... Yes [] No [X]
18.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$.....
18.3 Do you act as an administrator for health savings accounts?..... Yes [] No [X]
18.4 If yes, please provide the balance of the funds administered as of the reporting date. \$.....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6.

	1 2015	2 2014	3 2013	4 2012	5 2011
Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	264,980,707	249,520,213	215,874,270	175,685,982	105,452,146
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	63,047,366	58,542,963	47,582,658	37,274,118	12,119,372
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	107,394,896	97,589,791	78,890,626	62,754,021	21,820,776
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	750	0	(37)	1,112
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
6. Total (Line 35)	435,422,969	405,653,716	342,347,554	275,714,084	139,393,406
Net Premiums Written (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	0	0	0	0	0
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	0	0	0
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
12. Total (Line 35)	0	0	0	0	0
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8)	0	0	0	0	0
14. Net investment gain (loss) (Line 11)	3,232,051	3,741,247	3,006,756	2,845,710	2,728,511
15. Total other income (Line 15)	0	0	0	0	0
16. Dividends to policyholders (Line 17)	0	0	0	0	0
17. Federal and foreign income taxes incurred (Line 19)	572,946	616,693	575,365	473,636	651,616
18. Net income (Line 20)	2,659,105	3,124,554	2,431,391	2,372,074	2,076,896
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	124,381,586	123,020,536	110,714,383	101,397,660	93,402,039
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	0	0	0	0	0
20.2 Deferred and not yet due (Line 15.2)	0	0	0	0	0
20.3 Accrued retrospective premiums (Line 15.3)	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 26)	36,626,033	37,441,282	28,709,604	25,232,809	20,382,543
22. Losses (Page 3, Line 1)	0	0	0	0	0
23. Loss adjustment expenses (Page 3, Line 3)	0	0	0	0	0
24. Unearned premiums (Page 3, Line 9)	0	0	0	0	0
25. Capital paid up (Page 3, Lines 30 & 31)	3,600,000	3,600,000	3,600,000	3,600,000	3,600,000
26. Surplus as regards policyholders (Page 3, Line 37)	87,755,553	85,579,254	82,004,779	76,164,851	73,019,496
Cash Flow (Page 5)					
27. Net cash from operations (Line 11)	1,251,620	7,863,216	387,406	3,123,247	12,735,921
Risk-Based Capital Analysis					
28. Total adjusted capital	87,755,553	85,579,254	82,004,779	76,164,851	73,019,496
29. Authorized control level risk-based capital	2,813,895	3,118,215	3,031,828	2,376,740	2,160,623
Percentage Distribution of Cash, Cash Equivalents and Invested Assets					
(Page 2, Col. 3)(Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1)	73.7	69.1	72.0	76.6	78.8
31. Stocks (Lines 2.1 & 2.2)	23.4	24.6	26.0	21.4	21.1
32. Mortgage loans on real estate (Lines 3.1 and 3.2)	0.0	0.0	0.0	0.0	0.0
33. Real estate (Lines 4.1, 4.2 & 4.3)	0.0	0.0	0.0	0.0	0.0
34. Cash, cash equivalents and short-term investments (Line 5)	2.9	6.3	2.0	2.1	0.1
35. Contract loans (Line 6)	0.0	0.0	0.0	0.0	0.0
36. Derivatives (Line 7)	0.0	0.0	0.0	0.0	0.0
37. Other invested assets (Line 8)	0.0	0.0	0.0	0.0	0.0
38. Receivables for securities (Line 9)	0.0	0.0	0.0	0.0	0.0
39. Securities lending reinvested collateral assets (Line 10)	0.0	0.0	0.0	0.0	0.0
40. Aggregate write-ins for invested assets (Line 11)	0.0	0.0	0.0	0.0	0.0
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
Investments in Parent, Subsidiaries and Affiliates					
42. Affiliated bonds, (Sch. D, Summary, Line 12, Col. 1)	0	0	0	0	0
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1)	0	0	0	0	0
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1)	0	0	0	0	0
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
46. Affiliated mortgage loans on real estate					
47. All other affiliated					
48. Total of above Lines 42 to 47	0	0	0	0	0
49. Total Investment in parent included in Lines 42 to 47 above					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)	0.0	0.0	0.0	0.0	0.0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2015	2 2014	3 2013	4 2012	5 2011
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24)	(476,637)	467,978	3,370,291	818,836	645,290
52. Dividends to stockholders (Line 35)	0	0	0	0	0
53. Change in surplus as regards policyholders for the year (Line 38)	2,176,299	3,574,475	5,839,928	3,145,355	2,910,242
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	79,566,415	70,968,694	54,037,134	47,735,987	38,819,248
55. Property lines (Lines 1, 2, 9, 12, 21 & 26)	28,520,720	25,667,919	17,587,750	15,575,419	2,212,904
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	32,511,866	31,920,383	26,530,759	13,857,076	1,084,730
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
58. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
59. Total (Line 35)	140,599,001	128,556,996	98,155,644	77,168,482	42,116,881
Net Losses Paid (Page 9, Part 2, Col. 4)					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	0	0	0	0	0
61. Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	0	0	0
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	0
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
64. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
65. Total (Line 35)	0	0	0	0	0
Operating Percentages (Page 4) (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2)	0.0	0.0	0.0	0.0	0.0
68. Loss expenses incurred (Line 3)	0.0	0.0	0.0	0.0	0.0
69. Other underwriting expenses incurred (Line 4)	0.0	0.0	0.0	0.0	0.0
70. Net underwriting gain (loss) (Line 8)	0.0	0.0	0.0	0.0	0.0
Other Percentages					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0)	0.0	0.0	0.0	0.0	0.0
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	0.0	0.0	0.0	0.0	0.0
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0)	0.0	0.0	0.0	0.0	0.0
One Year Loss Development (000 omitted)					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11)	0	0	0	0	0
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0)	0.0	0.0	0.0	0.0	0.0
Two Year Loss Development (000 omitted)					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12)	0	0	0	0	0
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0)	0.0	0.0	0.0	0.0	0.0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, *Accounting Changes and Correction of Errors*?

Yes No

If no, please explain

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES
SCHEDULE P - PART 1 - SUMMARY

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	1,871	1,871	158	158	.198	.198	0	0	XXX	
2. 2006	88,682	.88,682	0	43,890	43,890	3,824	3,824	4,459	4,459	0	0	XXX	
3. 2007	88,472	.88,472	0	38,088	38,088	3,552	3,552	4,536	4,536	0	0	XXX	
4. 2008	76,636	.76,636	0	38,875	38,875	3,216	3,216	4,587	4,587	0	0	XXX	
5. 2009	69,698	.69,698	0	29,124	29,124	2,922	2,922	3,958	3,958	0	0	XXX	
6. 2010	67,935	.67,935	0	31,779	31,779	2,844	2,844	5,428	5,428	0	0	XXX	
7. 2011	94,276	.94,276	0	43,233	43,233	4,048	4,048	10,221	10,221	0	0	XXX	
8. 2012	233,507	.233,507	0	98,945	98,945	8,054	8,054	17,990	17,990	0	0	XXX	
9. 2013	312,989	.312,989	0	110,896	110,896	7,782	7,782	17,857	17,857	0	0	XXX	
10. 2014	375,994	.375,994	0	105,931	105,931	5,534	5,534	19,389	19,389	0	0	XXX	
11. 2015	426,974	.426,974	0	68,144	68,144	2,212	2,212	10,714	10,714	0	0	XXX	
12. Totals	XXX	XXX	XXX	610,775	610,775	44,145	44,145	99,337	99,337	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1.	16,330	16,330	27,210	27,210	0	0	1,533	1,533	.307	.307	0	0	XXX
2.	1,946	1,946	4,519	4,519	0	0	273	273	.57	.57	0	0	XXX
3.	1,898	1,898	6,308	6,308	0	0	349	349	.65	.65	0	0	XXX
4.	2,804	2,804	6,428	6,428	0	0	446	446	.86	.86	0	0	XXX
5.	2,423	2,423	4,241	4,241	0	0	381	381	.63	.63	0	0	XXX
6.	1,908	1,908	5,373	5,373	0	0	514	514	.129	.129	0	0	XXX
7.	6,454	6,454	6,074	6,074	0	0	745	745	.200	.200	0	0	XXX
8.	20,657	20,657	7,824	7,824	0	0	4,660	4,660	.742	.742	0	0	XXX
9.	23,194	23,194	12,007	12,007	0	0	10,010	10,010	1,995	1,995	0	0	XXX
10.	57,841	57,841	23,778	23,778	0	0	16,664	16,664	5,376	5,376	0	0	XXX
11.	74,190	74,190	50,850	50,850	0	0	23,377	23,377	11,169	11,169	0	0	XXX
12.	209,645	209,645	154,612	154,612	0	0	58,952	58,952	20,188	20,188	0	0	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	58,967	58,967	0	.66.5	.66.5	0.0	0	0		0	0
3.	54,796	54,796	0	.61.9	.61.9	0.0	0	0		0	0
4.	56,442	56,442	0	.73.7	.73.7	0.0	0	0		0	0
5.	43,111	43,111	0	.61.9	.61.9	0.0	0	0		0	0
6.	47,975	47,975	0	.70.6	.70.6	0.0	0	0		0	0
7.	70,975	70,975	0	.75.3	.75.3	0.0	0	0		0	0
8.	158,871	158,871	0	.68.0	.68.0	0.0	0	0		0	0
9.	183,741	183,741	0	.58.7	.58.7	0.0	0	0		0	0
10.	234,513	234,513	0	.62.4	.62.4	0.0	0	0		0	0
11.	240,657	240,657	0	.56.4	.56.4	0.0	0	0		0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements, which will reconcile Part 1 with Parts 2 and 4.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)											DEVELOPMENT	
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	11 One Year	12 Two Year	
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	
2. 2006	0	0	0	0	0	0	0	0	0	0	0	0	
3. 2007	XXX	0	0	0	0	0	0	0	0	0	0	0	
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0	0	0	
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0	
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0	
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX	
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX	
											12. Totals	0	
												0	

SCHEDULE P - PART 3 - SUMMARY

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015		
1. Prior	000	0	0	0	0	0	0	0	0	0	XXX	XXX
2. 2006	0	0	0	0	0	0	0	0	0	0	XXX	XXX
3. 2007	XXX	0	0	0	0	0	0	0	0	0	XXX	XXX
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0	XXX	XXX
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0	XXX	XXX
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0	XXX	XXX
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	XXX	XXX
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	XXX	XXX
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX	XXX
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

SCHEDULE P - PART 4 - SUMMARY

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										10 2015
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014		
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated By States And Territories

States, etc.	Active Status	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		Dividends Paid or Credited to Policyholders on Direct Business	Direct Losses Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Finance and Service Charges Not Included in Premiums	9 Direct Premium Written for Federal Purchasing Groups (Included in Col. 2)	
		2 Direct Premiums Written	3 Direct Premiums Earned							
1. Alabama	AL	7,233,015	6,992,053	0	1,359,870	1,960,799	3,808,320	2,452		
2. Alaska	AK	0	0	0	0	0	0	0	0	
3. Arizona	AZ	12,776,603	13,434,093	0	4,746,337	6,840,630	8,923,313	2,144		
4. Arkansas	AR	4,362,522	4,262,644	0	977,188	624,942	4,035,674	1,437		
5. California	CA	396,884	411,839	0	57,179	250,148	255,667	0		
6. Colorado	CO	17,367,480	15,943,042	0	7,167,902	8,185,624	11,899,742	1,240		
7. Connecticut	CT	420,412	385,406	0	144,497	161,292	309,642	45		
8. Delaware	DE	1,670,228	1,580,288	0	467,596	622,237	1,210,331	560		
9. Dist. Columbia	DC	194,183	146,575	0	543	19,744	81,239	10		
10. Florida	FL	23,552,113	22,406,248	0	2,929,460	5,986,641	8,258,408	13,005		
11. Georgia	GA	13,855,525	12,967,001	0	3,691,075	6,246,705	11,656,933	2,855		
12. Hawaii	HI	5,255	5,541	0	0	686	1,240	0		
13. Idaho	ID	4,361,916	4,519,840	0	1,523,192	2,849,910	4,658,151	938		
14. Illinois	IL	43,073,582	41,886,962	0	12,624,734	17,779,811	36,614,239	8,262		
15. Indiana	IN	21,078,505	21,254,048	0	7,026,623	13,140,073	21,332,003	4,482		
16. Iowa	IA	14,019,649	14,385,443	0	7,014,103	7,241,254	21,821,490	4,453		
17. Kansas	KS	6,786,106	6,403,377	0	3,239,293	3,491,063	7,185,563	1,667		
18. Kentucky	KY	9,708,179	9,686,799	0	3,155,117	3,198,539	6,048,621	3,957		
19. Louisiana	LA	296,846	218,485	0	15,060	104,240	102,086	0		
20. Maine	ME	5,045	5,949	0	0	412	2,321	0		
21. Maryland	MD	11,380,836	11,317,655	0	3,167,756	5,146,357	16,342,480	2,143		
22. Massachusetts	MA	0	0	0	0	0	0	0		
23. Michigan	MI	21,489,245	21,691,703	0	7,559,352	10,426,770	16,836,448	7,143		
24. Minnesota	MN	14,123,942	13,992,795	0	4,775,025	7,854,871	9,481,468	3,254		
25. Mississippi	MS	178,567	171,826	0	65,236	172,322	144,500	0		
26. Missouri	MO	11,717,885	11,436,156	0	3,519,871	5,298,617	15,553,678	3,263		
27. Montana	MT	3,217,693	2,949,955	0	671,130	997,222	1,226,801	1,010		
28. Nebraska	NE	6,003,434	6,203,845	0	2,004,663	1,833,486	7,904,661	586		
29. Nevada	NV	121,193	166,875	0	1,838	30,322	70,193	0		
30. New Hampshire	NH	3,022,699	2,717,538	0	625,459	673,359	1,063,139	.929		
31. New Jersey	NJ	182,223	137,374	0	686	20,458	32,591	0		
32. New Mexico	NM	3,602,224	2,880,480	0	2,266,552	1,010,835	1,471,860	.89		
33. New York	NY	6,310,669	6,464,770	0	1,240,101	2,910,564	6,573,472	1,197		
34. No. Carolina	NC	16,513,254	15,848,095	0	4,633,438	6,330,711	15,820,852	4,210		
35. No. Dakota	ND	2,400,571	2,453,493	0	788,642	468,821	857,061	.828		
36. Ohio	OH	30,034,464	28,350,827	0	10,976,950	16,596,301	15,180,797	22,932		
37. Oklahoma	OK	225,502	249,584	0	25,616	113,301	135,626	0		
38. Oregon	OR	1,681,510	1,568,184	0	481,228	1,009,870	1,182,380	.174		
39. Pennsylvania	PA	36,713,016	35,599,931	0	11,572,660	13,602,242	31,027,138	14,311		
40. Rhode Island	RI	16,324	16,130	0	0	2,378	7,038	0		
41. So. Carolina	SC	4,634,506	4,830,457	0	1,107,965	2,496,804	4,917,300	.583		
42. So. Dakota	SD	2,035,931	2,177,550	0	802,247	429,962	2,022,287	.241		
43. Tennessee	TN	18,150,557	17,759,655	0	5,254,548	3,047,685	17,495,331	3,917		
44. Texas	TX	20,826,924	20,763,495	0	8,263,248	11,754,127	11,418,386	1,087		
45. Utah	UT	4,427,548	4,749,181	0	1,042,727	2,482,024	3,449,990	.810		
46. Vermont	VT	3,396,586	3,768,811	0	2,251,998	1,737,844	4,192,949	.776		
47. Virginia	VA	17,026,416	17,164,697	0	5,859,949	8,875,263	14,965,688	3,823		
48. Washington	WA	2,495,700	1,732,325	0	585,711	1,370,186	1,631,074	.103		
49. West Virginia	WV	4,261,912	4,595,315	0	1,448,671	928,643	2,604,361	1,468		
50. Wisconsin	WI	6,839,536	7,195,517	0	3,221,153	8,905,233	11,812,319	3,500		
51. Wyoming	WY	1,227,993	1,124,170	0	219,635	(184,384)	166,944	.461		
52. American Samoa	AS	0	0	0	0	0	0	0		
53. Guam	GU	0	0	0	0	0	0	0		
54. Puerto Rico	PR	0	0	0	0	0	0	0		
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0		
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0		
57. Canada	CAN	N	0	0	0	0	0	0		
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	
59. Totals		(a) 51	435,422,908	426,974,025	0	140,573,826	195,046,943	363,793,795	126,345	0

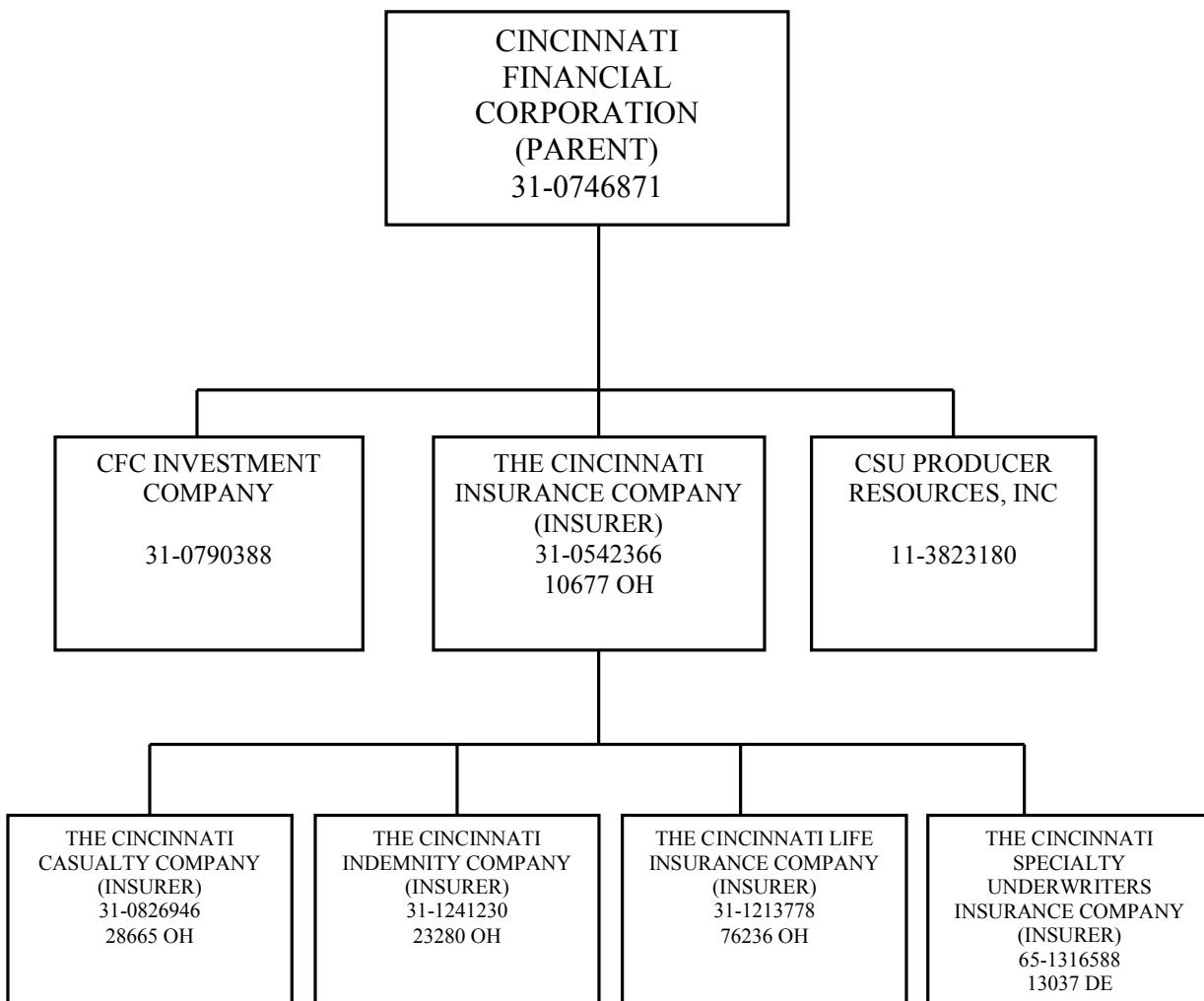
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation of premiums by states, etc.

Premiums received on all classes are booked to the state in which the risk is located.

(a) Insert the number of L responses except for Canada and Other Alien

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



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