



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2016  
OF THE CONDITION AND AFFAIRS OF THE

CINCINNATI CASUALTY COMPANY

NAIC Group Code	0244	0244	NAIC Company Code	28665	Employer's ID Number	31-0826946
	(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	12/27/1972		Commenced Business	03/31/1973		
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		513-870-2000-4938	
	(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	Christina 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 #	SENIOR VICE PRESIDENT, TREASURER		

OTHER OFFICERS

TERESA CURRIN CRACAS	SENIOR VICE PRESIDENT	DONALD JOSEPH DOYLE JR	SENIOR VICE PRESIDENT
MARTIN FRANCIS HOLLENBECK	SENIOR VICE PRESIDENT	JOHN SCOTT KELLINGTON	SENIOR VICE PRESIDENT
LISA ANNE LOVE	SENIOR VICE PRESIDENT, CORPORATE SECRETARY	MARTIN JOSEPH MULLEN	SENIOR VICE PRESIDENT
JACOB FERDINAND SCHERER	EXECUTIVE VICE PRESIDENT	STEPHEN MICHAEL SPRAY	SENIOR VICE PRESIDENT
KENNETH WILLIAM STECHER	CHAIRMAN OF THE BOARD	CHARLES PHILIP STONEBURNER II	SENIOR VICE PRESIDENT
TIMOTHY LEE TIMMEL	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 HOLLENBECK	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 FREDRICK STEELE JR	CHARLES PHILIP STONEBURNER II	TIMOTHY LEE TIMMEL
WILLIAM HAROLD VAN DEN HEUVEL	LARRY RUSSEL WEBB		

State of .....OHIO.....

County of .....BUTLER.....ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

STEVEN J. JOHNSTON CHIEF EXECUTIVE OFFICER, PRESIDENT	MICHAEL J. SEWELL CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT	THERESA A. HOFFER SENIOR VICE PRESIDENT, TREASURER
Subscribed and sworn to before me this 4TH day of NOVEMBER, 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

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE CINCINNATI CASUALTY COMPANY

ASSETS

	Current Statement Date			4  December 31 Prior Year Net Admitted Assets
	1  Assets	2  Nonadmitted Assets	3  Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	263,740,134		263,740,134	258,271,454
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	101,129,787		101,129,787	81,578,622
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
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 (\$ .....4,672,249 ), cash equivalents (\$ .....0 ) and short-term investments (\$ .....0 ) .....	4,672,249		4,672,249	8,899,856
6. Contract loans (including \$ .....premium notes) .....			0	0
7. Derivatives .....	0		0	0
8. Other invested assets .....	2,924		2,924	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	369,545,094	0	369,545,094	348,749,932
13. Title plants less \$ .....charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	3,024,239		3,024,239	3,097,438
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 .....	15,939,305		15,939,305	14,162,848
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....	3,492,036		3,492,036	3,005,478
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	24,137		24,137	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 .....	2,345,627		2,345,627	8,655,270
24. Health care (\$ ..... ) and other amounts receivable .....			0	0
25. Aggregate write-ins for other-than-invested assets .....	97,077	0	97,077	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	394,467,516	0	394,467,516	377,670,966
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	394,467,516	0	394,467,516	377,670,966
<b>DETAILS OF WRITE-INS</b>				
1101. ....			0	0
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. Miscellaneous Receivables .....	97,077		97,077	0
2502. ....			0	0
2503. ....				
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) .....	97,077	0	97,077	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ ..... ) .....		0
2. Reinsurance payable on paid losses and loss adjustment expenses .....		145,138
3. Loss adjustment expenses .....		0
4. Commissions payable, contingent commissions and other similar charges .....		0
5. Other expenses (excluding taxes, licenses and fees) .....	(1,658)	3,683
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....		0
7.1 Current federal and foreign income taxes (including \$ ..... on realized capital gains (losses)) .....		349,403
7.2 Net deferred tax liability .....	17,700,397	12,474,686
8. Borrowed money \$ ..... and interest thereon \$ .....		0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ ..... 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
10. Advance premium .....		0
11. Dividends declared and unpaid:		
11.1 Stockholders .....		0
11.2 Policyholders .....		0
12. Ceded reinsurance premiums payable (net of ceding commissions) .....	21,211,952	25,208,102
13. Funds held by company under reinsurance treaties .....		0
14. Amounts withheld or retained by company for account of others .....	1,215,849	1,115,659
15. Remittances and items not allocated .....		0
16. Provision for reinsurance (including \$ ..... certified) .....		0
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		0
18. Drafts outstanding .....		0
19. Payable to parent, subsidiaries and affiliates .....		0
20. Derivatives .....	0	0
21. Payable for securities .....		1,870,912
22. Payable for securities lending .....		0
23. Liability for amounts held under uninsured plans .....		0
24. Capital notes \$ ..... and interest thereon \$ .....		0
25. Aggregate write-ins for liabilities .....	248	131
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	40,126,789	41,167,715
27. Protected cell liabilities .....		0
28. Total liabilities (Lines 26 and 27) .....	40,126,789	41,167,715
29. Aggregate write-ins for special surplus funds .....	0	0
30. Common capital stock .....	3,750,000	3,750,000
31. Preferred capital stock .....		0
32. Aggregate write-ins for other than special surplus funds .....	0	0
33. Surplus notes .....		0
34. Gross paid in and contributed surplus .....	18,000,000	18,000,000
35. Unassigned funds (surplus) .....	332,590,727	314,753,250
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 30 \$ ..... ) .....		0
36.2 ..... shares preferred (value included in Line 31 \$ ..... ) .....		0
37. Surplus as regards policyholders (Lines 29 to 35, less 36) .....	354,340,727	336,503,250
38. Totals (Page 2, Line 28, Col. 3)	394,467,516	377,670,966
DETAILS OF WRITE-INS		
2501. Accounts Payable--Other.....	248	131
2502. ....		0
2503. ....		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)	248	131
2901. ....		
2902. ....		
2903. ....		
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. ....		
3202. ....		
3203. ....		
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

STATEMENT OF INCOME

	1	2	3
	Current Year	Prior Year	Prior Year Ended
	to Date	to Date	December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 258,414,222 )	243,346,477	226,227,086	305,076,978
1.2 Assumed (written \$ 137 )	137	274	2,814
1.3 Ceded (written \$ 258,414,359 )	243,346,614	226,227,361	305,079,792
1.4 Net (written \$ 0 )	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$ ):			
2.1 Direct	135,650,521	105,942,590	143,317,100
2.2 Assumed	179,158	185,900	(427,637)
2.3 Ceded	135,829,679	106,128,490	142,889,463
2.4 Net	0	0	0
3. Loss adjustment expenses incurred	0	0	0
4. Other underwriting expenses incurred	0	0	0
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	0	0	0
7. Net income of protected cells	0	0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	0	0	0
INVESTMENT INCOME			
9. Net investment income earned	9,981,315	9,751,900	13,040,146
10. Net realized capital gains (losses) less capital gains tax of \$ 64,453	119,699	769,497	1,643,155
11. Net investment gain (loss) (Lines 9 + 10)	10,101,014	10,521,397	14,683,301
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$ )	0	0	0
13. Finance and service charges not included in premiums	0	0	0
14. Aggregate write-ins for miscellaneous income	0	0	0
15. Total other income (Lines 12 through 14)	0	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)	10,101,014	10,521,397	14,683,301
17. Dividends to policyholders	0	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)	10,101,014	10,521,397	14,683,301
19. Federal and foreign income taxes incurred	1,944,410	1,827,549	2,454,628
20. Net income (Line 18 minus Line 19)(to Line 22)	8,156,604	8,693,848	12,228,673
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	336,503,250	330,220,593	330,220,593
22. Net income (from Line 20)	8,156,604	8,693,848	12,228,673
23. Net transfers (to) from Protected Cell accounts	0	0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ 5,217,305	9,689,280	(7,268,010)	(5,929,819)
25. Change in net unrealized foreign exchange capital gain (loss)	0	0	0
26. Change in net deferred income tax	(8,407)	(11,693)	(16,197)
27. Change in nonadmitted assets	0	0	0
28. Change in provision for reinsurance	0	0	0
29. Change in surplus notes	0	0	0
30. Surplus (contributed to) withdrawn from protected cells	0	0	0
31. Cumulative effect of changes in accounting principles	0	0	0
32. Capital changes:			
32.1 Paid in	0	0	0
32.2 Transferred from surplus (Stock Dividend)	0	0	0
32.3 Transferred to surplus	0	0	0
33. Surplus adjustments:			
33.1 Paid in	0	0	0
33.2 Transferred to capital (Stock Dividend)	0	0	0
33.3 Transferred from capital	0	0	0
34. Net remittances from or (to) Home Office	0	0	0
35. Dividends to stockholders	0	0	0
36. Change in treasury stock	0	0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	17,837,477	1,414,146	6,282,657
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	354,340,727	331,634,738	336,503,250
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	(3,996,149)	(4,753,357)	1,082,298
2. Net investment income .....	10,749,979	10,329,562	13,838,495
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	6,753,830	5,576,205	14,920,793
5. Benefit and loss related payments .....	2,408,154	(533,790)	(457,400)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	0	0	0
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ .....269,534 tax on capital gains (losses).....	2,382,403	2,669,439	3,209,439
10. Total (Lines 5 through 9) .....	4,790,557	2,135,649	2,752,039
11. Net cash from operations (Line 4 minus Line 10) .....	1,963,273	3,440,556	12,168,754
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	31,967,052	20,830,000	38,089,780
12.2 Stocks .....	0	2,167,133	6,372,978
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	1,999,441	1,870,912
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	31,967,052	24,996,574	46,333,670
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	37,762,398	31,905,376	48,874,159
13.2 Stocks .....	4,834,569	0	4,108,308
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	1,870,912	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	44,467,879	31,905,376	52,982,467
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(12,500,827)	(6,908,802)	(6,648,797)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied).....	6,309,948	3,669,297	(2,105,658)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	6,309,948	3,669,297	(2,105,658)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(4,227,606)	201,051	3,414,299
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	8,899,856	5,485,557	5,485,557
19.2 End of period (Line 18 plus Line 19.1) .....	4,672,249	5,686,608	8,899,856

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE CINCINNATI CASUALTY COMPANY

NOTES TO THE FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of the Cincinnati Casualty 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	2016	2015
NET INCOME			
(1) Company state basis (Page 4, Line 20, Columns 1 & 3)	Ohio	\$8,156,604	\$12,228,673
(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	\$8,156,604	\$12,228,673
SURPLUS			
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	Ohio	\$354,340,727	\$336,503,250
(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	\$354,340,727	\$336,503,250

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

C. Accounting Policy – No Change

D. Going Concern- As of September 30, 2016 management’s evaluation of The Cincinnati Casualty Company determined there was no going concerns to report.

2. Accounting Changes and Correction of Errors – No Change

3. Business Combinations and Goodwill – No Change

4. Discontinued Operations – No Change

5. Investments

G. Low-income Housing Tax Credit (LIHTC)

1. The Cincinnati Casualty Company holds one investment in a low income housing tax credit which reduces the company’s premium tax liability in Georgia and Missouri. The investment is required to be held through 2028 and the credit will expire at that time.

2. The company received no tax credit and benefit during 2016

3. The balance of the investment recognized in the September 30th, 2016 balance sheet is \$2,924

4. We are not aware that the low income housing tax credit investment is subject to any regulatory reviews

5. The low income housing tax credit investment does not exceed 10% of non-admitted assets

6. There was no impairment of the investment in 2016

7. The were no write-downs or losses of tax credits in 2016

6. Joint Ventures, Partnerships and Limited Liability Companies – No Change

7. Investment Income – No Change

8. Derivative Instruments – No Change

9 - Income Taxes

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

	2016		
	Ordinary	Capital	Total
(a) Gross deferred tax assets	\$ -	\$ 114,621	\$ 114,621
(b) Statutory valuation allowance	-	-	-
(c) Adjusted gross deferred tax assets (1a - 1b)	-	114,621	114,621
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	-	114,621	114,621
(f) Deferred Tax Liabilities	11,974	17,803,045	17,815,019
(g) Net admitted deferred tax asset/(liability) (1e - 1f)	\$ (11,974)	\$ (17,688,424)	\$ (17,700,398)

	2015		
	Ordinary	Capital	Total
(a) Gross deferred tax assets	\$ -	\$ 121,858	\$ 121,858
(b) Statutory valuation allowance	-	-	-
(c) Adjusted gross deferred tax assets (1a - 1b)	-	121,858	121,858
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	-	121,858	121,858
(f) Deferred Tax Liabilities	10,804	12,585,740	12,596,544
(g) Net admitted deferred tax asset/(liability) (1e - 1f)	\$ (10,804)	\$ (12,463,882)	\$ (12,474,686)

	Change		
	Ordinary	Capital	Total
(a) Gross deferred tax assets	\$ -	\$ (7,237)	\$ (7,237)
(b) Statutory valuation allowance	-	-	-
(c) Adjusted gross deferred tax assets (1a - 1b)	-	(7,237)	(7,237)
(d) Deferred Tax Assets Nonadmitted	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c- 1d)	-	(7,237)	(7,237)
(f) Deferred Tax Liabilities	1,170	5,217,305	5,218,475
(g) Net admitted deferred tax asset/(liability) (1e - 1f)	\$ (1,170)	\$ (5,224,542)	\$ (5,225,712)

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE CINCINNATI CASUALTY COMPANY

NOTES TO THE FINANCIAL STATEMENTS

2.

SSAP 101, paragraphs 11.a., 11.b., and 11.c.:	2016		
	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	53,151,109	53,151,109	53,151,109
(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	-	114,621	114,621
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	-	114,621	114,621

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	50,475,488	50,475,488	50,475,488
(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	-	121,858	121,858
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	-	121,858	121,858

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	2,675,621	2,675,621	2,675,621
(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	-	(7,237)	(7,237)
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	-	(7,237)	(7,237)

3.

	2016	2015
	Percentage	Percentage
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	3322%	3322%
(b) Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b) 2 above	336,503,250	336,503,250

4.

	2016		
	Ordinary	Capital	Total
<b>Impact of Tax Planning Strategies</b>			
(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)	-	114,621	114,621
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)	-	114,621	114,621
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.			

**STATEMENT AS OF SEPTEMBER 30, 2016 OF THE CINCINNATI CASUALTY COMPANY**  
**NOTES TO THE FINANCIAL STATEMENTS**

	2015		
	Ordinary	Capital	Total
<b>Impact of Tax Planning Strategies</b>			
(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)	-	121,858	121,858
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)	-	121,858	121,858
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
<b>Impact of Tax Planning Strategies</b>			
(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)	-	(7,237)	(7,237)
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)	-	(7,237)	(7,237)
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:

	2016	2015	Change
(a) Federal	\$ 1,944,410	\$ 2,454,628	\$ (510,218)
(b) Foreign	-	-	-
(c) Subtotal	1,944,410	2,454,628	(510,218)
(d) Federal Income Tax on capital gains/(losses)	64,453	884,776	(820,323)
(e) Utilization of capital loss carryforwards	-	-	-
(f) Other	-	-	-
Federal income taxes incurred	\$ 2,008,863	\$ 3,339,404	\$ (1,330,541)

2. Deferred tax assets

	September 30, 2016	December 31, 2015	Change
(a) Ordinary			
(1) Other	-	-	-
(99) Subtotal	-	-	-
(b) Statutory valuation allowance adj	-	-	-
(c) Nonadmitted	-	-	-
(d) Admitted ordinary deferred tax assets (2a99-2b-2c)	-	-	-
(e) Capital			
(1) Investments	114,621	121,858	(7,237)
(2) Unrealized losses on investments	-	-	-
(99) Subtotal	114,621	121,858	(7,237)
(f) Statutory valuation allowance adj	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets (2e99-2f-2g)	114,621	121,858	(7,237)
(i) Admitted deferred tax assets (2d + 2h)	114,621	121,858	(7,237)

3. Deferred tax liabilities

	September 30, 2016	December 31, 2015	Change
(a) Ordinary			
(1) Other, net	11,974	10,804	1,170
(99) Subtotal	11,974	10,804	1,170
(b) Capital			
(1) Unrealized gains on investments	17,803,045	12,585,740	5,217,305
(2) Other	-	-	-
(99) Subtotal	17,803,045	12,585,740	5,217,305
(c) Deferred tax liabilities (3a99 + 3b99)	17,815,019	12,596,544	5,218,475

4. Net deferred tax assets/liabilities (2i-3c)

6.2

(17,700,398) (12,474,686) (5,225,712)



**STATEMENT AS OF SEPTEMBER 30, 2016 OF THE CINCINNATI CASUALTY 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):				
	September 30, 2016	December 31, 2015	Change	
Total deferred tax assets	\$ 114,621	\$ 121,858	\$	(7,237)
Total deferred tax liabilities	17,815,019	12,596,544		5,218,475
Net deferred tax asset/(liability)	\$ (17,700,398)	\$ (12,474,686)	\$	(5,225,712)
Tax effect of unrealized (gains)/losses				5,217,305
Change in net deferred income tax (charge)/benefit			\$	(8,407)

	December 31, 2015	December 31, 2014	Change	
Total deferred tax assets	\$ 121,858	\$ 139,528	\$	(17,670)
Total deferred tax liabilities	12,596,544	15,790,996		(3,194,452)
Net deferred tax asset/(liability)	\$ (12,474,686)	\$ (15,651,468)	\$	3,176,782
Tax effect of unrealized (gains)/losses				(3,192,979)
Change in net deferred income tax (charge)/benefit			\$	(16,197)

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:			
	As of September 30, 2016		
Description	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 10,165,466	\$ 3,557,913	35.00%
Tax Exempt Interest	(3,153,951)	(1,103,883)	-10.86%
Dividends received deduction	(1,243,006)	(435,052)	-4.28%
Other items permanent in nature	28	10	0.00%
DRD on Accrued	(4,909)	(1,718)	-0.02%
Total	\$ 5,763,628	\$ 2,017,270	19.84%
Federal income taxes incurred expense/(benefit)	\$ 5,555,457	\$ 1,944,410	19.13%
Tax on capital gains/(losses)	184,151	64,453	0.63%
Change in net deferred income tax charge/(benefit)	24,020	8,407	0.08%
Total statutory income taxes	\$ 5,763,628	\$ 2,017,270	19.84%

	As of December 31, 2015		
Description	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 15,568,077	\$ 5,448,827	35.00%
Tax Exempt Interest	(4,439,663)	(1,553,882)	-9.98%
Dividends received deduction	(1,547,174)	(541,511)	-3.48%
Other	8	3	0.00%
DRD on Accrued	6,183	2,164	0.01%
Total	\$ 9,587,431	\$ 3,355,601	21.55%
Federal income taxes incurred expense/(benefit)	\$ 7,013,223	\$ 2,454,628	15.77%
Tax on capital gains/(losses)	2,527,931	884,776	5.68%
Change in net deferred income tax charge/(benefit)	46,277	16,197	0.10%
Total statutory income taxes	\$ 9,587,431	\$ 3,355,601	21.55%

E. Operating Loss and Tax Credit Carryforwards

(1) At September 30, 2016, the Company had net operating loss and tax credit carryforwards of: \$ -  
(2) At September 30, 2016, 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	
2016	\$ 1,944,410	\$ 64,453	\$	2,008,863
2015	2,454,628	884,776		3,339,404
2014	-	930,916		930,916
Total	\$ 4,399,038	\$ 1,880,145	\$	6,279,183

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

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE CINCINNATI CASUALTY COMPANY

NOTES TO THE FINANCIAL STATEMENTS

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 Indemnity Company  
The Cincinnati Life Insurance Company  
The Cincinnati Specialty Underwriters 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

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 have closed for tax years 2011 and earlier. The statute of limitations for state income tax purposes has closed for tax years 2011 and earlier. There are no U.S. federal or state returns under examination.

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

- A. Not applicable
- B. Not applicable
- C. Not applicable
- D. At September 30, 2016, the Company reported \$2,345,627 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 – No Change

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 \$2,322 and \$2,467 for 2016 and 2015 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 – No Change

14. Contingencies – No Change

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 – No Change

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities – No Change

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans – No Change

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.

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	279,305,135	263,740,134	1,654,220	275,630,916	2,020,000	
Common Stock	101,129,787	101,129,787	101,129,787			
Perpetual Preferred Stock						
Mortgage						

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE CINCINNATI CASUALTY COMPANY

NOTES TO THE FINANCIAL STATEMENTS

Loans						
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- D. Not applicable
21. Other Items – No Change
22. Subsequent Events – No Change
23. Reinsurance – No Change
24. Retrospectively Rated Contracts and Contracts Subject to Redetermination– No Change
25. Change in Incurred Losses and Loss Adjustment Expenses – No Change
26. Intercompany Pooling Arrangements – No Change
27. Structured Settlements – No Change
28. Health Care Receivables – No Change
29. Participating Policies – No Change
30. Premium Deficiency Reserves – No Change
31. High Deductibles – No Change
32. The Company does not discount unpaid losses or loss adjustment expenses except for income tax purposes.
33. Asbestos and Environmental Reserves – No Change
34. Subscriber Savings Accounts – No Change
35. Multiple Peril Crop Insurance – No Change
36. Financial Guaranty Insurance – No Change
37. Other – No Change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2

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

Yes ☐ No ☒
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 4.1

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

Yes ☐ No ☒
- 4.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes ☐ No ☒ NA ☐
- If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2014
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2014
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

10/05/2015
- 6.4

By what department or departments?

Ohio
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☒ No ☐ NA ☐
- 6.6

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

Yes ☒ No ☐ NA ☐
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

GENERAL INTERROGATORIES

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? .....  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

Yes ☒ No ☐

9.11

If the response to 9.1 is No, please explain:  
.....

9.2

Has the code of ethics for senior managers been amended? .....

Yes ☐ No ☒

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).  
.....

9.3

Have any provisions of the code of ethics been waived for any of the specified officers? .....

Yes ☐ No ☒

9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).  
.....

FINANCIAL

10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?.....

Yes ☒ No ☐

10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$ .....2,345,627

INVESTMENT

11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) .....

Yes ☐ No ☒

11.2

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

12.

Amount of real estate and mortgages held in other invested assets in Schedule BA: .....\$ .....

13.

Amount of real estate and mortgages held in short-term investments: .....\$ .....

14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates? .....

Yes ☐ No ☒

14.2

If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ .....	\$ .....
14.22 Preferred Stock .....	\$ .....	\$ .....
14.23 Common Stock .....	\$ .....	\$ .....
14.24 Short-Term Investments .....	\$ .....	\$ .....
14.25 Mortgage Loans on Real Estate .....	\$ .....	\$ .....
14.26 All Other .....	\$ .....	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....0	\$ .....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB? .....

Yes ☐ No ☒

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? .....

Yes ☐ No ☐

If no, attach a description with this statement.

GENERAL INTERROGATORIES

- 16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

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

\$ .....

\$ .....

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? .....

Yes [X] No [ ]

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

1	2
Name of Custodian(s)	Custodian Address
FIFTH THIRD BANK.....	FIFTH THIRD CENTER, CINCINNATI, OHIO 45263.....

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? .....

Yes [ ] No [X]

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

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

17.5 Identify all investment advisors, broker/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	2	3
Central Registration Depository	Name(s)	Address

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? .....

Yes [X] No [ ]

18.2 If no, list exceptions:  
.....

GENERAL INTERROGATORIES  
PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? ..... Yes [ ] No [X] NA [ ]  
If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? ..... Yes [ ] No [X]  
If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? ..... Yes [ ] No [X]

3.2 If yes, give full and complete information thereto.  
.....

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see *Annual Statement Instructions* pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero? ..... Yes [ ] No [X]

4.2 If yes, complete the following schedule:

			TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
1	2	3	4	5	6	7	8	9	10	11
Line of Business	Maximum Interest	Discount Rate	Unpaid Losses	Unpaid LAE	IBNR	TOTAL	Unpaid Losses	Unpaid LAE	IBNR	TOTAL
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
TOTAL			0	0	0	0	0	0	0	0

5. Operating Percentages:  
5.1 A&H loss percent ..... %  
5.2 A&H cost containment percent ..... %  
5.3 A&H expense percent excluding cost containment expenses ..... %

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

# STATEMENT AS OF SEPTEMBER 30, 2016 OF THE CINCINNATI CASUALTY COMPANY

## SCHEDULE F - CEDED REINSURANCE

### Showing All New Reinsurers - Current Year to Date

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



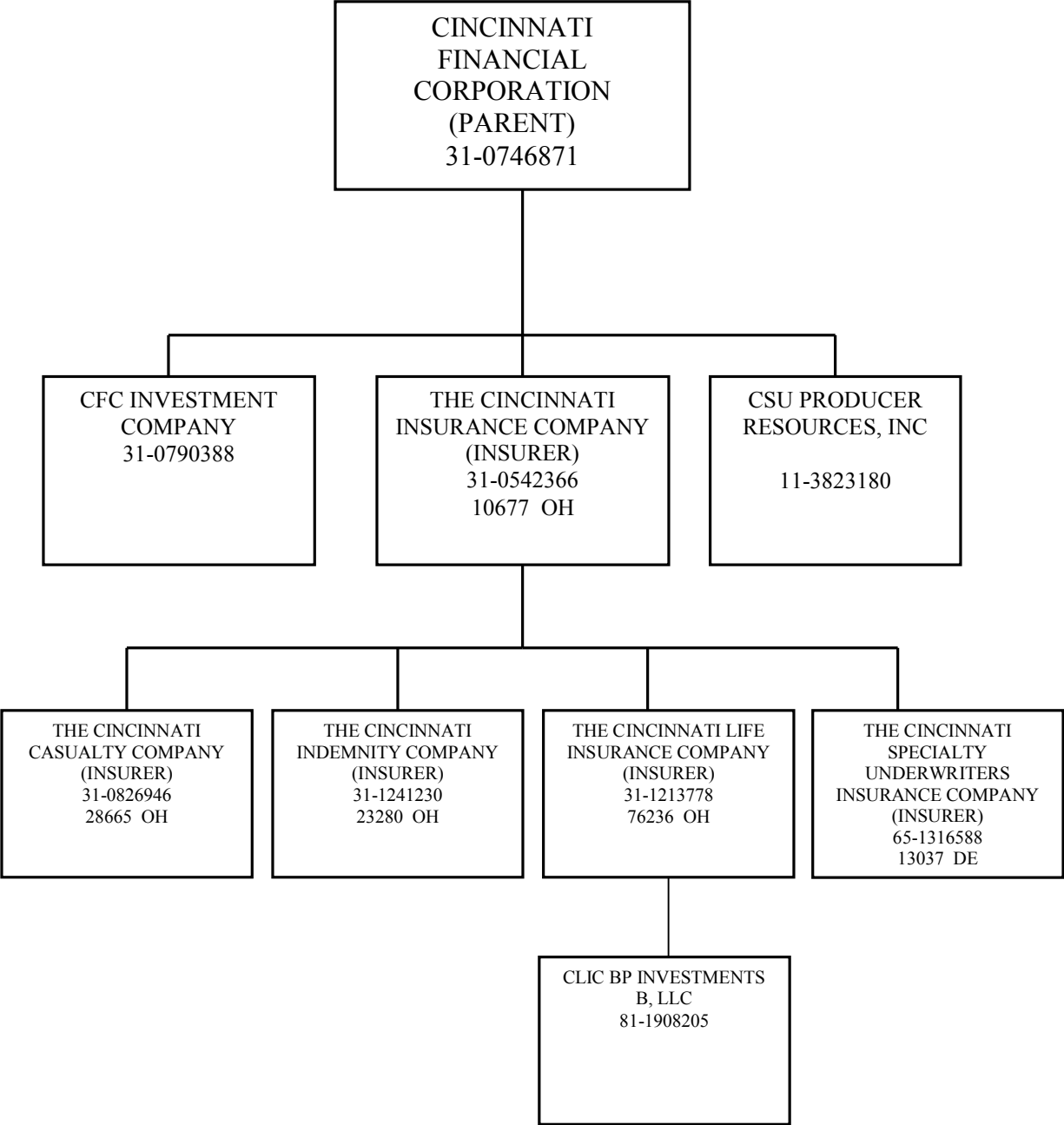
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories							
States, etc.	1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2	3	4	5	6	7
	Active Status	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1. Alabama	AL L	5,619,406	5,481,098	2,029,246	1,348,302	4,123,103	4,450,137
2. Alaska	AK L	0	0	0	0		0
3. Arizona	AZ L	5,220,416	2,724,567	1,012,558	1,069,939	2,877,607	1,741,092
4. Arkansas	AR L	4,434,251	4,425,011	2,972,266	780,188	4,594,578	3,456,583
5. California	CA L	342,373	394,209	8,281	11,654	304,886	205,181
6. Colorado	CO L	2,047,105	1,770,879	671,742	790,193	4,119,133	4,264,097
7. Connecticut	CT L	595,604	534,545	118,318	64,248	716,859	582,546
8. Delaware	DE L	2,083,229	1,945,148	630,163	876,050	2,122,691	2,640,598
9. Dist. Columbia	DC L	226,787	208,016	6,106	93	249,502	176,584
10. Florida	FL L	470,502	369,252	248,019	424,348	3,447,908	2,855,209
11. Georgia	GA L	16,827,891	12,873,441	4,972,640	9,422,123	25,163,602	23,343,869
12. Hawaii	HI L	141	858	0	0	997	1,334
13. Idaho	ID L	2,068,139	2,074,173	453,847	127,527	1,712,861	960,090
14. Illinois	IL L	25,701,670	24,010,350	13,138,629	17,240,485	103,271,267	105,005,053
15. Indiana	IN L	19,472,100	17,628,642	10,308,811	7,979,526	49,223,628	44,170,996
16. Iowa	IA L	4,931,748	4,337,793	3,175,248	2,550,901	16,848,773	17,533,999
17. Kansas	KS L	3,834,681	3,724,428	2,358,364	1,968,367	5,828,000	5,575,551
18. Kentucky	KY L	5,377,741	4,283,851	2,064,986	4,769,733	12,854,735	15,375,186
19. Louisiana	LA L	50,356	83,656	6,893	42,010	74,324	106,949
20. Maine	ME L	52,517	55,490	1,256	612	21,019	30,097
21. Maryland	MD L	5,074,334	4,991,799	2,102,185	2,365,563	12,393,225	11,763,388
22. Massachusetts	MA L		0	0	0	214	193
23. Michigan	MI L	14,437,041	14,784,380	5,440,141	5,095,111	35,109,654	37,419,112
24. Minnesota	MN L	6,693,428	6,734,820	2,317,325	1,999,344	10,319,675	10,305,116
25. Mississippi	MS L	185,455	239,303	10,507	15,642	269,899	261,723
26. Missouri	MO L	10,317,434	9,524,512	4,215,104	3,569,674	21,695,955	24,047,339
27. Montana	MT L	1,267,027	795,279	254,767	203,020	345,513	340,048
28. Nebraska	NE L	5,341,275	4,908,705	7,634,398	1,908,887	10,747,636	8,165,400
29. Nevada	NV L	25,477	23,445	0	377	17,997	15,954
30. New Hampshire	NH L	1,286,758	1,286,708	629,498	792,821	2,857,092	2,891,280
31. New Jersey	NJ L	476,785	505,994	92,777	7,704	443,225	246,743
32. New Mexico	NM L	1,515,992	1,264,139	182,363	212,754	908,854	634,653
33. New York	NY L	2,902,843	3,558,197	816,842	1,113,503	6,944,835	5,825,957
34. No. Carolina	NC L	12,917,935	12,427,445	5,702,364	3,633,146	27,556,961	26,525,274
35. No. Dakota	ND L	465,171	489,156	39,393	78,746	164,214	164,942
36. Ohio	OH L	21,311,079	19,483,365	4,313,337	6,282,337	13,894,814	13,503,610
37. Oklahoma	OK L	325,334	387,592	47,481	117,398	547,045	575,948
38. Oregon	OR L	5,160,924	3,636,549	1,189,902	889,908	2,119,110	1,444,129
39. Pennsylvania	PA L	23,174,834	23,098,310	10,546,223	9,797,872	46,407,588	46,720,248
40. Rhode Island	RI L	15,954	8,866	42,471	134,702	291,895	345,662
41. So. Carolina	SC L	2,830,240	2,129,202	1,654,958	1,138,965	10,570,726	7,582,176
42. So. Dakota	SD L	694,273	727,999	174,631	1,154,809	3,626,188	3,569,977
43. Tennessee	TN L	8,873,937	6,439,958	2,366,731	1,882,770	16,940,650	15,583,425
44. Texas	TX L	8,700,558	8,608,599	12,767,389	5,255,829	23,201,509	14,307,298
45. Utah	UT L	3,928,529	2,303,681	820,371	484,429	3,202,270	2,140,046
46. Vermont	VT L	2,214,167	2,047,913	750,793	1,082,268	6,009,481	6,151,040
47. Virginia	VA L	9,200,459	7,787,982	4,196,898	3,489,088	19,807,372	19,187,182
48. Washington	WA L	975,216	697,981	6,385	346,071	353,887	371,093
49. West Virginia	WV L	1,883,479	1,997,044	756,940	971,327	2,716,153	1,971,532
50. Wisconsin	WI L	6,578,998	7,353,853	3,475,507	4,439,030	16,199,073	17,496,879
51. Wyoming	WY L	282,629	130,673	55,381	51,904	244,105	213,962
52. American Samoa	AS N		0		0		0
53. Guam	GU N		0		0		0
54. Puerto Rico	PR N		0		0		0
55. U.S. Virgin Islands	VI N		0		0		0
56. Northern Mariana Islands	MP N		0		0		0
57. Canada	CAN N		0		0		0
58. Aggregate Other Alien	OT XXX	0	0	0	0	0	0
59. Totals	(a) 51	258,414,222	235,298,856	116,780,434	107,981,298	533,462,289	512,246,478
DETAILS OF WRITE-INS							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page.	XXX	0	0	0	0	0	0
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	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.

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

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



## 12

## PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation

Asterisk	Explanation

PART 1 - LOSS EXPERIENCE

Line of Business		Current Year to Date			4 Prior Year to Date Direct Loss Percentage
		1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1.	Fire	2,629,117	2,122,494	80.7	63.8
2.	Allied lines	2,391,189	2,305,594	96.4	41.0
3.	Farmowners multiple peril	0	0	0.0	0.0
4.	Homeowners multiple peril	0	(11)	0.0	0.0
5.	Commercial multiple peril	71,643,298	61,165,542	85.4	54.4
6.	Mortgage guaranty			0.0	0.0
8.	Ocean marine			0.0	0.0
9.	Inland marine	1,160,253	663,823	57.2	18.2
10.	Financial guaranty			0.0	0.0
11.1	Medical professional liability -occurrence	1,362,443	1,053,348	77.3	60.4
11.2	Medical professional liability -claims made	13,128	48,286	367.8	0.0
12.	Earthquake	74,047	0	0.0	0.0
13.	Group accident and health			0.0	0.0
14.	Credit accident and health			0.0	0.0
15.	Other accident and health			0.0	0.0
16.	Workers' compensation	108,158,210	41,802,290	38.6	42.6
17.1	Other liability occurrence	21,416,363	3,951,138	18.4	32.9
17.2	Other liability-claims made	896,057	527,714	58.9	8.1
17.3	Excess Workers' Compensation	0		0.0	0.0
18.1	Products liability-occurrence	6,421,409	1,772,456	27.6	39.4
18.2	Products liability-claims made			0.0	0.0
19.1,19.2	Private passenger auto liability	11,850	(4,688)	(39.6)	71.7
19.3,19.4	Commercial auto liability	19,461,817	14,580,450	74.9	59.5
21.	Auto physical damage	7,154,772	5,525,222	77.2	69.9
22.	Aircraft (all perils)	0	0	0.0	0.0
23.	Fidelity	0	0	0.0	0.0
24.	Surety	104,665	0	0.0	0.0
26.	Burglary and theft	101,036	62,262	61.6	55.7
27.	Boiler and machinery	346,823	74,599	21.5	33.1
28.	Credit			0.0	0.0
29.	International			0.0	0.0
30.	Warranty			0.0	0.0
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business	0	0	0.0	0.0
35.	TOTALS	243,346,477	135,650,521	55.7	46.8
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)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire	633,912	2,404,842	2,428,969
2.	Allied lines	646,802	2,257,716	1,971,087
3.	Farmowners multiple peril	0	0	0
4.	Homeowners multiple peril	0	0	0
5.	Commercial multiple peril	23,008,721	77,120,774	66,055,705
6.	Mortgage guaranty	0		0
8.	Ocean marine	0		0
9.	Inland marine	366,281	1,295,646	1,197,632
10.	Financial guaranty	0		0
11.1	Medical professional liability-occurrence	275,428	1,363,475	1,191,365
11.2	Medical professional liability-claims made	7,591	21,129	8,080
12.	Earthquake	10,263	82,632	76,048
13.	Group accident and health	0		0
14.	Credit accident and health	0		0
15.	Other accident and health	0		0
16.	Workers' compensation	35,339,556	112,885,931	111,221,534
17.1	Other liability occurrence	6,948,439	22,967,884	19,631,794
17.2	Other liability-claims made	278,399	994,652	767,611
17.3	Excess Workers' Compensation	0		0
18.1	Products liability-occurrence	1,458,332	6,821,610	6,018,618
18.2	Products liability-claims made	0		0
19.1,19.2	Private passenger auto liability	7,929	15,260	13,565
19.3,19.4	Commercial auto liability	6,533,253	21,395,039	18,067,148
21.	Auto physical damage	2,349,000	8,152,303	6,179,420
22.	Aircraft (all perils)	0	0	0
23.	Fidelity	0	0	0
24.	Surety	53,341	171,700	65,028
26.	Burglary and theft	41,077	125,974	84,592
27.	Boiler and machinery	106,372	337,655	320,660
28.	Credit	0		0
29.	International	0		0
30.	Warranty	0		0
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business	0	0	0
35.	TOTALS	78,064,696	258,414,222	235,298,856
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498.	Sum. of remaining write-ins for Line 34 from overflow page	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	2016 Loss and LAE Payments on Claims Reported as of Prior Year-End	2016 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2016 Loss and LAE Payments (Cols. 4 + 5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7 + 8 + 9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4 + 7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11 + 12)
1. 2013 + Prior .....			.....0			.....0				.....0	.....0	.....0	.....0
2. 2014 .....			.....0			.....0				.....0	.....0	.....0	.....0
3. Subtotals 2014 + prior .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2015.....			.....0			.....0				.....0	.....0	.....0	.....0
5. Subtotals 2015 + prior .....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2016 .....	.....XXX	.....XXX	.....XXX	.....XXX		.....0	.....XXX			.....0	.....XXX	.....XXX	.....XXX
7. Totals .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Prior Year-End Surplus As Regards Policy-holders	336,503										Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7
											1. 0.0	2. 0.0	3. 0.0
											Col. 13, Line 7 Line 8		
											4. 0.0		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	.....NO.....
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	.....YES.....
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	.....NO.....
4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	.....YES.....

Explanation:

- 1.
- 3.

Bar Code:

1.



286652016490000003

3.



286652016365000003

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		.0
2.2 Additional investment made after acquisition .....		.0
3. Current year change in encumbrances .....		.0
4. Total gain (loss) on disposals .....		.0
5. Deduct amounts received on disposals .....		.0
6. Total foreign exchange change in book/adjusted carrying value .....		.0
7. Deduct current year's other-than-temporary impairment recognized .....		.0
8. Deduct current year's depreciation .....		.0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	.0	.0
10. Deduct total nonadmitted amounts .....	.0	.0
11. Statement value at end of current period (Line 9 minus Line 10) .....	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		.0
2.2 Additional investment made after acquisition .....		.0
3. Capitalized deferred interest and other .....		.0
4. Accrual of discount .....		.0
5. Unrealized valuation increase (decrease) .....		.0
6. Total gain (loss) on disposals .....		.0
7. Deduct amounts received on disposals .....		.0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		.0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		.0
10. Deduct current year's other-than-temporary impairment recognized .....		.0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	.0	.0
12. Total valuation allowance .....		.0
13. Subtotal (Line 11 plus Line 12) .....	.0	.0
14. Deduct total nonadmitted amounts .....	.0	.0
15. Statement value at end of current period (Line 13 minus Line 14) .....	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	.0	.0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....	2,924	.0
2.2 Additional investment made after acquisition .....		.0
3. Capitalized deferred interest and other .....		.0
4. Accrual of discount .....		.0
5. Unrealized valuation increase (decrease) .....		.0
6. Total gain (loss) on disposals .....		.0
7. Deduct amounts received on disposals .....		.0
8. Deduct amortization of premium and depreciation .....		.0
9. Total foreign exchange change in book/adjusted carrying value .....		.0
10. Deduct current year's other-than-temporary impairment recognized .....		.0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	2,924	.0
12. Deduct total nonadmitted amounts .....	.0	.0
13. Statement value at end of current period (Line 11 minus Line 12) .....	2,924	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	339,850,076	338,796,813
2. Cost of bonds and stocks acquired .....	42,596,967	52,982,467
3. Accrual of discount .....	73,155	91,783
4. Unrealized valuation increase (decrease) .....	14,906,585	(9,122,799)
5. Total gain (loss) on disposals .....	184,152	2,527,430
6. Deduct consideration for bonds and stocks disposed of .....	31,967,052	44,462,257
7. Deduct amortization of premium .....	773,963	963,361
8. Total foreign exchange change in book/adjusted carrying value .....		.0
9. Deduct current year's other-than-temporary impairment recognized .....		.0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	364,869,921	339,850,076
11. Deduct total nonadmitted amounts .....	.0	.0
12. Statement value at end of current period (Line 10 minus Line 11) .....	364,869,921	339,850,076



STATEMENT AS OF SEPTEMBER 30, 2016 OF THE CINCINNATI CASUALTY COMPANY

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a).....	166,529,274	6,822,818	1,764,919	(688,207)	170,333,192	166,529,274	170,898,965	167,902,258
2. NAIC 2 (a).....	89,152,258	1,521,695	500,000	(1,343,093)	90,206,388	89,152,258	88,830,860	88,589,196
3. NAIC 3 (a).....	1,985,000		1,789,985	1,845,294	1,850,000	1,985,000	2,040,308	1,780,000
4. NAIC 4 (a).....	1,880,000			90,000	1,750,000	1,880,000	1,970,000	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	259,546,532	8,344,513	4,054,905	(96,006)	264,139,580	259,546,532	263,740,134	258,271,454
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	0				0	0	0	0
9. NAIC 2 .....	0				0	0	0	0
10. NAIC 3 .....	0				0	0	0	0
11. NAIC 4 .....	0				0	0	0	0
12. NAIC 5 .....	0				0	0	0	0
13. NAIC 6 .....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	259,546,532	8,344,513	4,054,905	(96,006)	264,139,580	259,546,532	263,740,134	258,271,454

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

NAIC 3 \$ ..... ; NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

Schedule DA - Part 1

NONE

Schedule DA - Verification

NONE

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

## E03

**Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter**

[illegible]

## E04

[illegible]

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

STATEMENT AS OF SEPTEMBER 30, 2016 OF THE CINCINNATI CASUALTY COMPANY

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																					
34282C-JS-1...	FL MUNICIPAL LOAN COUNCIL		09/15/2016	SECURITY CALLED BY ISSUER at 100.000		265,000	265,000	264,245	264,867		53		53		264,919		81	81	8,276	10/01/2017	1FE
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						265,000	265,000	264,245	264,867	0	53	0	53	0	264,919	0	81	81	8,276	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
05348E-AL-3...	AVALONBAY COMMUNITIES		09/15/2016	MATURITY		500,000	500,000	524,680	503,017		(3,017)		(3,017)		500,000			0	28,750	09/15/2016	1FE
084670-BB-3...	BERKSHIRE HATHAWAY INC		08/15/2016	MATURITY		1,000,000	1,000,000	998,310	999,779		221		221		1,000,000			0	22,000	08/15/2016	1FE
127055-AG-6...	CABOT CORP		09/28/2016	SECURITY CALLED BY ISSUER at 100.051		1,790,910	1,790,000	1,779,529	1,788,702		1,284		1,284		1,789,985		924	924	88,506	10/01/2016	3FE
06739F-GF-2...	BARCLAYS BANK PLC		09/22/2016	MATURITY		500,000	500,000	499,355	499,923		78		78		500,000			0	25,000	09/22/2016	2FE
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						3,790,910	3,790,000	3,801,874	3,791,420	0	(1,435)	0	(1,435)	0	3,789,985	0	924	924	164,256	XXX	XXX
8399997 - Subtotals - Bonds - Part 4						4,055,910	4,055,000	4,066,118	4,056,287	0	(1,382)	0	(1,382)	0	4,054,905	0	1,005	1,005	172,531	XXX	XXX
8399999 - Subtotals - Bonds						4,055,910	4,055,000	4,066,118	4,056,287	0	(1,382)	0	(1,382)	0	4,054,905	0	1,005	1,005	172,531	XXX	XXX
9999999 Totals						4,055,910	XXX	4,066,118	4,056,287	0	(1,382)	0	(1,382)	0	4,054,905	0	1,005	1,005	172,531	XXX	XXX

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

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE





SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter							
1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
NONE							
8699999 Total Cash Equivalents					0	0	0



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2016 OF THE CINCINNATI CASUALTY COMPANY

Designate the type of health care providers  
reported on this page.  
Physicians

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

States, Etc.		1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
				3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama	AL								
2. Alaska	AK								
3. Arizona	AZ								
4. Arkansas	AR								
5. California	CA								
6. Colorado	CO								
7. Connecticut	CT								
8. Delaware	DE								
9. District of Columbia	DC								
10. Florida	FL								
11. Georgia	GA	9,482	6,610			461			2,178
12. Hawaii	HI								
13. Idaho	ID								
14. Illinois	IL								
15. Indiana	IN								
16. Iowa	IA								
17. Kansas	KS								
18. Kentucky	KY		466			(442)			
19. Louisiana	LA								
20. Maine	ME								
21. Maryland	MD	3,292	875			564			564
22. Massachusetts	MA								
23. Michigan	MI								
24. Minnesota	MN								
25. Mississippi	MS								
26. Missouri	MO								
27. Montana	MT								
28. Nebraska	NE								
29. Nevada	NV								
30. New Hampshire	NH								
31. New Jersey	NJ								
32. New Mexico	NM								
33. New York	NY								
34. North Carolina	NC	11,396	8,550			10,152			13,542
35. North Dakota	ND								
36. Ohio	OH	44,056	32,142			(5,257)			3,510
37. Oklahoma	OK								
38. Oregon	OR								
39. Pennsylvania	PA								
40. Rhode Island	RI								
41. South Carolina	SC								
42. South Dakota	SD								
43. Tennessee	TN								
44. Texas	TX	1,236	773			190			190
45. Utah	UT								
46. Vermont	VT								
47. Virginia	VA								
48. Washington	WA								
49. West Virginia	WV								
50. Wisconsin	WI								
51. Wyoming	WY								
52. American Samoa	AS								
53. Guam	GU								
54. Puerto Rico	PR								
55. U.S. Virgin Islands	VI								
56. Northern Mariana Islands	MP								
57. Canada	CAN								
58. Aggregate other alien	OT	0	0	0	0	0	0	0	0
59. Totals		69,462	49,415	0	0	5,668	0	0	19,984
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998.	Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2016 OF THE CINCINNATI CASUALTY COMPANY

Designate the type of health care providers  
reported on this page.  
Hospitals

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

States, Etc.		1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
				3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama	AL								
2. Alaska	AK								
3. Arizona	AZ								
4. Arkansas	AR								
5. California	CA								
6. Colorado	CO								
7. Connecticut	CT								
8. Delaware	DE								
9. District of Columbia	DC								
10. Florida	FL								
11. Georgia	GA								
12. Hawaii	HI								
13. Idaho	ID								
14. Illinois	IL								
15. Indiana	IN								
16. Iowa	IA								
17. Kansas	KS								
18. Kentucky	KY								
19. Louisiana	LA								
20. Maine	ME								
21. Maryland	MD								
22. Massachusetts	MA								
23. Michigan	MI								
24. Minnesota	MN								
25. Mississippi	MS								
26. Missouri	MO								
27. Montana	MT								
28. Nebraska	NE								
29. Nevada	NV								
30. New Hampshire	NH								
31. New Jersey	NJ								
32. New Mexico	NM								
33. New York	NY								
34. North Carolina	NC								
35. North Dakota	ND								
36. Ohio	OH								
37. Oklahoma	OK								
38. Oregon	OR								
39. Pennsylvania	PA								
40. Rhode Island	RI								
41. South Carolina	SC								
42. South Dakota	SD								
43. Tennessee	TN								
44. Texas	TX								
45. Utah	UT								
46. Vermont	VT								
47. Virginia	VA	1,962	1,472			414			414
48. Washington	WA								
49. West Virginia	WV								
50. Wisconsin	WI								
51. Wyoming	WY								
52. American Samoa	AS								
53. Guam	GU								
54. Puerto Rico	PR								
55. U.S. Virgin Islands	VI								
56. Northern Mariana Islands	MP								
57. Canada	CAN								
58. Aggregate other alien	OT	0	0	0	0	0	0	0	0
59. Totals		1,962	1,472	0	0	414	0	0	414
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998. Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2016 OF THE CINCINNATI CASUALTY COMPANY

Designate the type of health care providers reported on this page.  
Other Health Care Professionals

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

States, Etc.		1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
				3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama	AL	58,262	45,200			(8,043)			8,020
2. Alaska	AK								
3. Arizona	AZ	26,012	21,584			(81)			4,307
4. Arkansas	AR	9,217	6,643			414			1,797
5. California	CA								
6. Colorado	CO	14,345	11,173			550			3,301
7. Connecticut	CT								
8. Delaware	DE								
9. District of Columbia	DC								
10. Florida	FL	974	203			44			44
11. Georgia	GA	29,703	28,604			397,463	423,703	2	6,823
12. Hawaii	HI								
13. Idaho	ID	6,470	7,442			560			1,939
14. Illinois	IL	90,211	83,897			6,164	8,500	1	23,289
15. Indiana	IN	11,241	9,029			(7,910)	202,731	2	(895)
16. Iowa	IA	6,715	4,522			(883)			195
17. Kansas	KS	49,048	44,183			939			12,448
18. Kentucky	KY	19,469	14,675			(8,556)			(3,582)
19. Louisiana	LA								
20. Maine	ME								
21. Maryland	MD	11,583	9,176			875			1,986
22. Massachusetts	MA								
23. Michigan	MI	164,497	122,446			54,857	50,000	1	29,160
24. Minnesota	MN	3,523	3,470			105			999
25. Mississippi	MS								
26. Missouri	MO	6,475	5,722			441			1,287
27. Montana	MT	8,256	7,960			(611)			2,422
28. Nebraska	NE	3,077	2,726			(231)			809
29. Nevada	NV								
30. New Hampshire	NH								
31. New Jersey	NJ								
32. New Mexico	NM								
33. New York	NY					(1,335)			(2,273)
34. North Carolina	NC	36,370	32,317	1,951	1	54,464	20,000	1	43,219
35. North Dakota	ND								
36. Ohio	OH	136,277	130,675			(17,909)	32,098	2	10,857
37. Oklahoma	OK								
38. Oregon	OR	8,193	9,698			1,084			2,347
39. Pennsylvania	PA	54,508	51,109			86,524	110,000	2	2,009
40. Rhode Island	RI								
41. South Carolina	SC								
42. South Dakota	SD					(176)			(112)
43. Tennessee	TN	87,883	59,306			3,501			16,634
44. Texas	TX	33,776	23,282			18,860	20,324	2	5,192
45. Utah	UT	2,925	1,874			(19)			532
46. Vermont	VT								
47. Virginia	VA	27,598	20,863			(1,127)			5,822
48. Washington	WA	14,013	7,979			1,444			1,444
49. West Virginia	WV	12,644	8,152			72			1,325
50. Wisconsin	WI	7,417	5,953			(10,371)			(4,750)
51. Wyoming	WY	2,035	1,526			(197)			426
52. American Samoa	AS								
53. Guam	GU								
54. Puerto Rico	PR								
55. U.S. Virgin Islands	VI								
56. Northern Mariana Islands	MP								
57. Canada	CAN								
58. Aggregate other alien	OT	0	0	0	0	0	0	0	0
59. Totals		942,717	781,391	1,951	1	570,911	867,356	13	177,021
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998. Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2016 OF THE CINCINNATI CASUALTY COMPANY

Designate the type of health care providers  
reported on this page.  
Other Health Care Facilities

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

States, Etc.		1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
				3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama	AL	105,627	81,994			(3,191)	64,867	1	14,539
2. Alaska	AK								
3. Arizona	AZ								
4. Arkansas	AR								
5. California	CA								
6. Colorado	CO								
7. Connecticut	CT								
8. Delaware	DE								
9. District of Columbia	DC								
10. Florida	FL								
11. Georgia	GA								
12. Hawaii	HI								
13. Idaho	ID								
14. Illinois	IL								
15. Indiana	IN		730			(3,035)			
16. Iowa	IA								
17. Kansas	KS								
18. Kentucky	KY					60,402	147,842	3	
19. Louisiana	LA								
20. Maine	ME								
21. Maryland	MD								
22. Massachusetts	MA								
23. Michigan	MI	13,848	13,999			(2,687)			2,455
24. Minnesota	MN								
25. Mississippi	MS								
26. Missouri	MO								
27. Montana	MT								
28. Nebraska	NE								
29. Nevada	NV								
30. New Hampshire	NH								
31. New Jersey	NJ								
32. New Mexico	NM								
33. New York	NY								
34. North Carolina	NC		215,088			(65,202)	368,249	3	
35. North Dakota	ND								
36. Ohio	OH	148,018	111,610		1	(66,632)	295,794	2	11,792
37. Oklahoma	OK								
38. Oregon	OR								
39. Pennsylvania	PA	102,970	119,400			605,653	947,081	3	3,795
40. Rhode Island	RI								
41. South Carolina	SC								
42. South Dakota	SD								
43. Tennessee	TN								
44. Texas	TX								
45. Utah	UT								
46. Vermont	VT								
47. Virginia	VA								
48. Washington	WA								
49. West Virginia	WV								
50. Wisconsin	WI		473			(667)			
51. Wyoming	WY								
52. American Samoa	AS								
53. Guam	GU								
54. Puerto Rico	PR								
55. U.S. Virgin Islands	VI								
56. Northern Mariana Islands	MP								
57. Canada	CAN								
58. Aggregate other alien	OT	0	0	0	0	0	0	0	0
59. Totals		370,463	543,293	0	1	524,641	1,823,833	12	32,581
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998.	Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0



DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

NAIC Group Code 0244 Year To Date For The Period Ended 2016 NAIC Company Code 28665

If the reporting entity writes any director and officer (D&O) business, please provide the following:

1. Monoline Policies

1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred
\$ 5,822	\$ 5,685	\$ 219

2. Commercial Multiple Peril (CMP) Packaged Policies

- 2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy?

Yes ☒ No ☐
- 2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated?

Yes ☒ No ☐
- 2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified:

\$ .....66,515

2.32 Amount estimated using reasonable assumptions:

\$ .....
- 2.4 If the answer to question 2.1 is yes, provide direct losses incurred (losses paid plus change in case reserves) for the D&O liability coverage provided in CMP packaged policies.

\$ .....15,214