



## PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

**ANNUAL STATEMENT  
For the Year Ended December 31, 2016  
OF THE CONDITION AND AFFAIRS OF THE  
CINCINNATI INDEMNITY COMPANY**

NAIC Group Code	0244 (Current Period)	0244 (Prior Period)	NAIC Company Code	23280	Employer's ID Number	31-1241230
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 (Street and Number)		FAIRFIELD, OH, US 45014-5141 (City or Town, State, Country and Zip Code)			
Main Administrative Office	6200 SOUTH GILMORE ROAD (Street and Number)		FAIRFIELD, OH, US 45014-5141 (City or Town, State, Country and Zip Code)			513-870-2000 (Area Code) (Telephone Number)
Mail Address	P.O. BOX 145496 (Street and Number or P.O. Box)		CINCINNATI, OH, US 45250-5496 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	6200 SOUTH GILMORE ROAD (Street and Number)		FAIRFIELD, OH, US 45014-5141 (City or Town, State, Country and Zip Code)			513-870-2000 (Area Code) (Telephone Number)
Internet Web Site Address	www.cinfin.com					
Statutory Statement Contact	Christina Scherpenberg (Name)		513-870-2000 (Area Code) (Telephone Number) (Extension)			
	Christina_scherpenberg@cinfin.com (E-Mail Address)		513-603-5500 (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 HOLLOWBECK	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 FREDERICK STEELE JR	CHARLES PHILIP STONEBURNER	TIMOTHY LEE TIMMEL
WILLIAM HAROLD VAN DEN HEUVEL	LARRY RUSSEL WEBB	II	

State of OHIO  
County of BUTLER

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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.

MICHAEL J. SEWELL  
CHIEF FINANCIAL OFFICER, SENIOR VICE  
PRESIDENT

THERESA A. HOFFER  
SENIOR VICE PRESIDENT, TREASURER

- a. Is this an original filing?
- b. If no:
  1. State the amendment number
  2. Date filed
  3. Number of pages attached

**ANNUAL STATEMENT FOR THE YEAR 2016 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).....	70,681,659		70,681,659	66,797,431
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	0		0	0
2.2 Common stocks .....		23,684,916	23,684,916	21,164,188
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 (\$ ..... 2,083,611 , Schedule E-Part 1), cash equivalents (\$ ..... 0 , Schedule E-Part 2) and short-term investments (\$ ..... 0 , Schedule DA).....		2,083,611	2,083,611	2,664,053
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA).....	2,924		2,924	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) .....	96,453,110	0	96,453,110	90,625,672
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	937,338		937,338	836,154
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 .....	18,075,180		18,075,180	15,156,065
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....	3,727,169		3,727,169	3,782,156
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	52,174		52,174	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 .....	11,091,190		11,091,190	13,981,538
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).....	130,336,161	0	130,336,161	124,381,586
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	130,336,161	0	130,336,161	124,381,586
<b>DETAILS OF WRITE-INS</b>				
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 2016 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)	.0	4,853
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)	1,231	2,168
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	.0	0
7.1 Current federal and foreign income taxes (including \$ ..... on realized capital gains (losses))	.0	19,813
7.2 Net deferred tax liability	3,761,070	2,968,366
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 \$ ..... 191,749,061 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)	32,449,843	32,469,151
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	940,915	1,130,890
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	3,743	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	.0	30,792
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	37,156,801	36,626,033
27. Protected cell liabilities	.0	0
28. Total liabilities (Lines 26 and 27)	37,156,801	36,626,033
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)	67,979,360	62,555,553
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)	93,179,360	87,755,553
38. Totals (Page 2, Line 28, Col. 3)	130,336,161	124,381,586
<b>DETAILS OF WRITE-INS</b>		
2501. Accounts Payable -- Other	.0	30,792
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)	0	30,792
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 2016 OF THE CINCINNATI INDEMNITY COMPANY**

**STATEMENT OF INCOME**

	1 Current Year	2 Prior Year
<b>UNDERWRITING INCOME</b>		
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
<b>INVESTMENT INCOME</b>		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....	3,415,249	3,210,013
10. Net realized capital gains (losses) less capital gains tax of \$ .....	652,083 (Exhibit of Capital Gains (Losses))	1,367,931 22,038
11. Net investment gain (loss) (Lines 9 + 10) .....	4,783,180	3,232,051
<b>OTHER INCOME</b>		
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
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) .....	4,783,180	3,232,051
17. Dividends to policyholders .....		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) .....	4,783,180	3,232,051
19. Federal and foreign income taxes incurred .....	655,743	572,946
20. Net income (Line 18 minus Line 19) (to Line 22) .....	4,127,437	2,659,105
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2) .....	87,755,553	85,579,254
22. Net income (from Line 20) .....	4,127,437	2,659,105
23. Net transfers (to) from Protected Cell accounts .....		0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ .....	731,175	1,357,898 (476,637)
25. Change in net unrealized foreign exchange capital gain (loss) .....		0
26. Change in net deferred income tax .....	(61,529)	(6,169)
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
30. Surplus (contributed to) withdrawn from protected cells .....		0
31. Cumulative effect of changes in accounting principles .....		0
32. Capital changes:		
32.1 Paid in .....		0
32.2 Transferred from surplus (Stock Dividend) .....		0
32.3 Transferred to surplus .....		0
33. Surplus adjustments:		
33.1 Paid in .....		0
33.2 Transferred to capital (Stock Dividend) .....		0
33.3 Transferred from capital .....		0
34. Net remittances from or (to) Home Office .....		0
35. Dividends to stockholders .....		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) .....	5,423,807	2,176,299
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37) .....	93,179,360	87,755,553
<b>DETAILS OF WRITE-INS</b>		
0501. .....		
0502. .....		
0503. .....		
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. .....		
1402. .....		
1403. .....		
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. .....		
3702. .....		
3703. .....		
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 2016 OF THE CINCINNATI INDEMNITY COMPANY**

**CASH FLOW**

		1 Current Year	2 Prior Year
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance		(19,308)	(328,481)
2. Net investment income		3,474,909	3,386,687
3. Miscellaneous income		0	0
4. Total (Lines 1 through 3)		3,455,601	3,058,206
5. Benefit and loss related payments		2,868,981	1,168,426
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 \$ 492,029 tax on capital gains (losses)		1,379,813	638,160
10. Total (Lines 5 through 9)		4,248,794	1,806,586
11. Net cash from operations (Line 4 minus Line 10)		(793,193)	1,251,620
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds		2,185,112	15,621,129
12.2 Stocks		4,586,372	0
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)		6,771,484	15,621,129
13. Cost of investments acquired (long-term only):			
13.1 Bonds		6,230,598	20,956,653
13.2 Stocks		2,998,535	0
13.3 Mortgage loans		0	0
13.4 Real estate		0	0
13.5 Other invested assets		633	0
13.6 Miscellaneous applications		0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)		9,229,767	20,956,653
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)		(2,458,282)	(5,335,523)
<b>Cash from Financing and Miscellaneous Sources</b>			
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)		2,671,034	1,137,241
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)		2,671,034	1,137,241
<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)		(580,442)	(2,946,662)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year		2,664,053	5,610,715
19.2 End of year (Line 18 plus Line 19.1)		2,083,612	2,664,053

Part 1  
**NONE**

Part 1A  
**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2016 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 .....	14,953,357			14,953,357		0
2. Allied lines .....	16,768,715			16,768,715		0
3. Farmowners multiple peril .....						0
4. Homeowners multiple peril .....						0
5. Commercial multiple peril .....	103,608,223			103,608,223		0
6. Mortgage guaranty .....						0
8. Ocean marine .....						0
9. Inland marine .....	7,166,754			7,166,754		0
10. Financial guaranty .....						0
11.1 Medical professional liability-occurrence .....	2,195,812			2,195,812		0
11.2 Medical professional liability-claims-made .....	3,453			3,453		0
12. Earthquake .....	290,511			290,511		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 .....	125,390,945		5	125,390,950		0
17.1 Other liability-occurrence .....	64,258,848			64,258,848		0
17.2 Other liability-claims-made .....	1,084,297			1,084,297		0
17.3 Excess workers' compensation .....						0
18.1 Products liability-occurrence .....	7,215,811			7,215,811		0
18.2 Products liability-claims-made .....						0
19.1, 19.2 Private passenger auto liability .....	38,243			38,243		0
19.3, 19.4 Commercial auto liability .....	57,232,157			57,232,157		0
21. Auto physical damage .....	25,824,567			25,824,567		0
22. Aircraft (all perils) .....						0
23. Fidelity .....						0
24. Surety .....						0
26. Burglary and theft .....	833,853			833,853		0
27. Boiler and machinery .....	1,583,048			1,583,048		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 .....	428,448,594	0	5	428,448,599	0	0
<b>DETAILS OF WRITE-INS</b>						
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 2016 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	3 Net Payments (Cols. 1 + 2 - 3)				
1. Fire	3,196,928		3,196,928	0	0	0	0	0.0
2. Allied lines	6,615,962		6,615,962	0	0	0	0	0.0
3. Farmowners multiple peril				0	0	0	0	0.0
4. Homeowners multiple peril				0	0	0	0	0.0
5. Commercial multiple peril	44,283,499		44,283,499	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	1,298,870		1,298,870	0	0	0	0	0.0
10. Financial guaranty				0	0	0	0	0.0
11.1 Medical professional liability-occurrence	183,617		183,617	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	46,073,240	14,304	46,087,544	0	0	0	0	0.0
17.1 Other liability-occurrence	13,286,499		13,286,499	0	0	0	0	0.0
17.2 Other liability-claims-made	124,309		124,309	0	0	0	0	0.0
17.3 Excess workers' compensation				0	0	0	0	0.0
18.1 Products liability-occurrence	1,117,316		1,117,316	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	13,557		13,557	0	0	0	0	0.0
19.3,19.4 Commercial auto liability	25,079,093		25,079,093	0	0	0	0	0.0
21. Auto physical damage	13,727,159		13,727,159	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	64,652		64,652	0	0	0	0	0.0
27. Boiler and machinery	131,982		131,982	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	155,196,683	14,304	155,210,987	0	0	0	0	0.0
<b>DETAILS OF WRITE-INS</b>								
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 2016 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 .....	1,603,647		1,603,647	0				0	0
2. Allied lines .....	3,199,443		3,199,443	0				0	0
3. Farmowners multiple peril .....				0				0	0
4. Homeowners multiple peril .....				0				0	0
5. Commercial multiple peril .....	38,193,199		38,193,199	0	3,466,000		3,466,000	0	0
6. Mortgage guaranty .....				0				0	0
8. Ocean marine .....				0				0	0
9. Inland marine .....	305,426		305,426	0				0	0
10. Financial guaranty .....				0				0	0
11.1 Medical professional liability-occurrence .....	1,013,250		1,013,250	0	103,000		103,000	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				(a)	0
15. Other accident and health .....				0				(a)	0
16. Workers' compensation .....	89,621,197	233,415	89,854,612	0	122,958,000	201,797	123,159,797	0	0
17.1 Other liability-occurrence .....	39,221,430		39,221,430	0	32,801,000		32,801,000	0	0
17.2 Other liability-claims-made .....	528,871		528,871	0				0	0
17.3 Excess workers' compensation .....				0				0	0
18.1 Products liability-occurrence .....	7,220,826		7,220,826	0	5,649,000		5,649,000	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 .....	46,408,203		46,408,203	0	10,955,000		10,955,000	0	0
21. Auto physical damage .....	1,374,535		1,374,535	0	596,000		596,000	0	0
22. Aircraft (all perils) .....				0				0	0
23. Fidelity .....				0				0	0
24. Surety .....				0				0	0
26. Burglary and theft .....	10,761		10,761	0				0	0
27. Boiler and machinery .....				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 .....	228,700,788	233,415	228,934,203	0	176,528,000	201,797	176,729,797	0	0
<b>DETAILS OF WRITE-INS</b>									
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 2016 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 .....	25,424,154	0	0	25,424,154
1.2 Reinsurance assumed .....	0	0	0	0
1.3 Reinsurance ceded .....	25,424,154	0	0	25,424,154
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 .....	55,715,932	0	0	55,715,932
2.2 Reinsurance assumed, excluding contingent .....	685	0	0	685
2.3 Reinsurance ceded, excluding contingent .....	55,716,618	0	0	55,716,618
2.4 Contingent-direct .....	12,600,000	0	0	12,600,000
2.5 Contingent-reinsurance assumed .....	0	0	0	0
2.6 Contingent-reinsurance ceded .....	12,600,000	0	0	12,600,000
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	1,156	0	1,156
6. Surveys and underwriting reports .....	0	0	0	0
7. Audit of assureds' records .....	0	(194)	0	(194)
8. Salary and related items:				
8.1 Salaries .....	43,821	0	0	43,821
8.2 Payroll taxes .....	0	2,754	0	2,754
9. Employee relations and welfare .....	0	11,100	0	11,100
10. Insurance .....	0	0	0	0
11. Directors' fees .....	0	0	0	0
12. Travel and travel items .....	0	659	0	659
13. Rent and rent items .....	0	1	0	1
14. Equipment .....	0	23,157	0	23,157
15. Cost or depreciation of EDP equipment and software .....	0	114	0	114
16. Printing and stationery .....	0	0	0	0
17. Postage, telephone and telegraph, exchange and express .....	0	2	0	2
18. Legal and auditing .....	0	12,541	0	12,541
19. Totals (Lines 3 to 18) .....	0	0	95,110	95,110
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	95,110	(a) 95,110
26. Less unpaid expenses-current year .....	0	0	1,231	1,231
27. Add unpaid expenses-prior year .....	0	0	2,168	2,168
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	96,047	96,047
<b>DETAILS OF WRITE-INS</b>				
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 2016 OF THE CINCINNATI INDEMNITY COMPANY**

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a) .17,224	17,223
1.1 Bonds exempt from U.S. tax .....	(a) 1,324,917	1,387,651
1.2 Other bonds (unaffiliated) .....	(a) 1,416,133	1,459,156
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) .....	656,072	646,328
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 .....	3,414,348	3,510,359
11. Investment expenses .....	(g) .95,110	95,110
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	0
15. Aggregate write-ins for deductions from investment income .....	0	0
16. Total deductions (Lines 11 through 15) .....	95,110	95,110
17. Net investment income (Line 10 minus Line 16) .....	3,415,249	3,415,249
<b>DETAILS OF WRITE-INS</b>		
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 \$ 25,935 accrual of discount less \$ 187,716 amortization of premium and less \$ 22,899 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 .....	523	.....	523	.....	.....
1.2 Other bonds (unaffiliated) .....	0	.....	0	.....	.....
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) .....	2,019,492	0	2,019,492	2,089,073	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) .....	2,020,015	0	2,020,015	2,089,073	0
<b>DETAILS OF WRITE-INS</b>			0	.....	.....
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 2016 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
<b>DETAILS OF WRITE-INS</b>			
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 2016 OF THE CINCINNATI INDEMNITY COMPANY

## NOTES TO FINANCIAL STATEMENTS

### 1. Summary of Significant Accounting Policies and Going Concern

#### A. Accounting Practices

The financial statements of The Cincinnati Indemnity Company (the Company) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

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

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

	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>2016</u>	<u>2015</u>
<b>NET INCOME</b>					
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 4,127,437	\$ 2,659,105
(2) State Prescribed Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(3) State Permitted Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 4,127,437	\$ 2,659,105
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 93,179,360	\$ 87,755,553
(6) State Prescribed Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(7) State Permitted Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 93,179,360	\$ 87,755,553

#### 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 Policies

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. Cash equivalents, highly liquid debt instruments with original maturities of 90 days or less, and short term investments are carried at amortized cost, which approximates fair value.
2. Fixed maturities (bonds and notes) are valued and reported in accordance with the *NAIC Purposes and Procedures Manual of the NAIC Investment Analysis Office*, generally at amortized cost using the scientific interest method with one exception. Fixed maturities with an NAIC designation 3 through 6 are carried at the lower of amortized cost or fair value, with the difference reflected in assigned surplus.
3. Common stocks of non-affiliates are stated at fair values.
4. The Company does not have any investments in preferred stocks.
5. The Company does not have any investments in mortgage loans.
6. The Company does not have any investments in loan-backed and structured securities.
7. The Company does not have any investments in non-insurance subsidiaries, controlled or affiliated companies.
8. The Company's investment in joint ventures, partnerships, and limited liability entities consist of limited liability companies that invest in low income housing tax credit properties and are carried at proportional amortized cost.
9. The Company does not have any investments in derivatives.
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, the Company would incorporate consideration of the related investment income it would expect to earn. However, to date the Company has not had to proceed to this step in order to demonstrate that no premium deficiency exists.

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CINCINNATI INDEMNITY COMPANY**

**NOTES TO FINANCIAL STATEMENTS**

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 capitalization policy from a prior period.

13. The Company has no pharmaceutical rebate receivables.

**D. Going Concern**

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

**2. Accounting Changes and Correction of Errors**

The Company had no material changes in accounting principles and/or corrections of errors.

**3. Business Combinations and Goodwill – 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. Investments in Low-Income Housing Tax Credits (LIHTC)

1. The Company has one LIHTC investment with 11 years of unexpired tax credits and a 12 year required holding period remaining.

2. The Company did not recognize any tax credits or other tax benefits associated with its LIHTC investments during the years ended December 31, 2016 and 2015, respectively.

3. The Company has LIHTC investment balances of \$2,924 as of December 31, 2016.

4. The Company is not aware that any LIHTC investments were subject to any regulatory reviews.

5. The Company's LIHTC investments do not exceed 10% of net admitted assets.

6. The Company did not recognize any impairment on LIHTC investments during the statement periods presented.

7. There were no write-downs or reclassifications made due to the forfeiture or ineligibility of tax credits, etc., in 2016.

**H. Restricted Assets**

**1. Restricted Assets (Including Pledged)**

Restricted Asset Category	Gross (Admitted and Nonadmitted) Restricted					6	7	8	9	Percentage							
	Current Year																
	1	2	3	4	5												
Restricted Asset Category	Total General Account (GIA)	GIA Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting GIA Activity (b)	Total (1 plus 3)	Total from Prior Year	Increased / (Decrease) (5 minus 6)	Total Nonadmitted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)						
a. Subject to contractual obligation for which liability is not shown	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.00%	0.00%						
b. Collateral held under security lending agreements	0	0	0	0	0	0	0	0	0	0.00%	0.00%						
c. Subject to repurchase agreements	0	0	0	0	0	0	0	0	0	0.00%	0.00%						
d. Subject to reverse repurchase agreements	0	0	0	0	0	0	0	0	0	0.00%	0.00%						
e. Subject to dollar repurchase agreements	0	0	0	0	0	0	0	0	0	0.00%	0.00%						
f. Subject to dollar reverse repurchase agreements	0	0	0	0	0	0	0	0	0	0.00%	0.00%						
g. Placed under option contracts	0	0	0	0	0	0	0	0	0	0.00%	0.00%						
h. Letter stock or securities restricted to sale - excluding FHLB capital stock	0	0	0	0	0	0	0	0	0	0.00%	0.00%						
i. FHLB capital stock	0	0	0	0	0	0	0	0	0	0.00%	0.00%						
j. On deposit with states	10,902,362	0	0	0	10,902,362	10,726,757	176,225	0	10,902,362	8.37%	8.37%						
k. On deposit with other regulatory bodies	0	0	0	0	0	0	0	0	0	0.00%	0.00%						
l. Pledged collateral to FHLB (including assets backing funding agreements)	0	0	0	0	0	0	0	0	0	0.00%	0.00%						
m. Pledged as collateral not captured in other categories	0	0	0	0	0	0	0	0	0	0.00%	0.00%						
n. Other restricted assets	0	0	0	0	0	0	0	0	0	0.00%	0.00%						
o. Total Restricted Assets	\$ 10,902,362	\$ 0	\$ 0	\$ 0	\$ 10,902,362	\$ 10,726,757	\$ 176,225	\$ 0	\$ 10,902,362	8.37%	8.37%						

(a) Subset of column 1

(b) Subset of column 3

(c) Column 5 divided by Asset Page, Column 1, Line 28

(d) Column 5 divided by Asset Page, Column 3, Line 28

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

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CINCINNATI INDEMNITY COMPANY**

**NOTES TO FINANCIAL STATEMENTS**

3. Detail of Other Restricted Assets – Not applicable  
 4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements – Not applicable

I. Working Capital Finance Investments – Not applicable  
 J. Offsetting and Netting of Assets and Liabilities – Not applicable  
 K. Structured Notes – Not applicable  
 L. 5\* Securities – 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. The Company does not admit investment income due and accrued if amounts are over 90 days past due.  
 B. No amount of investment income was excluded.

**8. Derivative Instruments – Not applicable**

**9. Income Taxes**

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

1.

	2016		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 0	\$ 79,212	\$ 79,212
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	79,212	79,212
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	79,212	79,212
(f) Deferred Tax Liabilities	\$ 8,918	\$ 3,831,364	\$ 3,840,282
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (8,918)	\$ (3,752,152)	\$ (3,761,070)

	2015		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 0	\$ 139,960	\$ 139,960
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	139,960	139,960
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	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)

	Change		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 0	\$ (60,748)	\$ (60,748)
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	(60,748)	(60,748)
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	(60,748)	(60,748)
(f) Deferred Tax Liabilities	\$ 781	\$ 731,175	\$ 731,956
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (781)	\$ (791,923)	\$ (792,704)

2.

	2016		
	Ordinary	Capital	Total
Admission Calculation Components SSAP No. 101			
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 0	\$ 0	\$ 0
(b) Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	0	0	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	0	0	0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	13,976,904
(c) Adjusted Gross Deferred Tax Assets (Excluding the amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	0	79,212	79,212
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	\$ 0	\$ 79,212	\$ 79,212

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CINCINNATI INDEMNITY COMPANY**

**NOTES TO FINANCIAL STATEMENTS**

	2015		
	Ordinary	Capital	Total
Admission Calculation Components SSAP No. 101			
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 0	\$ 0	\$ 0
(b)Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	0	0	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	0	0	0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	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	0	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))	\$ 0	\$ 139,960	\$ 139,960

	Change		
	Ordinary	Capital	Total
Admission Calculation Components SSAP No. 101			
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 0	\$ 0	\$ 0
(b)Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	0	0	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	0	0	0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	813,571
(c)Adjusted Gross Deferred Tax Assets (Excluding the amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	0	(60,748)	(60,748)
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	\$ 0	\$ (60,748)	\$ (60,748)

3.

	2016	2015
	Percentage	Percentage
(a)Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	3172%	3119%
(b)Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	\$ 93,179,360	\$ 87,755,553

4.

	2016		
	Ordinary	Capital	Total
Impact of Tax Planning Strategies			
(a)Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.			
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 0	\$ 79,212	\$ 79,212
2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%	0.00%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 0	\$ 79,212	\$ 79,212
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.			

	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)	\$ 0	\$ 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)	\$ 0	\$ 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.			

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CINCINNATI INDEMNITY COMPANY**

**NOTES TO FINANCIAL STATEMENTS**

	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)	\$ 0	\$ (60,748)	\$ (60,748)
2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%	0.00%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 0	\$ (60,748)	\$ (60,748)
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	\$ 655,743	\$ 572,946	\$ 82,797
(b) Foreign	0	0	0
(c) Subtotal	655,743	572,946	82,797
(d) Federal income tax on capital gains/(losses)	652,083	11,867	640,216
(e) Utilization of capital loss carryforwards	0	0	0
(f) Other	0	0	0
(g) Federal income taxes incurred	\$ 1,307,826	\$ 584,813	\$ 723,013

2. Deferred tax assets:

	2016	2015	Change
(a) Ordinary			
1. Unearned premium reserve	\$ 0	\$ 0	\$ 0
2. Unpaid loss reserve	0	0	0
3. Contingent commission	0	0	0
4. Nonadmitted assets	0	0	0
5. Other deferred tax assets	0	0	0
99. Subtotal	\$ 0	\$ 0	\$ 0
(b) Statutory valuation allowance adjustment	0	0	0
(c) Nonadmitted	0	0	0
(d) Admitted ordinary deferred tax assets ((2(a)99-2(b)-2(c))	\$ 0	\$ 0	\$ 0
(e) Capital			
1. Investments	\$ 79,212	\$ 139,960	\$ (60,748)
2. Unrealized loss on investments	0	0	0
99. Subtotal	\$ 79,212	\$ 139,960	\$ (60,748)
(f) Statutory valuation allowance	0	0	0
(g) Nonadmitted	0	0	0
(h) Admitted capital deferred tax assets ((2(e)99- 2(f)-2(g))	\$ 79,212	\$ 139,960	\$ (60,748)
(i) Admitted deferred tax assets (2(d)+2(h))	\$ 79,212	\$ 139,960	\$ (60,748)

3. Deferred tax liabilities:

	2016	2015	Change
(a) Ordinary			
1. Commission expense	\$ 0	\$ 0	\$ 0
2. Other, net	8,918	8,137	781
99. Subtotal	\$ 8,918	\$ 8,137	\$ 781
(b) Capital			
1. Unrealized gain on investments	\$ 3,831,364	\$ 3,100,189	\$ 731,175
99. Subtotal	\$ 3,831,364	\$ 3,100,189	\$ 731,175
(c) Deferred tax liabilities (3(a)99+3(b)99)	\$ 3,840,282	\$ 3,108,326	\$ 731,956
4. Net deferred tax assets/(liabilities) (2(i)-3(c)):	\$ (3,761,070)	\$ (2,968,366)	\$ (792,704)

**D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate**

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, 2016	December 31, 2015	Change
Total deferred tax assets	\$ 79,212	\$ 139,960	\$ (60,748)
Total deferred tax liabilities	3,840,282	3,108,326	731,956
Net deferred tax asset/liability)	\$ (3,761,070)	\$ (2,968,366)	\$ (792,704)
Tax effect of unrealized gains/(losses)			731,175
Change in net deferred income tax (charge)/benefit			\$ (61,529)
	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)

# ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CINCINNATI INDEMNITY COMPANY

## NOTES TO FINANCIAL STATEMENTS

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, 2016		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 5,435,263	\$ 1,902,342	35.00 %
Net tax exempt interest	(1,170,980)	(409,843)	(7.54)%
Net dividends received deduction (DRD)	(363,849)	(127,347)	(2.34)%
Other items permanent, net	36	12	0.00 %
DRD on accrued	11,974	4,191	0.07 %
Total	\$ 3,912,444	\$ 1,369,355	25.19 %
 Federal income tax expense incurred/(benefit)			
Tax on capital gains/(losses)	\$ 1,873,552	\$ 655,743	12.06 %
Change in net deferred income tax charge/(benefit)	1,863,095	652,083	12.00 %
Total statutory income taxes incurred/(benefit)	175,797	61,529	1.13 %
	\$ 3,912,444	\$ 1,369,355	25.19 %

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 (DRD)	(366,833)	(128,391)	(3.96)%
Other items permanent, net	9	3	0.00 %
DRD on accrued	(2,576)	(902)	(0.02)%
Total	\$ 1,688,517	\$ 590,981	18.22 %
 Federal income tax expense incurred/(benefit)			
Tax on capital gains/(losses)	\$ 1,636,988	\$ 572,946	17.66 %
Change in net deferred income tax charge/(benefit)	33,905	11,867	0.37 %
Total statutory income taxes incurred/(benefit)	17,624	6,168	0.19 %
	\$ 1,688,517	\$ 590,981	18.22 %

### E. Operating Loss and Tax Credit Carryforwards

At December 31, 2016 the Company had no net operating loss carryforwards or capital loss carryforwards.

The following is income tax expense for the current and prior years that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2016	\$ 655,743	\$ 652,083	\$ 1,307,826
2015	572,946	11,867	584,813
2014	0	207,467	207,467
Total	\$ 1,228,689	\$ 871,417	\$ 2,100,106

At December 31, 2016 the Company had no protective tax deposits under Section 6603 of the Internal Revenue Code.

### F. Consolidated Federal Income Tax Return

1. The Company's federal income tax return is consolidated with the following entities:

Cincinnati Financial Corporation (Parent)  
 The Cincinnati Insurance Company  
 The Cincinnati Life Insurance Company  
 The Cincinnati Casualty Company  
 The Cincinnati Specialty Underwriters Insurance Company  
 CFC Investment Company  
 CSU Producer Resources, Inc.

2. The method of allocation between the companies is subject to a written agreement, approved by the Board of Directors, whereby allocation is made primarily on a separate return basis, with the company receiving a current benefit for losses generated to the extent federal taxes are reduced for the consolidated tax group. 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 Income Tax Loss Contingencies

For the years ended December 31, 2016 and 2015, 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 2012 and earlier. The statute of limitations for state income tax purposes has closed for tax years 2012 and earlier. As of December 31, 2016, there are no U.S. federal or state returns under examination.

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

### A. Nature of Relationships

The Company is a wholly-owned subsidiary of The Cincinnati Insurance Company (See Schedule Y, Part 1, Organizational Chart).

### B. Detail of Transactions Greater than 1/2% of Admitted Assets – Not applicable

### C. Change in Terms of Intercompany Agreements – Not Applicable

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CINCINNATI INDEMNITY COMPANY

### NOTES TO FINANCIAL STATEMENTS

#### D. Amounts Due to or from Related Parties

At December 31, 2016, the Company reported \$11,091,190 due from the Parent Company, The Cincinnati Insurance Company. Also at December 31, 2016, the Company reported \$3,743 due to the Ultimate Parent, Cincinnati Financial Corporation. The terms of the settlement require that these amounts be settled within 30 days.

#### E. Guarantees or Contingencies for Related Parties – Not applicable

#### F. Management, Service Contracts, Cost Sharing Arrangements

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. Nature of Relationships that Could Affect Operations

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. Amount Deducted from Value of an Investment in Upstream Entity – Not applicable

- I. Investment in an SCA that exceeds 10% of Admitted Assets – Not applicable
- J. Impairment Writedowns related to Investments in SCA entities – Not applicable
- K. Investment in Foreign Insurance Subsidiaries – Not applicable
- L. Investment in Downstream Noninsurance Holding Company – Not applicable
- M. All SCA Investments (Except 8bi Entities) – Not applicable
- N. Investment in Insurance SCA Entities Utilizing Permitted or Prescribed Practices – Not applicable

#### 11. Debt

- A. Borrowings – Not applicable
- B. 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. Defined Benefit Plan Assets – Not applicable
- C. Fair Value Measurement of Defined Benefit Plan Assets – Not Applicable
- D. Defined Benefit Plan Rate of Return on Assets Assumptions – 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 the plan.
2. Defined Contribution Plan - The Company participates in a qualified, defined contribution plan sponsored by Cincinnati Financial Corporation, the Ultimate Parent. The Company has no legal obligation for benefits under the plan. Cincinnati Financial Corporation allocates amounts to the Company based on an inter-company management fee. The Company's share of net expense for the defined contribution plan was \$1,883 and \$1,749 for 2016 and 2015, respectively.

#### H. Postemployment Benefits and Compensated Absences – Not applicable

#### I. Impact of Medicare Modernization Act on Postretirement Benefits – Not applicable

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CINCINNATI INDEMNITY COMPANY**

**NOTES TO FINANCIAL STATEMENTS**

**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. The maximum amount of dividends or distributions which may be paid to stockholders by property and casualty companies domiciled in the state of Ohio without prior approval or expiration of a 30 day waiting period without disapproval of the Director of Insurance is the greater of net income or 10% of policyholders' surplus as of the preceding December 31, but only to the extent of earned surplus as of the preceding December 31. The maximum amount of ordinary dividends or distributions the Company may pay in 2017 based upon surplus is \$9,317,936.
4. The Company did not pay any dividends during 2016.
5. Within the limitations of item 3 above, there are no specific 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. Mutual Surplus Advances – Not applicable
8. Company Stock Held for Special Purposes – Not applicable
9. Changes in Special Surplus Funds – Not applicable
10. The portion of unassigned funds (surplus) represented or (reduced) by cumulative unrealized gains/(losses) are \$10,946,755 offset by deferred tax of \$3,831,364 for a net balance of \$7,115,391.
11. Surplus Notes – Not applicable
12. Restatement of Quasi-Reorganization – Not applicable
13. Date of Quasi-Reorganization – Not applicable

**14. Liabilities, Contingencies and Assessments**

**A. Contingent Commitments**

As of December 31, 2016, the Company has \$2,291 of legally binding, unfunded commitments related to LIHTC property investments reported as liabilities within the balance sheet. The Company expects to fund \$2,217 and \$74 in 2017 and 2018, respectively

**B. Assessments**

The Company was not aware of any material assessments as of December 31, 2016.

**C. Gain Contingencies – Not applicable**

**D. Claims Related to Extra Contractual Obligations or Bad Faith Claims Stemming from Lawsuits – Not applicable**

**E. Product Warranties – Not applicable**

**F. Joint and Several Liabilities – Not applicable**

**G. All Other Contingencies**

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 – Not applicable**

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

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

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

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

# ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CINCINNATI INDEMNITY COMPANY

## NOTES TO FINANCIAL STATEMENTS

### 20. Fair Value Measurements

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

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

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

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

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

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

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

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

The following table presents the Company's assets measured and reported at fair value by level within the fair value hierarchy as of December 31, 2016:

Assets at Fair Value:

	Level 1	Level 2	Level 3	Total
Common Stock	\$ 23,684,916	\$ 0	\$ 0	\$ 23,684,916

2. Fair Value Measurements in Level 3 of the Fair Value Hierarchy – Not applicable
3. Transfers between levels are assumed to occur at the beginning of the period.

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CINCINNATI INDEMNITY COMPANY**

**NOTES TO FINANCIAL STATEMENTS**

4. Inputs and Techniques Used for Level 2 and Level 3 Fair Values – See narrative in Note 20A1.

B. Other Fair Value Disclosures – Not applicable

C. Fair Values for all Financial Instruments by Level

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds	\$ 72,357,282	\$ 70,681,659	\$ 969,074	\$ 71,388,207	\$ 0	\$ 0
Common Stock	23,684,916	23,684,916	23,684,916	0	0	0

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

**21. Other Items**

A. Unusual or Infrequent Items – Not applicable

B. Troubled Debt Restructuring – Not applicable

C. Other Disclosures

Assets in the amount of \$10,902,982 and \$10,726,757 at December 31, 2016 and 2015, 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 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, the Company has no equity investments in SCA entities with subprime exposure nor does it underwrite any form of mortgage guaranty or financial guaranty insurance.

G. Insurance-Linked Securities (ILS) Contracts – Not applicable

**22. Subsequent Events**

The Company has considered subsequent events through February 28, 2017, the date of issuance of these statutory financial statements. There were no events occurring subsequent to December 31, 2016, which may have a material effect on the Company.

**23. Reinsurance**

A. Unsecured Reinsurance Recoverable

The Company does not have an unsecured aggregate recoverable for paid and unpaid losses, loss adjustment expenses and unearned premiums from any individual reinsurer that exceeds 3% of policyholders' surplus.

B. Reinsurance Recoverable in Dispute – Not applicable

C. Reinsurance Assumed and Ceded

1.

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium	Commission	Premium	Commission	Premium	Commission
	Reserve	Equity	Reserve	Equity	Reserve	Equity
a. Affiliates	\$ 0	\$ 0	\$ 191,749,061	\$ 24,416,771	\$ (191,749,061)	\$ (24,416,771)
b. All Other	0	0	0	0	0	0
c. Total	\$ 0	\$ 0	\$ 191,749,061	\$ 24,416,771	\$ (191,749,061)	\$ (24,416,771)
d. Direct Unearned Premium Reserve			\$ 191,749,061			

2.

REINSURANCE				
	Direct	Assumed	Ceded	Net
a. Contingent Commission	\$ 12,600,000	\$ 0	\$ 12,600,000	\$ 0
b. Sliding Scale Adjustments	0	0	0	0
c. Other Profit Commission Arrangements	0	0	0	0
d. Total	\$ 12,600,000	\$ 0	\$ 12,600,000	\$ 0

3. Protected Cell – Not applicable

D. Uncollectible Reinsurance – Not applicable

E. Commutation of Ceded Reinsurance – Not applicable

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CINCINNATI INDEMNITY COMPANY**

**NOTES TO FINANCIAL STATEMENTS**

- F. Retroactive Reinsurance – Not applicable
- G. Reinsurance Accounted for as a Deposit – Not applicable
- H. Disclosure 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 Agreement Qualifying for Reinsurer Aggregation – Not applicable

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

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

**26. Intercompany Pooling Arrangements** – Not applicable

**27. Structured Settlements** – Not applicable

**28. Health Care Receivables** – Not applicable

**29. Participating Policies** – Not applicable

**30. Premium Deficiency Reserves**

1. Liability carried for premium deficiency reserves	\$0
2. Date of most recent evaluation of this liability	01/18/2017
3. Was anticipated investment income utilized in the calculation	No

**31. High Deductibles** – Not applicable

**32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses**

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

**33. Asbestos and Environmental Reserves**

A. 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 ( ) No (X)

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.

	<b>ASBESTOS LOSSES</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
1.	<b>Direct</b>	<b>Direct</b>	<b>Direct</b>	<b>Direct</b>	<b>Direct</b>	<b>Direct</b>
Beginning Reserves	\$ 0	\$ 0	\$ 180,400	\$ 80,327	\$ 71,775	
Incurred Loss & LAE	0	192,300	1,139	29,936	(64,275)	
Calendar year payments for Loss and LAE	0	11,900	101,212	38,488	0	
Ending Reserves	\$ 0	\$ 180,400	\$ 80,327	\$ 71,775	\$ 7,500	
2.	<b>Assumed</b>	<b>Assumed</b>	<b>Assumed</b>	<b>Assumed</b>	<b>Assumed</b>	<b>Assumed</b>
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	
3.	<b>Net</b>	<b>Net</b>	<b>Net</b>	<b>Net</b>	<b>Net</b>	<b>Net</b>
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	

B. Ending Reserves for Asbestos Claims for Bulk and IBNR Losses Included in A above:

	<b>IBNR Reserves</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Direct	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Assumed	0	0	0	0	0	0
Net	0	0	0	0	0	0

C. Ending Reserves for Asbestos Claims for LAE Included in A above (Case, Bulk and IBNR):

	<b>LAE Reserves</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Direct	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Assumed	0	0	0	0	0	0
Net	0	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CINCINNATI INDEMNITY COMPANY**

**NOTES TO FINANCIAL STATEMENTS**

D. 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 Company's environmental losses for each of the five most recent calendar years were as follows:

	<b>ENVIRONMENTAL LOSSES</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
1.	<b>Direct</b>	<b>Direct</b>	<b>Direct</b>	<b>Direct</b>	<b>Direct</b>	<b>Direct</b>
Beginning Reserves	\$ 0	\$ 0	\$ 169,000	\$ 108,542	\$ 225,083	
Incurred Loss & LAE	0	287,774	201,143	234,334	777,894	
Calendar year payments for Loss and LAE	0	118,774	261,601	117,793	550,016	
Ending Reserves	\$ 0	\$ 169,000	\$ 108,542	\$ 225,083	\$ 452,961	
2.	<b>Assumed</b>	<b>Assumed</b>	<b>Assumed</b>	<b>Assumed</b>	<b>Assumed</b>	<b>Assumed</b>
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	
3.	<b>Net</b>	<b>Net</b>	<b>Net</b>	<b>Net</b>	<b>Net</b>	<b>Net</b>
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	

E. Ending Reserves for Environmental Claims for Bulk and IBNR Losses Included in D above:

	<b>IBNR Reserves</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Direct	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
Assumed	0	0	0	0	0	
Net	0	0	0	0	0	

F. Ending Reserves for Environmental Claims for LAE included in D above (Case, Bulk and IBNR):

	<b>LAE Reserves</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Direct	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
Assumed	0	0	0	0	0	
Net	0	0	0	0	0	

**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 2006 & prior.

Parts 2&3-The prior line on last year's statement is combined with the year 2006 total. Paid amounts prior to 2007 are then subtracted from this sum to arrive at the prior figure.

Part 4-The sum of the prior year line and the 2006 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 2005 from the prior schedule P. Counts for accident year 2006 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 2006AY of the prior year's Schedule P to arrive at the new prior number.

**ANNUAL STATEMENT FOR THE YEAR 2016 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: .....  
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 .....  
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 .....0.0  
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).

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

**ANNUAL STATEMENT FOR THE YEAR 2016 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?  
Kevin Bingham; Deloitte Consulting LLP; City Place I, 33rd Floor; 185 Asylum Street; Hartford, CT 06103-3402.....

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.....0

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 2016 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: \$..... 11,091,190

### 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 2016 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:

25.21 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	\$..... 10,902,982
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 [  ]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes [  ] No [  ] N/A [  ]

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 [  ]

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, III – 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?

Yes [  ] No [  ]

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 2016 OF THE CINCINNATI INDEMNITY COMPANY**

**GENERAL INTERROGATORIES**

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

1 Name of Firm or Individual	2 Affiliation
.....	.....
.....	.....
.....	.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s assets?

Yes [ ] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity’s assets?

Yes [ ] No [ ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

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

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
.....	.....	.....
.....	.....	.....
.....	.....	.....
<b>29.2999 TOTAL</b>		<b>0</b>

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.....	70,681,659	72,357,282	1,675,623
30.2 Preferred Stocks.....	0	0	0
<b>30.3 Totals</b>	<b>70,681,659</b>	<b>72,357,282</b>	<b>1,675,623</b>

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 [ X ] No [ ]

32.2 If no, list exceptions:

ANNUAL STATEMENT FOR THE YEAR 2016 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? \$ ..... 1,681,223  
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? \$ ..... 695  
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
HUNTER WARFIELD INC.....	\$.....550

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 2016 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	\$ ..... 0	\$ ..... 4,853
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 [ ] No [ X ]

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

3.21 Participating policies ..... \$ .....  
3.22 Non-participating policies ..... \$ .....

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 2016 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 If yes, give full information.....

8.1 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?.....

8.2 If yes, give full information.....

9.1 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 ]

9.2 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.

9.3 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.

9.4 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 ]

9.5 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 2016 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 reporting entity 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 2016 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 2016 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 2016	2 2015	3 2014	4 2013	5 2012
<b>Gross Premiums Written</b> (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) .....	257,419,571	264,980,707	249,520,213	215,874,270	175,685,982
2. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	65,837,757	63,047,366	58,542,963	47,582,658	37,274,118
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	105,191,271	107,394,896	97,589,791	78,890,626	62,754,021
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	750	0	(37)
5. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
6. Total (Line 35) .....	428,448,599	435,422,969	405,653,716	342,347,554	275,714,084
<b>Net Premiums Written</b> (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
<b>Statement of Income</b> (Page 4)					
13. Net underwriting gain (loss) (Line 8) .....	0	0	0	0	0
14. Net investment gain (loss) (Line 11) .....	4,783,180	3,232,051	3,741,247	3,006,756	2,845,710
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) .....	655,743	572,946	616,693	575,365	473,636
18. Net income (Line 20) .....	4,127,437	2,659,105	3,124,554	2,431,391	2,372,074
<b>Balance Sheet Lines</b> (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3) .....	130,336,161	124,381,586	123,020,536	110,714,383	101,397,660
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) .....	37,156,801	36,626,033	37,441,282	28,709,604	25,232,809
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) .....	93,179,360	87,755,553	85,579,254	82,004,779	76,164,851
<b>Cash Flow</b> (Page 5)					
27. Net cash from operations (Line 11) .....	(793,193)	1,251,620	7,863,216	387,406	3,123,247
<b>Risk-Based Capital Analysis</b>					
28. Total adjusted capital .....	93,179,360	87,755,553	85,579,254	82,004,779	76,164,851
29. Authorized control level risk-based capital .....	2,937,983	2,813,895	3,118,215	3,031,828	2,376,740
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</b>					
(Page 2, Col. 3)(Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1) .....	73.3	73.7	69.1	72.0	76.6
31. Stocks (Lines 2.1 & 2.2) .....	24.6	23.4	24.6	26.0	21.4
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) .....	2.2	2.9	6.3	2.0	2.1
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
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
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 .....	0	0	0	0	0
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 2016 OF THE CINCINNATI INDEMNITY COMPANY**

**FIVE-YEAR HISTORICAL DATA**

**(Continued)**

	1 2016	2 2015	3 2014	4 2013	5 2012
<b>Capital and Surplus Accounts (Page 4)</b>					
51. Net unrealized capital gains (losses) (Line 24) .....	1,357,898	(476,637)	467,978	3,370,291	818,836
52. Dividends to stockholders (Line 35) .....	0	0	0	0	0
53. Change in surplus as regards policyholders for the year (Line 38) .....	5,423,807	2,176,299	3,574,475	5,839,928	3,145,355
<b>Gross Losses Paid (Page 9, Part 2, Cols. 1 &amp; 2)</b>					
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) .....	85,891,934	79,566,415	70,968,694	54,037,134	47,735,987
55. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	24,903,571	28,520,720	25,667,919	17,587,750	15,575,419
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	44,415,482	32,511,866	31,920,383	26,530,759	13,857,076
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) .....	155,210,987	140,599,001	128,556,996	98,155,644	77,168,482
<b>Net Losses Paid (Page 9, Part 2, Col. 4)</b>					
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
<b>Operating Percentages (Page 4)</b> (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
<b>Other Percentages</b>					
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
<b>One Year Loss Development (000 omitted)</b>					
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
<b>Two Year Loss Development (000 omitted)</b>					
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 2016 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	2,245	2,245	137	137	245	245	0	0	XXX	
2. 2007	88,472	88,472	0	38,309	38,309	3,586	3,586	4,584	4,584	0	0	XXX	
3. 2008	76,636	76,636	0	39,455	39,455	3,288	3,288	4,693	4,693	0	0	XXX	
4. 2009	69,698	69,698	0	29,465	29,465	2,958	2,958	4,000	4,000	0	0	XXX	
5. 2010	67,935	67,935	0	32,443	32,443	2,897	2,897	5,502	5,502	0	0	XXX	
6. 2011	94,276	94,276	0	45,055	45,055	4,173	4,173	10,322	10,322	0	0	XXX	
7. 2012	233,507	233,507	0	106,746	106,746	9,409	9,409	18,411	18,411	0	0	XXX	
8. 2013	312,989	312,989	0	118,817	118,817	10,885	10,885	18,932	18,932	0	0	XXX	
9. 2014	375,994	375,994	0	121,886	121,886	10,583	10,583	21,658	21,658	0	0	XXX	
10. 2015	426,974	426,974	0	106,444	106,444	6,237	6,237	18,575	18,575	0	0	XXX	
11. 2016	432,819	432,819	0	79,360	79,360	2,616	2,616	10,347	10,347	0	0	XXX	
12. Totals	XXX	XXX	XXX	720,226	720,226	56,769	56,769	117,269	117,269	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.	17,694	17,694	31,611	31,611	0	0	1,919	1,919	152	152	0	0	XXX
2.	2,736	2,736	5,989	5,989	0	0	330	330	27	27	0	0	XXX
3.	2,784	2,784	6,598	6,598	0	0	408	408	29	29	0	0	XXX
4.	2,165	2,165	4,594	4,594	0	0	322	322	35	35	0	0	XXX
5.	2,211	2,211	5,458	5,458	0	0	415	415	47	47	0	0	XXX
6.	4,871	4,871	5,484	5,484	0	0	561	561	76	76	0	0	XXX
7.	15,169	15,169	7,080	7,080	0	0	2,845	2,845	397	397	0	0	XXX
8.	14,963	14,963	10,851	10,851	0	0	6,232	6,232	1,105	1,105	0	0	XXX
9.	43,065	43,065	14,351	14,351	0	0	11,710	11,710	3,470	3,470	0	0	XXX
10.	51,893	51,893	31,480	31,480	0	0	18,683	18,683	7,097	7,097	0	0	XXX
11.	71,384	71,384	53,234	53,234	0	0	24,345	24,345	15,126	15,126	0	0	XXX
12.	228,934	228,934	176,730	176,730	0	0	67,770	67,770	27,561	27,561	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		
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Direct and Assumed	Ceded		
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0	0
2.	55,560	55,560	0	62.8	62.8	0.0	0	0		0	0	0
3.	57,255	57,255	0	74.7	74.7	0.0	0	0		0	0	0
4.	43,539	43,539	0	62.5	62.5	0.0	0	0		0	0	0
5.	48,974	48,974	0	72.1	72.1	0.0	0	0		0	0	0
6.	70,541	70,541	0	74.8	74.8	0.0	0	0		0	0	0
7.	160,057	160,057	0	68.5	68.5	0.0	0	0		0	0	0
8.	181,785	181,785	0	58.1	58.1	0.0	0	0		0	0	0
9.	226,723	226,723	0	60.3	60.3	0.0	0	0		0	0	0
10.	240,409	240,409	0	56.3	56.3	0.0	0	0		0	0	0
11.	256,412	256,412	0	59.2	59.2	0.0	0	0		0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	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 2016 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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	11 One Year	12 Two Year
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2007	0	0	0	0	0	0	0	0	0	0	0	0
3. 2008	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2009	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2011	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2012	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2016	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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016		
1. Prior	000	0	0	0	0	0	0	0	0	0	XXX	XXX
2. 2007	0	0	0	0	0	0	0	0	0	0	XXX	XXX
3. 2008	XXX	0	0	0	0	0	0	0	0	0	XXX	XXX
4. 2009	XXX	XXX	0	0	0	0	0	0	0	0	XXX	XXX
5. 2010	XXX	XXX	XXX	0	0	0	0	0	0	0	XXX	XXX
6. 2011	XXX	XXX	XXX	XXX	0	0	0	0	0	0	XXX	XXX
7. 2012	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	XXX	XXX
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	XXX	XXX
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX	XXX
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX
11. 2016	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 2016
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015		
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2007	0	0	0	0	0	0	0	0	0	0	0
3. 2008	XXX	0	0	0	0	0	0	0	0	0	0
4. 2009	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2010	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2011	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2012	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**ANNUAL STATEMENT FOR THE YEAR 2016 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	6,789,928	7,127,605	0	2,140,865	2,554,078	4,221,533	2,392	
2. Alaska	AK	0	0	0	0	0	0	0	0
3. Arizona	AZ	12,164,141	12,538,955	0	2,972,320	4,428,158	10,379,151	1,673	
4. Arkansas	AR	4,146,796	4,339,586	0	862,785	755,475	3,928,363	1,212	
5. California	CA	430,943	442,003	0	322,820	455,082	387,929	20	
6. Colorado	CO	17,939,440	18,011,361	0	11,350,871	14,780,027	15,328,898	.825	
7. Connecticut	CT	503,452	498,443	0	293,433	397,486	413,695	.18	
8. Delaware	DE	1,909,284	1,658,257	0	372,045	500,929	1,339,216	.537	
9. Dist. Columbia	DC	178,134	232,180	0	(7,180)	(20,305)	68,114	20	
10. Florida	FL	24,012,076	23,642,928	0	2,107,718	5,168,107	11,318,798	13,105	
11. Georgia	GA	12,683,346	13,433,777	0	7,849,044	9,630,959	13,438,849	2,900	
12. Hawaii	HI	7,679	7,505	0	0	.823	2,063	0	
13. Idaho	ID	4,218,952	4,149,191	0	1,512,837	3,449,199	6,594,512	.808	
14. Illinois	IL	41,720,583	43,518,398	0	12,194,582	18,198,581	42,618,238	7,390	
15. Indiana	IN	20,903,771	21,200,981	0	7,650,082	9,694,132	23,376,053	3,988	
16. Iowa	IA	11,047,689	12,208,332	0	3,480,796	1,875,461	20,216,156	3,880	
17. Kansas	KS	6,322,683	6,506,273	0	2,243,173	2,293,453	7,235,844	1,473	
18. Kentucky	KY	9,268,751	9,437,870	0	3,936,470	9,123,114	11,235,264	3,453	
19. Louisiana	LA	367,305	303,026	0	76,862	186,363	211,588	0	
20. Maine	ME	9,994	8,663	0	0	735	3,056	0	
21. Maryland	MD	11,260,471	11,456,482	0	4,253,732	5,255,529	17,344,278	2,064	
22. Massachusetts	MA	18,293	3,737	0	0	.572	.572	0	
23. Michigan	MI	20,925,144	21,302,852	0	6,142,298	8,735,977	19,430,126	5,494	
24. Minnesota	MN	14,043,119	14,248,180	0	4,586,631	4,092,621	8,987,458	2,700	
25. Mississippi	MS	166,572	179,710	0	.114,552	124,639	154,587	0	
26. Missouri	MO	11,650,567	11,636,367	0	2,928,778	(244,734)	12,380,167	2,873	
27. Montana	MT	2,873,370	2,878,829	0	1,204,027	1,111,589	1,134,363	.827	
28. Nebraska	NE	5,027,093	5,233,096	0	2,252,498	2,403,383	8,055,547	443	
29. Nevada	NV	101,775	110,278	0	16,413	.94,077	147,857	0	
30. New Hampshire	NH	3,050,848	3,039,330	0	697,150	1,068,898	1,434,888	.987	
31. New Jersey	NJ	269,573	235,062	0	9,653	.77,590	100,529	0	
32. New Mexico	NM	3,601,472	3,553,152	0	834,758	1,216,318	1,853,419	.87	
33. New York	NY	5,971,611	6,121,562	0	2,497,676	2,629,598	6,705,394	.790	
34. No. Carolina	NC	17,120,989	17,059,700	0	6,373,215	6,621,803	16,069,439	3,995	
35. No. Dakota	ND	1,910,340	2,126,876	0	524,982	186,212	518,291	.722	
36. Ohio	OH	32,243,977	30,881,632	0	10,846,816	13,422,600	17,756,582	21,554	
37. Oklahoma	OK	138,667	139,546	0	31,031	75,503	180,099	0	
38. Oregon	OR	2,471,616	2,022,497	0	.662,346	1,254,864	1,774,897	.225	
39. Pennsylvania	PA	34,373,798	35,088,704	0	16,794,281	19,227,266	33,460,123	12,790	
40. Rhode Island	RI	35,952	35,848	0	0	4,084	11,121	0	
41. So. Carolina	SC	4,251,583	4,307,788	0	1,515,840	2,625,662	6,027,122	.577	
42. So. Dakota	SD	2,108,622	2,039,936	0	744,408	808,416	2,086,295	.251	
43. Tennessee	TN	18,337,787	18,508,674	0	4,372,829	7,577,038	20,699,540	3,625	
44. Texas	TX	20,332,881	20,601,131	0	13,757,302	16,639,972	14,301,056	.861	
45. Utah	UT	4,298,136	4,142,471	0	.798,671	.593,842	3,245,162	.501	
46. Vermont	VT	3,473,689	3,393,805	0	2,050,368	3,703,865	5,846,446	.594	
47. Virginia	VA	16,781,015	16,952,737	0	6,739,389	6,708,019	14,934,318	3,190	
48. Washington	WA	3,228,351	3,041,040	0	660,316	1,133,349	2,104,107	.87	
49. West Virginia	WV	3,437,000	3,663,476	0	1,163,091	986,963	2,428,233	1,217	
50. Wisconsin	WI	9,301,696	8,460,227	0	2,119,407	2,983,922	12,676,834	3,069	
51. Wyoming	WY	1,017,640	1,088,606	0	1,144,707	2,040,383	1,062,621	.491	
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	428,448,594	432,818,664	0	155,196,683	196,631,676	405,228,788	113,708

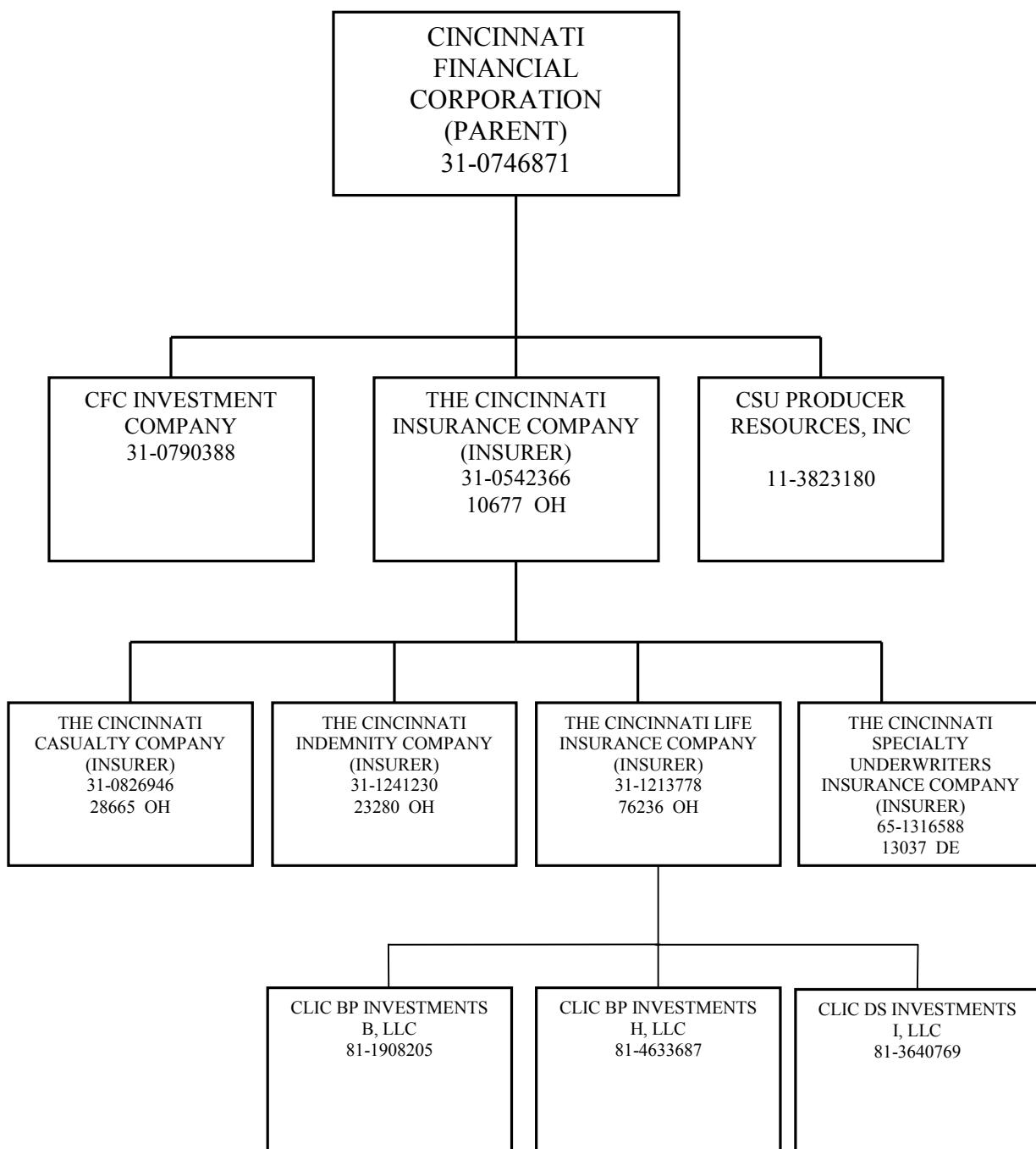
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business 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 ACTIVITIES OF  
INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1  
– ORGANIZATIONAL CHART**



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