



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT
AS OF MARCH 31, 2017
OF THE CONDITION AND AFFAIRS OF THE
CINCINNATI INDEMNITY COMPANY

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

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

Country of Domicile United States of America

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

Statutory Home Office 6200 SOUTH GILMORE ROAD, FAIRFIELD, OH, US 45014-5141

Main Administrative Office 6200 SOUTH GILMORE ROAD, FAIRFIELD, OH, US 45014-5141

Mail Address P.O. BOX 145496, CINCINNATI, OH, US 45250-5496

Primary Location of Books and Records 6200 SOUTH GILMORE ROAD, FAIRFIELD, OH, US 45014-5141

Internet Website Address WWW.CINFIN.COM

Statutory Statement Contact CHRISTINA SCHERPENBERG, christina_scherpenberg@cinfin.com

OFFICERS

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

OTHER

TERESA CURRIN CRACAS, SENIOR VICE PRESIDENT
MARTIN FRANCIS HOLLENBECK, SENIOR VICE PRESIDENT
MARTIN JOSEPH MULLEN, SENIOR VICE PRESIDENT
TIMOTHY LEE TIMMEL, SENIOR VICE PRESIDENT
DONALD JOSEPH DOYLE JR, SENIOR VICE PRESIDENT
JOHN SCOTT KELLINGTON, SENIOR VICE PRESIDENT
JACOB FERDINAND SCHERER, EXECUTIVE VICE PRESIDENT
WILLIAM HAROLD VAN DEN HEUVEL, SENIOR VICE PRESIDENT
SEAN MICHAEL GIVLER #, SENIOR VICE PRESIDENT
LISA ANNE LOVE, SENIOR VICE PRESIDENT, CORPORATE SECRETARY
STEPHEN MICHAEL SPRAY, SENIOR VICE PRESIDENT

DIRECTORS OR TRUSTEES

WILLIAM FORREST BAHL
DONALD JOSEPH DOYLE JR
STEVEN JUSTUS JOHNSTON
WILLIAM RODNEY MCMULLEN
JACOB FERDINAND SCHERER
STEPHEN MICHAEL SPRAY
TIMOTHY LEE TIMMEL
GREGORY THOMAS BIER
SEAN MICHAEL GIVLER #
JOHN SCOTT KELLINGTON
MARTIN JOSEPH MULLEN
THOMAS REID SCHIFF
KENNETH WILLIAM STECHER
WILLIAM HAROLD VAN DEN HEUVEL
TERESA CURRIN CRACAS
MARTIN FRANCIS HOLLENBECK
LISA ANNE LOVE
DAVID PAUL OSBORN
MICHAEL JAMES SEWELL
JOHN FREDERICK STEELE JR
LARRY RUSSEL WEBB

State of OHIO
County of BUTLER SS:

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

STEVEN J. JOHNSTON
CHIEF EXECUTIVE OFFICER, PRESIDENT

MICHAEL J. SEWELL
CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT

THERESA A. HOFFER
SENIOR VICE PRESIDENT, TREASURER

Subscribed and sworn to before me this 4TH day of MAY

a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

STATEMENT AS OF MARCH 31, 2017 OF THE CINCINNATI INDEMNITY COMPANY

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	71,103,438		71,103,438	70,681,659
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	24,416,555		24,416,555	23,684,916
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens.....				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$3,104,083), cash equivalents (\$) and short-term investments (\$)	3,104,083		3,104,083	2,083,611
6. Contract loans (including \$ premium notes)				
7. Derivatives				
8. Other invested assets				2,924
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	98,624,076		98,624,076	96,453,110
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	863,063		863,063	937,338
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	19,428,754		19,428,754	18,075,180
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts	8,065,805		8,065,805	3,727,169
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				52,174
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	5,722,165		5,722,165	11,091,190
24. Health care (\$) and other amounts receivable				
25. Aggregate write-ins for other than invested assets				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	132,703,864		132,703,864	130,336,161
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	132,703,864		132,703,864	130,336,161
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)				

STATEMENT AS OF MARCH 31, 2017 OF THE CINCINNATI INDEMNITY COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$)		
2. Reinsurance payable on paid losses and loss adjustment expenses		
3. Loss adjustment expenses		
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	1,308	1,231
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1 Current federal and foreign income taxes (including \$ 715 on realized capital gains (losses))	111,514	
7.2 Net deferred tax liability	4,018,781	3,761,070
8. Borrowed money \$ and interest thereon \$		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act)		
10. Advance premium		
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	33,018,722	32,449,843
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others	1,197,744	940,915
15. Remittances and items not allocated		
16. Provision for reinsurance (including \$ certified)		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates	3,743	3,743
20. Derivatives		
21. Payable for securities		
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$ and interest thereon \$		
25. Aggregate write-ins for liabilities		
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	38,351,811	37,156,801
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	38,351,811	37,156,801
29. Aggregate write-ins for special surplus funds		
30. Common capital stock	3,600,000	3,600,000
31. Preferred capital stock		
32. Aggregate write-ins for other than special surplus funds		
33. Surplus notes		
34. Gross paid in and contributed surplus	21,600,000	21,600,000
35. Unassigned funds (surplus)	69,152,053	67,979,360
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$)		
36.2 shares preferred (value included in Line 31 \$)		
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	94,352,053	93,179,360
38. Totals (Page 2, Line 28, Col. 3)	132,703,864	130,336,161
DETAILS OF WRITE-INS		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)		
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page		
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)		
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page		
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)		

STATEMENT AS OF MARCH 31, 2017 OF THE CINCINNATI INDEMNITY COMPANY

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 128,117,161)	104,369,420	109,181,421	432,818,664
1.2 Assumed (written \$ 0)		3	5
1.3 Ceded (written \$ 128,117,161)	104,369,420	109,181,424	432,818,669
1.4 Net (written \$)			
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	56,552,020	51,142,107	196,631,676
2.2 Assumed	(13,071)	3,585	(14,305)
2.3 Ceded	56,538,950	51,145,692	196,617,371
2.4 Net			
3. Loss adjustment expenses incurred			
4. Other underwriting expenses incurred			
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)			
7. Net income of protected cells			
8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)			
INVESTMENT INCOME			
9. Net investment income earned	859,455	816,879	3,415,249
10. Net realized capital gains (losses) less capital gains tax of \$ 1,049	840,443	995,262	1,367,931
11. Net investment gain (loss) (Lines 9 + 10)	1,699,898	1,812,141	4,783,180
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$)			
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income			
15. Total other income (Lines 12 through 14)			
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	1,699,898	1,812,141	4,783,180
17. Dividends to policyholders			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	1,699,898	1,812,141	4,783,180
19. Federal and foreign income taxes incurred	162,639	152,426	655,743
20. Net income (Line 18 minus Line 19)(to Line 22)	1,537,259	1,659,715	4,127,437
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	93,179,359	87,755,553	87,755,553
22. Net income (from Line 20)	1,537,259	1,659,715	4,127,437
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ (37,399)	(69,456)	226,432	1,357,898
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	(295,110)	(921)	(61,529)
27. Change in nonadmitted assets			
28. Change in provision for reinsurance			
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in			
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			
37. Aggregate write-ins for gains and losses in surplus			
38. Change in surplus as regards policyholders (Lines 22 through 37)	1,172,693	1,885,226	5,423,806
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	94,352,053	89,640,779	93,179,359
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)			
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)			
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page			
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)			

STATEMENT AS OF MARCH 31, 2017 OF THE CINCINNATI INDEMNITY COMPANY

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	568,879	1,743,162	(19,308)
2. Net investment income	979,183	812,208	3,474,909
3. Miscellaneous income			
4. Total (Lines 1 to 3)	1,548,062	2,555,370	3,455,601
5. Benefit and loss related payments	5,692,211	1,059,833	2,868,981
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions			
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)		20,000	1,379,813
10. Total (Lines 5 through 9)	5,692,211	1,079,833	4,248,794
11. Net cash from operations (Line 4 minus Line 10)	(4,144,149)	1,475,537	(793,193)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	1,158,127	1,916,251	2,185,112
12.2 Stocks		3,244,781	4,586,372
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,158,127	5,161,032	6,771,484
13. Cost of investments acquired (long-term only):			
13.1 Bonds	1,619,359	4,981,200	6,230,598
13.2 Stocks		1,671,476	2,998,535
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			633
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	1,619,418	6,652,676	9,229,766
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(461,292)	(1,491,644)	(2,458,282)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	5,625,913	(430,870)	2,671,034
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	5,625,913	(430,870)	2,671,034
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	1,020,472	(446,977)	(580,441)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	2,083,611	2,664,053	2,664,053
19.2 End of period (Line 18 plus Line 19.1)	3,104,083	2,217,076	2,083,612

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

--	--	--	--

NOTES TO FINANCIAL STATEMENTS

STATEMENT AS OF MARCH 31, 2017 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 as of March 31, 2017 and December 31, 2016:

	SSAP #	F/S Page	F/S Line #	2017	2016
NET INCOME					
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 1,537,259	\$ 4,127,437
(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	\$ 1,537,259	\$ 4,127,437
SURPLUS					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 94,352,053	\$ 93,179,360
(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	\$ 94,352,053	\$ 93,179,360

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

C. Accounting Policies – No significant change

D. Going Concern

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

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

3. Business Combinations and Goodwill – Not applicable

4. Discontinued Operations – Not applicable

5. Investments – No significant change

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

7. Investment Income – No significant change

8. Derivative Instruments – Not applicable

9. Income Taxes

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

1.

	March 31, 2017		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 0	\$ 0	\$ 0
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	0	0
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	0	0
(f) Deferred Tax Liabilities	\$ 8,955	\$ 4,009,826	\$ 4,018,781
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (8,955)	\$ (4,009,826)	\$ (4,018,781)

	December 31, 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)

	Change		
	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	\$ 37	\$ 178,462	\$ 178,499
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (37)	\$ (257,674)	\$ (257,711)

STATEMENT AS OF MARCH 31, 2017 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

2.

	March 31, 2017		
	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	14,152,808
(c)Adjusted Gross Deferred Tax Assets (Excluding the amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	0	0	0
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	\$ 0	\$ 0	\$ 0

	December 31, 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

	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	175,904
(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)

3.

	2017 Percentage	2016 Percentage
(a)Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	3172%	3172%
(b)Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	\$ 93,179,360	\$ 93,179,360

4.

	March 31, 2017		
	Ordinary	Capital	Total
Impact of Tax Planning Strategies			
(a)Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.			
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 0	\$ 0	\$ 0
2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%	0.00%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 0	\$ 0	\$ 0
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%	0.00%
(b)The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.			

STATEMENT AS OF MARCH 31, 2017 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

Impact of Tax Planning Strategies	December 31, 2016		
	Ordinary	Capital	Total
(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.			

Impact of Tax Planning Strategies	Change		
	Ordinary	Capital	Total
(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.			

B. Unrecognized DTLs – Not applicable

C. Current Tax and Change in Deferred Tax

1. Current income tax:

	March 31, 2017	December 31, 2016	Change
(a) Federal	\$ 162,639	\$ 655,743	\$ (493,104)
(b) Foreign	0	0	0
(c) Subtotal	162,639	655,743	(493,104)
(d) Federal income tax on capital gains/(losses)	1,049	652,083	(651,034)
(e) Utilization of capital loss carryforwards	0	0	0
(f) Other	0	0	0
(g) Federal income taxes incurred	\$ 163,688	\$ 1,307,826	\$ (1,144,138)

2. Deferred tax assets:

	March 31, 2017	December 31, 2016	Change
(a) Ordinary			
1. Unearned premium reserve	\$ 0	\$ 0	\$ 0
2. Unpaid loss reserve	0	0	0
3. Contingent commission	0	0	0
4. Nonadmitted assets	0	0	0
5. Other deferred tax assets	0	0	0
99. Subtotal	\$ 0	\$ 0	\$ 0
(b) Statutory valuation allowance adjustment	0	0	0
(c) Nonadmitted	0	0	0
(d) Admitted ordinary deferred tax assets (2(a)99-2(b)-2(c))	\$ 0	\$ 0	\$ 0
(e) Capital			
1. Investments	\$ 0	\$ 79,212	\$ (79,212)
2. Unrealized loss on investments	0	0	0
99. Subtotal	\$ 0	\$ 79,212	\$ (79,212)
(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))	\$ 0	\$ 79,212	\$ (79,212)
(i) Admitted deferred tax assets (2(d)+2(h))	\$ 0	\$ 79,212	\$ (79,212)

3. Deferred tax liabilities:

	March 31, 2017	December 31, 2016	Change
(a) Ordinary			
1. Commission expense	\$ 0	\$ 0	\$ 0
2. Other, net	8,955	8,918	37
99. Subtotal	\$ 8,955	\$ 8,918	\$ 37
(b) Capital			
1. Investments	\$ 215,861	\$ 0	\$ 215,861
2. Unrealized gain on investments	3,793,965	3,831,364	(37,399)
99. Subtotal	\$ 4,009,826	\$ 3,831,364	\$ 178,462
(c) Deferred tax liabilities (3(a)99+3(b)99)	\$ 4,018,781	\$ 3,840,282	\$ 178,499
4. Net deferred tax assets/(liabilities) (2(i)-3(c)):	\$ (4,018,781)	\$ (3,761,070)	\$ (257,711)

STATEMENT AS OF MARCH 31, 2017 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

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):

	March 31, 2017	December 31, 2016	Change
Total deferred tax assets	\$ 0	\$ 79,212	\$ (79,212)
Total deferred tax liabilities	4,018,781	3,840,282	178,499
Net deferred tax asset/(liability)	\$ (4,018,781)	\$ (3,761,070)	\$ (257,711)
Tax effect of unrealized gains/(losses)			(37,399)
Change in net deferred income tax (charge)/benefit			\$ (295,110)
	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)

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

Description	As of March 31, 2017		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 1,700,947	\$ 595,332	35.00 %
Net tax exempt interest	(302,563)	(105,897)	(6.22)%
Net dividends received deduction (DRD)	(87,376)	(30,582)	(1.80)%
Other items permanent, net	0	0	0.00 %
DRD on accrued	(156)	(55)	0.00 %
Total	\$ 1,310,852	\$ 458,798	26.98 %
Federal income tax expense incurred/(benefit)	\$ 464,683	\$ 162,639	9.56 %
Tax on capital gains/(losses)	2,997	1,049	0.07 %
Change in net deferred income tax charge/(benefit)	843,172	295,110	17.35 %
Total statutory income taxes incurred/(benefit)	\$ 1,310,852	\$ 458,798	26.98 %

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)	\$ 1,873,552	\$ 655,743	12.06 %
Tax on capital gains/(losses)	1,863,095	652,083	12.00 %
Change in net deferred income tax charge/(benefit)	175,797	61,529	1.13 %
Total statutory income taxes incurred/(benefit)	\$ 3,912,444	\$ 1,369,355	25.19 %

E. Operating Loss and Tax Credit Carryforwards

At March 31, 2017 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
2017	\$ 162,639	\$ 1,049	\$ 163,688
2016	655,743	652,083	1,307,826
2015	0	11,867	11,867
Total	\$ 818,382	\$ 664,999	\$ 1,483,381

At March 31, 2017 the Company had no protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated Federal Income Tax Return

- 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.

- 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.

STATEMENT AS OF MARCH 31, 2017 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

G. Federal or Foreign Income Tax Loss Contingencies

The Company did not have tax contingencies under the principles of SSAP No. 5, *Liabilities, Contingencies and Impairment of Assets*. This is subject to change but it is not expected to significantly increase in the 12 month period following the balance 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. There are no U.S. federal or state returns under examination.

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

A. Nature of Relationships – No significant change

B. Detail of Transactions Greater than ½% of Admitted Assets – Not applicable

C. Change in Terms of Intercompany Agreements – Not Applicable

D. Amounts Due to or from Related Parties

At March 31, 2017, the Company reported \$5,722,165 due from the Parent Company, The Cincinnati Insurance Company. Also at March 31, 2017, 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 – No significant change

G. Nature of Relationships that Could Affect Operations – No significant change

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

I. Investment in an SCA that exceeds 10% of Admitted Assets – Not applicable

J. Impairment Writedowns related to Investments in SCA entities – Not applicable

K. Investment in Foreign Insurance Subsidiaries – Not applicable

L. Investment in Downstream Noninsurance Holding Company – Not applicable

M. All SCA Investments (Except 8bi Entities) – Not applicable

N. Investment in Insurance SCA Entities Utilizing Permitted or Prescribed Practices – Not applicable

11. Debt – Not applicable

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans – No significant change

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations – No significant change

14. Liabilities, Contingencies and Assessments – No significant change

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

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.

STATEMENT AS OF MARCH 31, 2017 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

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.

Reclassification of certain financial instruments may occur when input observability changes. Reclassifications are reported as transfers into/out of the Level 3 category.

The following table presents the Company's assets measured and reported at fair value by level within the fair value hierarchy as of March 31, 2017:

Assets at Fair Value:

	Level 1	Level 2	Level 3	Total
Common Stock	\$ 24,416,555	\$ 0	\$ 0	\$ 24,416,555

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

B. Other Fair Value Disclosures – Not applicable

STATEMENT AS OF MARCH 31, 2017 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

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	\$ 73,171,806	\$ 71,103,438	\$ 969,635	\$ 72,202,171	\$ 0	\$ 0
Common Stock	24,416,555	24,416,555	24,416,555	0	0	0

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

21. **Other Items** – No significant change

22. Subsequent Events

The Company has considered subsequent events through May 12, 2017, the date of issuance of these statutory financial statements. There were no significant events occurring subsequent to March 31, 2017 requiring adjustment to or disclosure in the financial statements.

23. **Reinsurance** – No significant change

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

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

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

27. **Structured Settlements** – Not applicable

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

29. **Participating Policies** – Not applicable

30. **Premium Deficiency Reserves** – No significant change

31. **High Deductibles** – Not applicable

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

33. **Asbestos and Environmental Reserves** – No significant change

34. **Subscriber Savings Accounts** – Not applicable

35. **Multiple Peril Crop Insurance** – Not applicable

36. **Financial Guaranty Insurance** – Not applicable

37. **Other** – No significant change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2014
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 10/05/2015
- 6.4 By what department or departments?
Ohio
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [] N/A []
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [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 below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes 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.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes No
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes No
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 5,722,165

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes No
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$
13. Amount of real estate and mortgages held in short-term investments: \$
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes No
- 14.2 If yes, please complete the following:
- | | 1 | 2 |
|---|---|--|
| | Prior Year-End
Book/Adjusted
Carrying Value | Current Quarter
Book/Adjusted
Carrying Value |
| 14.21 Bonds | \$ | \$ |
| 14.22 Preferred Stock | \$ | \$ |
| 14.23 Common Stock | \$ | \$ |
| 14.24 Short-Term Investments | \$ | \$ |
| 14.25 Mortgage Loans on Real Estate | \$ | \$ |
| 14.26 All Other | \$ | \$ |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$ | \$ |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$ | \$ |
- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes No
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No
 If no, attach a description with this statement.

STATEMENT AS OF MARCH 31, 2017 OF THE CINCINNATI INDEMNITY COMPANY
GENERAL INTERROGATORIES

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2\$
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2\$
- 16.3 Total payable for securities lending reported on the liability page\$

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

- 17.4 If yes, give full information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation

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

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

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

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

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

- 18.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

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

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

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

3.2 If yes, give full and complete information thereto.

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

4.2 If yes, complete the following schedule:

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

5. Operating Percentages:

5.1 A&H loss percent %

5.2 A&H cost containment percent %

5.3 A&H expense percent excluding cost containment expenses %

6.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

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

6.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

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

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

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

STATEMENT AS OF MARCH 31, 2017 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

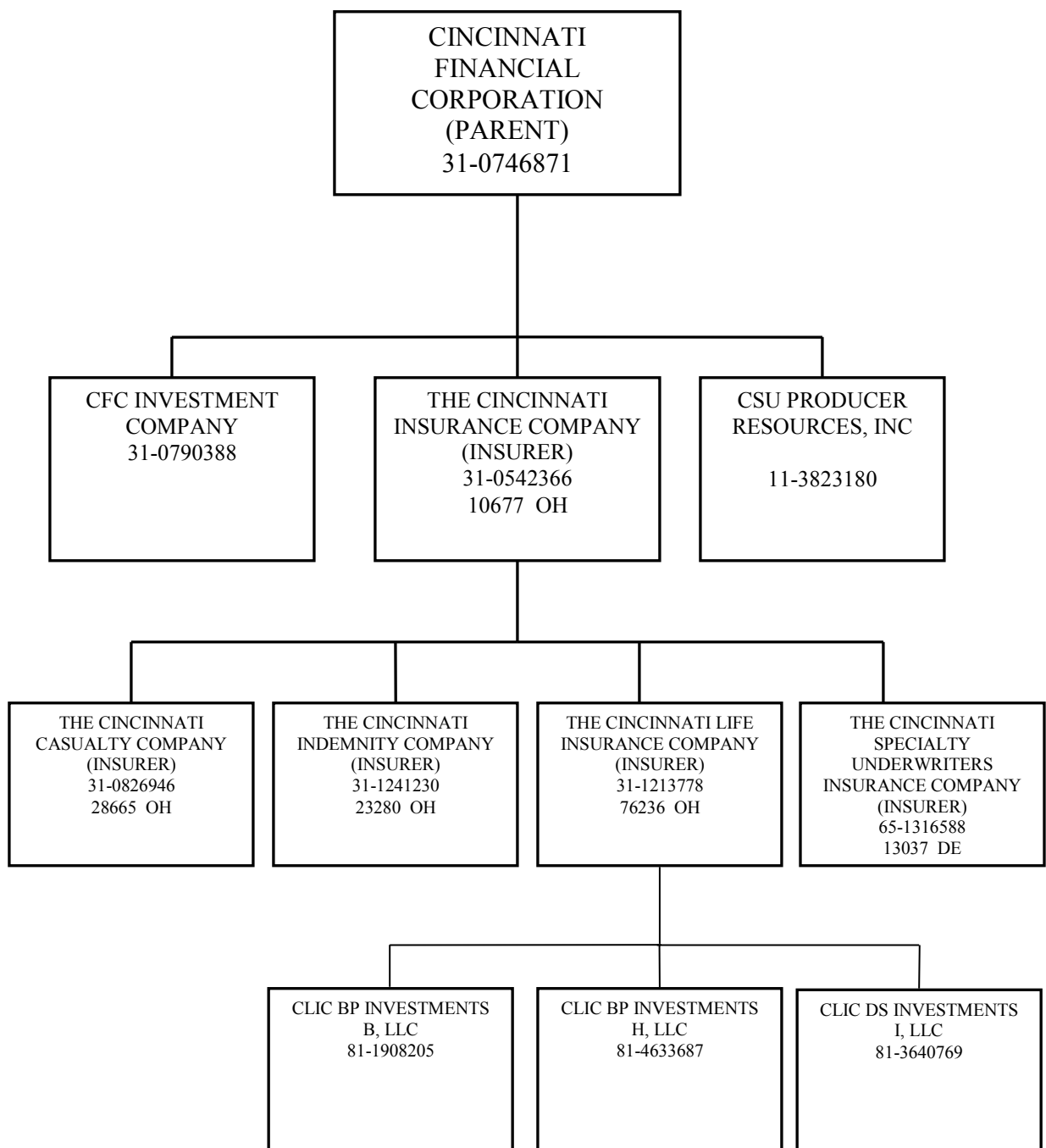
Current Year to Date - Allocated by States and Territories

	1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2	3	4	5	6	7
States, etc.	Active Status	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date	Current Year To Date	Prior Year To Date
1. Alabama AL	L	2,339,595	2,527,989	418,017	369,218	4,063,367	3,798,821
2. Alaska AK	L						
3. Arizona AZ	L	3,531,975	3,386,227	776,015	774,874	10,283,290	9,489,469
4. Arkansas AR	L	1,727,711	1,557,397	176,304	102,903	3,920,919	3,929,750
5. California CA	L	103,239	78,931	20,357	161,321	418,783	504,928
6. Colorado CO	L	5,530,181	4,762,038	2,246,837	1,925,449	14,899,266	12,198,995
7. Connecticut CT	L	199,799	(12,219)	16,858	90,977	530,955	394,743
8. Delaware DE	L	357,301	847,196	142,412	126,025	1,469,295	1,215,856
9. District of Columbia DC	L	61,665	140,228	12,643	(7,180)	83,273	109,635
10. Florida FL	L	6,444,500	5,284,531	907,257	522,123	12,784,777	8,984,315
11. Georgia GA	L	4,262,464	3,419,774	1,538,856	1,263,649	13,988,334	15,857,107
12. Hawaii HI	L	5,795	771			2,021	1,153
13. Idaho ID	L	1,234,560	1,249,504	2,059,800	801,380	6,955,601	4,578,579
14. Illinois IL	L	12,289,255	13,220,150	3,361,106	3,415,496	47,968,160	39,891,670
15. Indiana IN	L	7,457,370	8,233,598	1,897,924	2,548,650	25,003,072	21,837,196
16. Iowa IA	L	3,197,204	3,963,291	1,457,757	1,108,982	19,912,314	21,416,808
17. Kansas KS	L	1,485,173	2,426,505	305,558	538,643	6,855,398	7,240,013
18. Kentucky KY	L	2,623,839	2,581,339	897,349	1,423,580	12,518,973	5,586,486
19. Louisiana LA	L	(191)	69,890		42,722	187,702	113,412
20. Maine ME	L	8,793	7,132			3,194	2,504
21. Maryland MD	L	2,659,570	2,922,802	4,017,358	1,430,277	11,954,636	16,210,511
22. Massachusetts MA	L	1,253				1,172	
23. Michigan MI	L	5,738,620	6,848,118	2,325,785	1,502,766	19,294,780	17,810,012
24. Minnesota MN	L	4,259,830	6,185,844	1,260,751	799,738	7,524,240	9,439,558
25. Mississippi MS	L	93,232	38,494	15,761	10,714	164,495	193,296
26. Missouri MO	L	4,203,798	3,258,849	671,663	568,519	13,333,428	14,958,644
27. Montana MT	L	977,473	1,108,162	642,871	274,911	1,298,173	1,402,802
28. Nebraska NE	L	1,586,418	1,801,912	346,755	421,998	8,052,914	7,980,188
29. Nevada NV	L	16,852	19,505	717	7,315	151,252	120,036
30. New Hampshire NH	L	1,003,375	1,046,946	92,204	156,262	1,560,779	1,197,727
31. New Jersey NJ	L	42,539	143,139	43,920		72,637	46,530
32. New Mexico NM	L	1,708,985	1,332,500	189,045	341,691	2,041,104	1,216,482
33. New York NY	L	1,841,888	2,108,847	146,628	557,751	6,974,815	6,621,110
34. North Carolina NC	L	5,159,213	4,898,176	2,065,691	787,922	17,357,750	16,355,229
35. North Dakota ND	L	626,632	897,136	46,273	224,825	501,637	595,394
36. Ohio OH	L	8,642,625	9,241,834	1,884,006	2,416,677	17,076,001	15,957,845
37. Oklahoma OK	L	44,655	44,917	250,451	1,818	136,347	125,036
38. Oregon OR	L	825,532	511,563	71,817	47,174	2,342,720	2,144,315
39. Pennsylvania PA	L	10,367,383	10,724,076	3,903,017	2,871,273	33,858,639	37,097,877
40. Rhode Island RI	L	8,450	16,137			11,270	8,544
41. South Carolina SC	L	1,050,864	1,273,149	319,872	545,455	6,099,271	4,674,111
42. South Dakota SD	L	592,016	863,706	203,683	130,419	1,993,658	2,286,007
43. Tennessee TN	L	5,137,389	5,438,007	2,238,439	1,077,503	28,589,879	17,768,080
44. Texas TX	L	4,990,422	5,191,565	1,285,425	1,749,563	15,040,585	11,092,507
45. Utah UT	L	1,514,979	1,250,373	550,396	170,103	3,133,692	3,364,730
46. Vermont VT	L	953,970	1,158,605	260,758	246,755	6,387,219	4,088,644
47. Virginia VA	L	5,301,633	5,168,532	1,405,001	2,570,478	14,974,899	13,981,042
48. Washington WA	L	1,168,917	830,793	316,436	149,223	2,415,387	1,649,209
49. West Virginia WV	L	1,324,324	1,146,248	260,363	191,338	2,339,441	2,936,105
50. Wisconsin WI	L	3,245,123	3,445,549	811,169	446,128	12,202,874	11,389,595
51. Wyoming WY	L	168,973	244,227	256,604	41,103	928,510	124,783
52. American Samoa AS	N						
53. Guam GU	N						
54. Puerto Rico PR	N						
55. U.S. Virgin Islands VI	N						
56. Northern Mariana Islands MP	N						
57. Canada CAN	N						
58. Aggregate Other Alien OT	XXX						
59. Totals	(a) 51	128,117,161	132,903,983	42,117,911	34,948,511	419,662,898	379,987,389
DETAILS OF WRITE-INS							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX						
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX						

(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 (other than their state of domicile - see DSLI); (D) DSLI - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write Surplus Lines in the state of domicile; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of D and 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**



STATEMENT AS OF MARCH 31, 2017 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0244	CINCINNATI INS GRP	.0000	31-0746871		0000020286	NASDAQ	CINCINNATI FINANCIAL CORPORATION	.OH	.UIP	CINCINNATI FINANCIAL CORPORATION	BOARD	0.000	BOARD	.N	.0
.0244	CINCINNATI INS GRP	.10677	31-0542366		0001279885		THE CINCINNATI INSURANCE COMPANY	.OH	.LDP	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.76236	31-1213778		0001279887		THE CINCINNATI LIFE INSURANCE COMPANY	.OH	.IA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.28665	31-0826946		0001279888		THE CINCINNATI CASUALTY COMPANY	.OH	.IA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.23280	31-1241230		0001279886		THE CINCINNATI INDEMNITY COMPANY	.OH	.RE	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
							THE CINCINNATI SPECIALTY UNDERWRITERS INSURANCE COMPANY	.DE	.IA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.13037	65-1316588		0001426763		CFC INVESTMENT COMPANY	.OH	.NIA	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	31-0790388				CSU PRODUCER RESOURCES, INC	.OH	.NIA	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	11-3823180		0001534469		CLIC BP INVESTMENTS B, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	81-1908205				CLIC DS INVESTMENTS I, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	81-3640769				CLIC BP INVESTMENTS H, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	81-4633687												

Asterisk	Explanation
----------	-------------

STATEMENT AS OF MARCH 31, 2017 OF THE CINCINNATI INDEMNITY COMPANY

PART 1 - LOSS EXPERIENCE

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire	3,750,248	1,189,907	31.7	23.8
2. Allied Lines	4,218,893	2,269,587	53.8	13.6
3. Farmowners multiple peril				
4. Homeowners multiple peril				
5. Commercial multiple peril	25,391,347	11,642,749	45.9	34.1
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine	1,718,391	542,773	31.6	22.1
10. Financial guaranty				
11.1 Medical professional liability - occurrence	564,813	223,793	39.6	5.3
11.2 Medical professional liability - claims-made	3,382			
12. Earthquake	74,861			
13. Group accident and health				
14. Credit accident and health				
15. Other accident and health				
16. Workers' compensation	29,462,088	17,151,065	58.2	42.3
17.1 Other liability - occurrence	15,784,294	4,949,633	31.4	77.0
17.2 Other liability - claims-made	284,837	187,208	65.7	21.9
17.3 Excess workers' compensation				
18.1 Products liability - occurrence	1,780,947	1,221,981	68.6	47.5
18.2 Products liability - claims-made				
19.1,19.2 Private passenger auto liability	9,081			39.0
19.3,19.4 Commercial auto liability	14,356,197	13,662,913	95.2	61.6
21. Auto physical damage	6,347,553	3,388,021	53.4	67.6
22. Aircraft (all perils)				
23. Fidelity				
24. Surety				
26. Burglary and theft	213,685	122,392	57.3	11.2
27. Boiler and machinery	408,805			44.8
28. Credit				
29. International				
30. Warranty				
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business				
35. Totals	104,369,420	56,552,020	54.2	46.8
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page				
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)				

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire	4,185,312	4,185,312	4,010,734
2. Allied Lines	4,752,814	4,752,814	4,415,761
3. Farmowners multiple peril			
4. Homeowners multiple peril			
5. Commercial multiple peril	32,048,857	32,048,857	32,422,223
6. Mortgage guaranty			
8. Ocean marine			
9. Inland marine	1,992,053	1,992,053	2,060,063
10. Financial guaranty			
11.1 Medical professional liability - occurrence	804,009	804,009	641,658
11.2 Medical professional liability - claims-made	13,787	13,787	
12. Earthquake	89,661	89,661	76,822
13. Group accident and health			
14. Credit accident and health			
15. Other accident and health			
16. Workers' compensation	34,092,618	34,092,618	40,348,577
17.1 Other liability - occurrence	19,542,299	19,542,299	19,487,117
17.2 Other liability - claims-made	460,867	460,867	402,102
17.3 Excess workers' compensation			
18.1 Products liability - occurrence	2,043,581	2,043,581	2,156,234
18.2 Products liability - claims-made			
19.1,19.2 Private passenger auto liability	6,082	6,082	7,886
19.3,19.4 Commercial auto liability	18,832,733	18,832,733	17,949,929
21. Auto physical damage	8,550,058	8,550,058	8,288,530
22. Aircraft (all perils)			
23. Fidelity			
24. Surety			
26. Burglary and theft	260,912	260,912	229,686
27. Boiler and machinery	441,518	441,518	406,661
28. Credit			
29. International			
30. Warranty			
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business			
35. Totals	128,117,161	128,117,161	132,903,983
DETAILS OF WRITE-INS			
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page			
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)			

STATEMENT AS OF MARCH 31, 2017 OF THE CINCINNATI INDEMNITY COMPANY

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	2017 Loss and LAE Payments on Claims Reported as of Prior Year-End	2017 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2017 Loss and LAE Payments (Cols. 4+5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7+8+9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols.4+7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2014 + Prior													
2. 2015													
3. Subtotals 2015 + Prior													
4. 2016													
5. Subtotals 2016 + Prior													
6. 2017	XXX	XXX	XXX	XXX			XXX				XXX	XXX	XXX
7. Totals													
8. Prior Year-End Surplus As Regards Policyholders											Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1.	2.	3.
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4.

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanations:

- 1.
- 3.

Bar Codes:

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



NONE

STATEMENT AS OF MARCH 31, 2017 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	94,366,576	87,961,619
2. Cost of bonds and stocks acquired	3,653,359	9,229,134
3. Accrual of discount	6,748	25,935
4. Unrealized valuation increase (decrease)	(106,856)	2,089,073
5. Total gain (loss) on disposals	841,492	2,020,014
6. Deduct consideration for bonds and stocks disposed of	3,192,127	6,771,484
7. Deduct amortization of premium	49,199	187,716
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	95,519,994	94,366,576
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	95,519,994	94,366,576

STATEMENT AS OF MARCH 31, 2017 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	47,216,634	1,619,359	1,067,003	(395,191)	47,373,799			47,216,634
2. NAIC 2 (a)	23,465,025		88,127	(1,683,665)	21,693,233			23,465,025
3. NAIC 3 (a)				2,036,404	2,036,404			
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	70,681,659	1,619,359	1,155,130	(42,452)	71,103,436			70,681,659
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock	70,681,659	1,619,359	1,155,130	(42,452)	71,103,436			70,681,659

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$; NAIC 2 \$; NAIC 3 \$ NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

S102

Schedule DA - Part 1 - Short-Term Investments

NONE

Schedule DA - Verification - Short-Term Investments

NONE

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

NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

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

NONE

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

NONE

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

NONE

Schedule E - Verification - Cash Equivalents

NONE

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

NONE

Schedule A - Part 3 - Real Estate Disposed

NONE

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

NONE

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

NONE

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

NONE

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

NONE

STATEMENT AS OF MARCH 31, 2017 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Desig- nation or Market Indicator (a)
573100-DI-1	MA MARTHAS VINEYARD LAND BANK REVENUE		.02/03/2017	RBC CAPITAL MARKETS		447,664	400,000		1FE
722042-GY-8	AZ PINAL CNTY CMNTY CLG DIST REVENUE		.01/12/2017	RBC DAIN RAUSCHER		357,541	315,000		1FE
722042-GZ-5	AZ PINAL CNTY CMNTY CLG DIST REVENUE		.01/12/2017	RBC DAIN RAUSCHER		255,718	250,000		1FE
914710-HE-1	NC UNIV OF NC AT ASHEVILLE REVENUE		.03/09/2017	CITIGROUP GLOBAL MARKETS		558,437	550,000		1FE
3199999. Subtotal - Bonds - U.S. Special Revenues						1,619,360	1,515,000		XXX
8399997. Total - Bonds - Part 3						1,619,360	1,515,000		XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
8399999. Total - Bonds						1,619,360	1,515,000		XXX
8999997. Total - Preferred Stocks - Part 3							XXX		XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks							XXX		XXX
29250N-10-5	ENBRIDGE INC	A	.02/27/2017	CORPORATE ACTION	49,200,000	2,034,000			L
9099999. Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)						2,034,000	XXX		XXX
9799997. Total - Common Stocks - Part 3						2,034,000	XXX		XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						2,034,000	XXX		XXX
9899999. Total - Preferred and Common Stocks						2,034,000	XXX		XXX
9999999 - Totals						3,653,360	XXX		XXX

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

STATEMENT AS OF MARCH 31, 2017 OF THE CINCINNATI INDEMNITY COMPANY

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)	
117583-WC-4	TX BRYAN SCHL DST GO		03/27/2017	SECURITY CALLED BY ISSUER at 100.000		1,070,000	1,070,000	1,061,055	1,066,834		169		169		1,067,003		2,997	2,997	28,043	02/15/2021	1FE	
2499999	Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions					1,070,000	1,070,000	1,061,055	1,066,834		169		169		1,067,003		2,997	2,997	28,043	XXX	XXX	
023654-AW-6	AMERICAN AIRLINES GROUP INC		01/04/2017	SINKING FUND REDEMPTION		88,127	88,127	88,127	88,127						88,127				3,494	01/02/2019	2FE	
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					88,127	88,127	88,127	88,127						88,127				3,494	XXX	XXX	
8399997	Total - Bonds - Part 4					1,158,127	1,158,127	1,149,182	1,154,961		169		169		1,155,130		2,997	2,997	31,537	XXX	XXX	
8399998	Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999	Total - Bonds					1,158,127	1,158,127	1,149,182	1,154,961		169		169		1,155,130		2,997	2,997	31,537	XXX	XXX	
8999997	Total - Preferred Stocks - Part 4						XXX													XXX	XXX	
8999998	Total - Preferred Stocks - Part 5						XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
8999999	Total - Preferred Stocks						XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
847580-10-9	SPECTRA ENERGY CORP		02/27/2017	CORPORATE ACTION	50,000.000	2,034,000		1,195,505	2,054,500	(858,995)			(858,995)		1,195,505		838,495	838,495				
9099999	Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)					2,034,000	XXX		1,195,505	2,054,500	(858,995)		(858,995)		1,195,505		838,495	838,495		XXX	XXX	
9799997	Total - Common Stocks - Part 4					2,034,000	XXX		1,195,505	2,054,500	(858,995)		(858,995)		1,195,505		838,495	838,495		XXX	XXX	
9799998	Total - Common Stocks - Part 5					XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999	Total - Common Stocks					2,034,000	XXX		1,195,505	2,054,500	(858,995)		(858,995)		1,195,505		838,495	838,495		XXX	XXX	
9899999	Total - Preferred and Common Stocks					2,034,000	XXX		1,195,505	2,054,500	(858,995)		(858,995)		1,195,505		838,495	838,495		XXX	XXX	
9999999	Totals					3,192,127	XXX		2,344,687	3,209,461	(858,995)	169	(858,826)		2,350,635		841,492	841,492	31,537	XXX	XXX	

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

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

NONE

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

NONE



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2017 OF THE CINCINNATI INDEMNITY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama AL								
2. Alaska AK								
3. Arizona AZ								
4. Arkansas AR								
5. California CA								
6. Colorado CO								
7. Connecticut CT								
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL								
11. Georgia GA								
12. Hawaii HI								
13. Idaho ID								
14. Illinois IL								
15. Indiana IN								
16. Iowa IA		90			(22)			
17. Kansas KS								
18. Kentucky KY								
19. Louisiana LA								
20. Maine ME								
21. Maryland MD								
22. Massachusetts MA								
23. Michigan MI								
24. Minnesota MN								
25. Mississippi MS								
26. Missouri MO								
27. Montana MT	2,279	285			256			256
28. Nebraska NE								
29. Nevada NV								
30. New Hampshire NH								
31. New Jersey NJ								
32. New Mexico NM								
33. New York NY								
34. North Carolina NC		559			(222)			
35. North Dakota ND								
36. Ohio OH	9,652	2,413			2,517			2,964
37. Oklahoma OK								
38. Oregon OR								
39. Pennsylvania PA								
40. Rhode Island RI								
41. South Carolina SC								
42. South Dakota SD								
43. Tennessee TN								
44. Texas TX								
45. Utah UT								
46. Vermont VT								
47. Virginia VA								
48. Washington WA								
49. West Virginia WV								
50. Wisconsin WI								
51. Wyoming WY								
52. American Samoa AS								
53. Guam GU								
54. Puerto Rico PR								
55. U.S. Virgin Islands VI								
56. Northern Mariana Islands MP								
57. Canada CAN								
58. Aggregate Other Aliens OT								
59. Totals	11,931	3,347			2,530			3,220
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2017 OF THE CINCINNATI INDEMNITY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama AL								
2. Alaska AK								
3. Arizona AZ								
4. Arkansas AR								
5. California CA								
6. Colorado CO								
7. Connecticut CT								
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL								
11. Georgia GA								
12. Hawaii HI								
13. Idaho ID								
14. Illinois IL								
15. Indiana IN								
16. Iowa IA								
17. Kansas KS								
18. Kentucky KY								
19. Louisiana LA								
20. Maine ME								
21. Maryland MD								
22. Massachusetts MA								
23. Michigan MI								
24. Minnesota MN								
25. Mississippi MS								
26. Missouri MO								
27. Montana MT								
28. Nebraska NE								
29. Nevada NV								
30. New Hampshire NH								
31. New Jersey NJ								
32. New Mexico NM								
33. New York NY								
34. North Carolina NC								
35. North Dakota ND								
36. Ohio OH								
37. Oklahoma OK								
38. Oregon OR								
39. Pennsylvania PA								
40. Rhode Island RI								
41. South Carolina SC								
42. South Dakota SD								
43. Tennessee TN								
44. Texas TX								
45. Utah UT								
46. Vermont VT								
47. Virginia VA								
48. Washington WA								
49. West Virginia WV								
50. Wisconsin WI								
51. Wyoming WY								
52. American Samoa AS								
53. Guam GU								
54. Puerto Rico PR								
55. U.S. Virgin Islands VI								
56. Northern Mariana Islands MP								
57. Canada CAN								
58. Aggregate Other Aliens OT								
59. Totals								
NONE								
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2017 OF THE CINCINNATI INDEMNITY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama AL	194,817	40,475			11,187			14,347
2. Alaska AK								
3. Arizona AZ	8,481	4,155			169			2,629
4. Arkansas AR		886			771			(2,625)
5. California CA								
6. Colorado CO	10,179	3,749			769			462
7. Connecticut CT		1,678			198			428
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL	121,313	83,019			4,910	60,019	2	25,488
11. Georgia GA	12,671	15,810			(4,654)			9,130
12. Hawaii HI								
13. Idaho ID	3,104	1,690			(47)			1,197
14. Illinois IL	25,043	40,980			(12,428)	610,021	2	22,629
15. Indiana IN	15,382	7,847			(2,699)			4,411
16. Iowa IA	14,985	6,164			762			2,219
17. Kansas KS	15,877	4,141			1,537			(975)
18. Kentucky KY	3,115	5,143			108,867	108,104	2	216
19. Louisiana LA								
20. Maine ME								
21. Maryland MD	2,501	1,546			(29)			1,245
22. Massachusetts MA								
23. Michigan MI	49,520	42,519			(1,943)	49,775	1	20,822
24. Minnesota MN	16,657	13,515			2,131	30,000	1	4,547
25. Mississippi MS								
26. Missouri MO	11,665	6,991			1,057			2,757
27. Montana MT	20,089	12,955			14,363	15,000	1	2,260
28. Nebraska NE		111			(4,790)	18,434	1	33
29. Nevada NV								
30. New Hampshire NH	351	5,868			197			4,241
31. New Jersey NJ								
32. New Mexico NM		681			(5)			494
33. New York NY		17,988			25,887	30,000	1	16,151
34. North Carolina NC	5,755	8,590			16,195	15,000	2	4,592
35. North Dakota ND								
36. Ohio OH	79,183	64,254			12,610			24,315
37. Oklahoma OK								
38. Oregon OR					153			(146)
39. Pennsylvania PA	17,389	28,917			3,983			3,265
40. Rhode Island RI								
41. South Carolina SC	(1)	2,072			47			1,371
42. South Dakota SD								
43. Tennessee TN	4,710	15,303			1,310	75,000	1	6,710
44. Texas TX	3,409	5,264			38			29
45. Utah UT	21,427	6,868			17,162	15,275	1	920
46. Vermont VT	120	2,466			(31)			1,697
47. Virginia VA	9,779	10,885			3,850	25,000	1	6,087
48. Washington WA	949	237			(16)			188
49. West Virginia WV	9,884	3,265			479			844
50. Wisconsin WI	19,149	23,840			12,080			(21,298)
51. Wyoming WY	6,218	2,158			311			1,313
52. American Samoa AS								
53. Guam GU								
54. Puerto Rico PR								
55. U.S. Virgin Islands VI								
56. Northern Mariana Islands MP								
57. Canada CAN								
58. Aggregate Other Aliens OT								
59. Totals	703,721	492,029			214,383	1,051,628	16	161,994
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2017 OF THE CINCINNATI INDEMNITY COMPANY

Designate the type of health care providers reported on this page:
Other health care facilities

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama AL					(5)			
2. Alaska AK								
3. Arizona AZ								
4. Arkansas AR								
5. California CA								
6. Colorado CO								
7. Connecticut CT								
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL								
11. Georgia GA								
12. Hawaii HI								
13. Idaho ID								
14. Illinois IL								
15. Indiana IN								
16. Iowa IA								
17. Kansas KS								
18. Kentucky KY								
19. Louisiana LA								
20. Maine ME								
21. Maryland MD								
22. Massachusetts MA								
23. Michigan MI								
24. Minnesota MN								
25. Mississippi MS								
26. Missouri MO								
27. Montana MT								
28. Nebraska NE								
29. Nevada NV								
30. New Hampshire NH								
31. New Jersey NJ								
32. New Mexico NM								
33. New York NY								
34. North Carolina NC								
35. North Dakota ND								
36. Ohio OH	8,288	26,993			(2,933)			2,545
37. Oklahoma OK								
38. Oregon OR								
39. Pennsylvania PA	21,736	20,505			4,713			4,081
40. Rhode Island RI								
41. South Carolina SC								
42. South Dakota SD								
43. Tennessee TN								
44. Texas TX								
45. Utah UT								
46. Vermont VT								
47. Virginia VA		9,555			(1,825)			
48. Washington WA								
49. West Virginia WV	72,120	15,025			6,159			6,159
50. Wisconsin WI		793			771	110,415	2	
51. Wyoming WY								
52. American Samoa AS								
53. Guam GU								
54. Puerto Rico PR								
55. U.S. Virgin Islands VI								
56. Northern Mariana Islands MP								
57. Canada CAN								
58. Aggregate Other Aliens OT								
59. Totals	102,144	72,871			6,880	110,415	2	12,785
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2017 OF THE CINCINNATI INDEMNITY COMPANY

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended MARCH 31, 2017

NAIC Group Code 0244

NAIC Company Code 23280

Company Name CINCINNATI INDEMNITY COMPANY

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

1. Monoline Policies

1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred
\$24,527	\$18,725	\$7,500

2. Commercial Multiple Peril (CMP) Packaged Policies

- 2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? Yes [X] No []
- 2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? Yes [X] No []
- 2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies
- 2.31 Amount quantified:\$24,019
- 2.32 Amount estimated using reasonable assumptions:\$
- 2.4 If the answer to question 2.1 is yes, provide direct losses incurred (losses paid plus change in case reserves) for the D&O liability coverage provided in CMP packaged policies.\$5,050