



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF JUNE 30, 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 (Street and Number) FAIRFIELD, OH, US 45014-5141 (City or Town, State, Country and Zip Code)

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

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

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

Internet Website Address WWW.CINFIN.COM

Statutory Statement Contact CHRISTINA SCHERPENBERG (Name) 513-870-2000 (Area Code) (Telephone Number) christina\_scherpenberg@cinfin.com (E-mail Address) 513-603-5500 (FAX Number)

OFFICERS

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

CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT MICHAEL JAMES SEWELL

OTHER

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

DIRECTORS OR TRUSTEES

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

State of OHIO

County of BUTLER

SS:

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

STEVEN J. JOHNSTON  
CHIEF EXECUTIVE OFFICER, PRESIDENT

MICHAEL J. SEWELL  
CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT

THERESA A. HOFFER  
SENIOR VICE PRESIDENT, TREASURER

Subscribed and sworn to before me this 3RD day of AUGUST

a. Is this an original filing? Yes [ X ] No [ ]

b. If no,  
1. State the amendment number.....  
2. Date filed .....  
3. Number of pages attached.....

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	71,803,235		71,803,235	70,681,659
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....	24,763,287		24,763,287	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 (\$ .....2,902,135 ), cash equivalents (\$ ..... ) and short-term investments (\$ ..... ) .....	2,902,135		2,902,135	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) .....	99,468,657		99,468,657	96,453,110
13. Title plants less \$ ..... charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	941,761		941,761	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 .....	20,551,188		20,551,188	18,075,180
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....	3,596,070		3,596,070	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 .....	1,049,903		1,049,903	11,091,190
24. Health care (\$ ..... ) and other amounts receivable .....				
25. Aggregate write-ins for other than invested assets .....	225,859		225,859	
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	125,833,438		125,833,438	130,336,161
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Total (Lines 26 and 27)	125,833,438		125,833,438	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. MISCELLANEOUS RECEIVABLES .....	225,859		225,859	
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)	225,859		225,859	

STATEMENT AS OF JUNE 30, 2017 OF THE 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) .....	2,665	1,231
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....		
7.1 Current federal and foreign income taxes (including \$ .....26 on realized capital gains (losses)) .....	8,286	
7.2 Net deferred tax liability .....	4,141,866	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) .....	25,117,677	32,449,843
13. Funds held by company under reinsurance treaties .....		
14. Amounts withheld or retained by company for account of others .....	1,278,684	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
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) .....	30,549,178	37,156,802
27. Protected cell liabilities .....		
28. Total liabilities (Lines 26 and 27) .....	30,549,178	37,156,802
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) .....	70,084,260	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) .....	95,284,260	93,179,360
38. Totals (Page 2, Line 28, Col. 3)	125,833,438	130,336,162
DETAILS OF WRITE-INS		
2501. ....		
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....		
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)		
2901. ....		
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page .....		
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)		
3201. ....		
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page .....		
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)		

STATEMENT OF INCOME

	1	2	3
	Current	Prior Year	Prior Year Ended
	Year to Date	to Date	December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 230,025,404 )	211,504,934	219,215,128	432,818,664
1.2 Assumed (written \$ 1 )	1	4	5
1.3 Ceded (written \$ 230,025,405 )	211,504,935	219,215,131	432,818,669
1.4 Net (written \$ )			
DEDUCTIONS:			
2. Losses incurred (current accident year \$ )::			
2.1 Direct	116,032,025	106,608,571	196,631,676
2.2 Assumed	(18,950)	4,405	(14,305)
2.3 Ceded	116,013,075	106,612,976	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	1,742,922	1,680,976	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)	2,583,365	2,676,238	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)	2,583,365	2,676,238	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)	2,583,365	2,676,238	4,783,180
19. Federal and foreign income taxes incurred	337,545	319,306	655,743
20. Net income (Line 18 minus Line 19)(to Line 22)	2,245,820	2,356,932	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)	2,245,820	2,356,932	4,127,437
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ 83,957	155,919	1,255,157	1,357,898
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	(296,839)	(4,076)	(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)	2,104,901	3,608,013	5,423,806
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	95,284,260	91,363,566	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)			

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	(7,332,166)	(5,111,794)	(19,308)
2. Net investment income .....	1,829,850	1,383,834	3,474,909
3. Miscellaneous income .....			
4. Total (Lines 1 to 3) .....	(5,502,316)	(3,727,960)	3,455,601
5. Benefit and loss related payments .....	2,344,909	(505,656)	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 \$ .....787 tax on capital gains (losses) .....	278,134	1,397,000	1,379,813
10. Total (Lines 5 through 9) .....	2,623,043	891,344	4,248,794
11. Net cash from operations (Line 4 minus Line 10) .....	(8,125,359)	(4,619,304)	(793,193)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	1,158,127	2,166,251	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	5,411,032	6,771,484
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	2,363,698	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 .....	.86		633
13.6 Miscellaneous applications .....			
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	2,363,784	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) .....	(1,205,658)	(1,241,644)	(2,458,282)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....			
16.2 Capital and paid in surplus, less treasury stock .....			
16.3 Borrowed funds .....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5 Dividends to stockholders .....			
16.6 Other cash provided (applied) .....	10,149,540	4,924,474	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) .....	10,149,540	4,924,474	2,671,034
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) ..	818,523	(936,474)	(580,441)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	2,083,612	2,664,053	2,664,053
19.2 End of period (Line 18 plus Line 19.1) .....	2,902,135	1,727,579	2,083,612

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

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**NOTES TO FINANCIAL STATEMENTS**

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STATEMENT AS OF JUNE 30, 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 June 30, 2017 and December 31, 2016:

	SSAP #	F/S Page	F/S Line #	2017	2016
<b>NET INCOME</b>					
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 2,245,820	\$ 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	\$ 2,245,820	\$ 4,127,437
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 95,284,260	\$ 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	\$ 95,284,260	\$ 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.

	June 30, 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	\$ 9,060	\$ 4,132,806	\$ 4,141,866
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (9,060)	\$ (4,132,806)	\$ (4,141,866)

	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	\$ 142	\$ 301,442	\$ 301,584
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (142)	\$ (380,654)	\$ (380,796)

STATEMENT AS OF JUNE 30, 2017 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

2.

	June 30, 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	14,292,639
(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	315,735
(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.

	June 30, 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 JUNE 30, 2017 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

Impact of Tax Planning Strategies (a)Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage. 1. Adjusted Gross DTAs amount from Note 9A1(c) 2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies 3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e) 4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	December 31, 2016		
	Ordinary	Capital	Total
	\$ 0	\$ 79,212	\$ 79,212
	0.00%	0.00%	0.00%
	\$ 0	\$ 79,212	\$ 79,212
	0.00%	0.00%	0.00%
(b)The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.			

Impact of Tax Planning Strategies (a)Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage. 1. Adjusted Gross DTAs amount from Note 9A1(c) 2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies 3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e) 4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	Change		
	Ordinary	Capital	Total
	\$ 0	\$ (79,212)	\$ (79,212)
	0.00%	0.00%	0.00%
	\$ 0	\$ (79,212)	\$ (79,212)
	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:			
	June 30, 2017	December 31, 2016	Change
(a) Federal	\$ 337,545	\$ 655,743	\$ (318,198)
(b) Foreign	0	0	0
(c) Subtotal	337,545	655,743	(318,198)
(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	\$ 338,594	\$ 1,307,826	\$ (969,232)

2. Deferred tax assets:			
	June 30, 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:			
	June 30, 2017	December 31, 2016	Change
(a) Ordinary			
1. Commission expense	\$ 0	\$ 0	\$ 0
2. Other, net	9,060	8,918	142
99. Subtotal	\$ 9,060	\$ 8,918	\$ 142
(b) Capital			
1. Investments	\$ 217,485	\$ 0	\$ 217,485
2. Unrealized gain on investments	3,915,321	3,831,364	83,957
99. Subtotal	\$ 4,132,806	\$ 3,831,364	\$ 301,442
(c) Deferred tax liabilities (3(a)99+3(b)99)	\$ 4,141,866	\$ 3,840,282	\$ 301,584
4. Net deferred tax assets/(liabilities) (2(i)-3(c)):	\$ (4,141,866)	\$ (3,761,070)	\$ (380,796)

STATEMENT AS OF JUNE 30, 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):

	June 30, 2017	December 31, 2016	Change
Total deferred tax assets	\$ 0	\$ 79,212	\$ (79,212)
Total deferred tax liabilities	4,141,866	3,840,282	301,584
Net deferred tax asset/(liability)	\$ (4,141,866)	\$ (3,761,070)	\$ (380,796)
Tax effect of unrealized gains/(losses)			83,957
Change in net deferred income tax (charge)/benefit			\$ (296,839)
	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 June 30, 2017		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 2,584,414	\$ 904,545	35.00 %
Net tax exempt interest	(605,578)	(211,952)	(8.20)%
Net dividends received deduction (DRD)	(163,163)	(57,107)	(2.21)%
Other items permanent, net	6	2	0.00 %
DRD on accrued	(156)	(55)	0.00 %
Total	\$ 1,815,523	\$ 635,433	24.59 %
Federal income tax expense incurred/(benefit)	\$ 964,415	\$ 337,545	13.06 %
Tax on capital gains/(losses)	2,997	1,049	0.04 %
Change in net deferred income tax charge/(benefit)	848,111	296,839	11.49 %
Total statutory income taxes incurred/(benefit)	\$ 1,815,523	\$ 635,433	24.59 %

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 June 30, 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	\$ 337,545	\$ 1,049	\$ 338,594
2016	655,743	652,083	1,307,826
2015	0	11,867	11,867
Total	\$ 993,288	\$ 664,999	\$ 1,658,287

At June 30, 2017 the Company had no protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated Federal Income Tax Return

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

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

2. The method of allocation between the companies is subject to a written agreement, approved by the Board of Directors, whereby allocation is made primarily on a separate return basis, with the company receiving a current benefit for losses generated to the extent federal taxes are reduced for the consolidated tax group. Furthermore, tax allocations are computed without regard to any amount attributable to any minimum tax arising under Code Section 55 or minimum tax credit arising under Code Section 53.

**STATEMENT AS OF JUNE 30, 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 June 30, 2017, the Company reported \$1,049,903 due from the Parent Company, The Cincinnati Insurance Company and an affiliate, The Cincinnati Casualty Company. The terms of the settlement require that these amounts be settled within 30 days.

E. Guarantees or Contingencies for Related Parties – Not applicable

F. Management, Service Contracts, Cost Sharing Arrangements – No significant change

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

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

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

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

K. Investment in Foreign Insurance Subsidiaries – Not applicable

L. Investment in Downstream Noninsurance Holding Company – Not applicable

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

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

**11. Debt** – Not applicable

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

**13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations** – 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.

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 June 30, 2017:

Assets at Fair Value:

	Level 1	Level 2	Level 3	Total
Common Stock	\$ 24,763,287	\$ 0	\$ 0	\$ 24,763,287

- 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 JUNE 30, 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	\$ 74,561,603	\$ 71,803,235	\$ 969,982	\$ 73,591,621	\$ 0	\$ 0
Common Stock	24,763,287	24,763,287	24,763,287	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 August 11, 2017, the date of issuance of these statutory financial statements. There were no significant events occurring subsequent to June 30, 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?  
If yes, complete Schedule Y, Parts 1 and 1A.

Yes [ X ] No [ ]

3.2

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

Yes [ X ] No [ ]

3.3

If the response to 3.2 is yes, provide a brief description of those changes.  
The Cincinnati Life Insurance Company added a new non-insurance affiliate during the current quarter.

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?  
If yes, attach an explanation.

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

6.1

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

12/31/2014

6.2

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

12/31/2014

6.3

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

10/05/2015

6.4

By what department or departments?  
Ohio

6.5

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

Yes [ 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? .....  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

Yes [ X ] No [ ]
- 9.11

If the response to 9.1 is No, please explain:
- 9.2

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

Yes [ ] No [ X ]
- 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 [ X ]
- 9.31

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

FINANCIAL

- 10.1

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

Yes [ X ] No [ ]
- 10.2

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

\$.....1,046,182

INVESTMENT

- 11.1

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

Yes [ ] No [ X ]
- 11.2

If yes, give full and complete information relating thereto:
12.

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

\$.....
13.

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

\$.....
- 14.1

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

Yes [ ] No [ X ]
- 14.2

If yes, please complete the following:
- |   | 1   | 2  |
|---|---|--|
|   | Prior Year-End<br>Book/Adjusted<br>Carrying Value | Current Quarter<br>Book/Adjusted<br>Carrying Value |
| 14.21 Bonds .....   | \$.....   | \$.....  |
| 14.22 Preferred Stock .....   | \$.....   | \$.....  |
| 14.23 Common Stock .....  | \$.....   | \$.....  |
| 14.24 Short-Term Investments .....  | \$.....   | \$.....  |
| 14.25 Mortgage Loans on Real Estate .....   | \$.....   | \$.....  |
| 14.26 All Other .....   | \$.....   | \$.....  |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) ..... | \$.....   | \$.....  |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....                       | \$.....   | \$.....  |
- 15.1

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

Yes [ ] No [ X ]
- 15.2

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

Yes [ ] No [ ]

STATEMENT AS OF JUNE 30, 2017 OF THE 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 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

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

- 18.2 If no, list exceptions:



GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.

If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? .....  
If yes, attach an explanation.

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

Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? .....  
If yes, attach an explanation.

Yes [ ] No [ X ]
- 3.1

Have any of the reporting entity's primary reinsurance contracts been canceled? .....

Yes [ ] No [ X ]
- 3.2

If yes, give full and complete information thereto.
- 4.1

Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of " tabular reserves" ) discounted at a rate of interest greater than zero? .....

Yes [ ] No [ X ]
- 4.2

If yes, complete the following schedule:

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

5.

Operating Percentages:

5.1 A&H loss percent ..... %

5.2 A&H cost containment percent ..... %

5.3 A&H expense percent excluding cost containment expenses ..... %
- 6.1

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

Yes [ ] No [ X ]
- 6.2

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

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

Yes [ ] No [ X ]
- 6.4

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

## SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

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

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

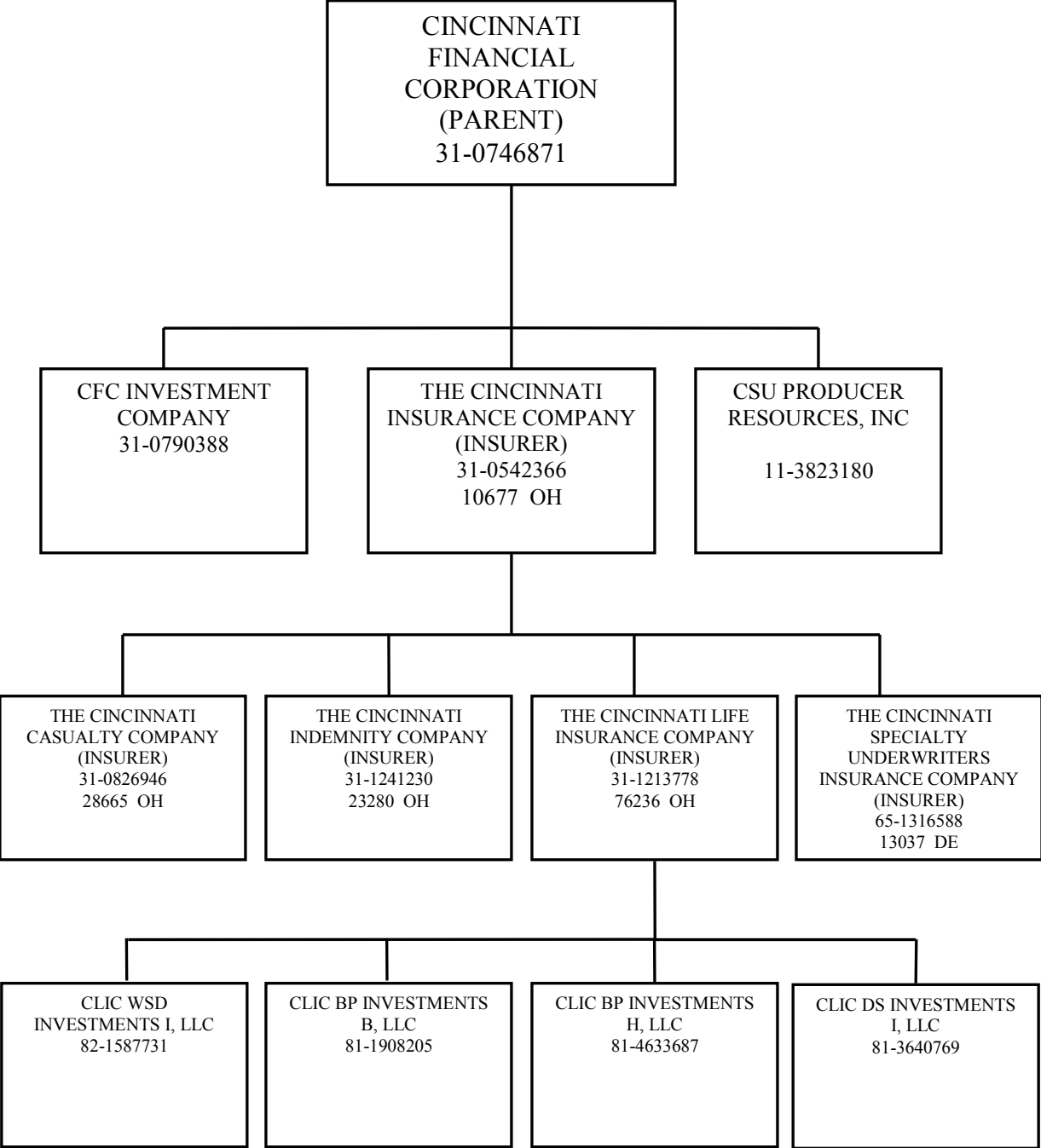
Current Year to Date - Allocated by States and Territories

			1	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
			Active Status	2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
States, etc.									
1.	Alabama	AL	L	4,134,798	4,205,475	784,772	565,598	4,591,970	4,404,398
2.	Alaska	AK	L						
3.	Arizona	AZ	L	6,134,277	5,987,412	2,745,314	1,355,287	9,640,790	9,773,246
4.	Arkansas	AR	L	2,294,959	2,380,418	393,063	481,621	4,123,012	3,938,688
5.	California	CA	L	190,714	220,131	44,068	282,580	394,550	495,191
6.	Colorado	CO	L	11,227,145	10,059,718	5,666,447	3,518,202	19,406,034	13,804,152
7.	Connecticut	CT	L	291,266	381,154	49,224	149,360	464,794	481,667
8.	Delaware	DE	L	455,494	751,621	362,989	199,630	1,324,768	1,223,104
9.	District of Columbia	DC	L	87,239	184,633	12,643	(7,180)	82,351	111,185
10.	Florida	FL	L	13,330,156	12,308,880	2,058,753	1,172,625	13,239,851	9,353,962
11.	Georgia	GA	L	7,151,452	6,997,897	3,044,057	2,244,995	13,612,533	15,839,711
12.	Hawaii	HI	L	7,957	7,232			2,616	1,702
13.	Idaho	ID	L	2,526,124	2,398,248	5,843,895	959,286	4,401,003	4,605,567
14.	Illinois	IL	L	20,199,486	22,994,818	6,757,108	6,718,582	50,590,728	40,613,752
15.	Indiana	IN	L	11,236,299	12,576,465	6,876,040	4,134,351	24,576,937	21,254,840
16.	Iowa	IA	L	6,051,369	6,030,349	3,061,821	2,298,069	19,108,943	21,739,724
17.	Kansas	KS	L	2,663,153	3,746,114	910,202	997,100	7,213,517	7,417,965
18.	Kentucky	KY	L	5,052,542	5,007,316	3,689,044	2,285,100	10,363,277	5,555,316
19.	Louisiana	LA	L	(75,666)	160,823	179	57,578	174,593	193,755
20.	Maine	ME	L	11,140	8,702			3,433	2,603
21.	Maryland	MD	L	6,169,963	6,520,805	4,745,692	2,142,531	11,852,160	16,599,800
22.	Massachusetts	MA	L	(1,098)				1,848	
23.	Michigan	MI	L	10,485,211	11,728,840	4,453,844	3,291,617	20,276,641	19,349,560
24.	Minnesota	MN	L	7,234,728	9,796,658	2,230,400	2,122,503	8,096,812	9,458,538
25.	Mississippi	MS	L	179,625	63,982	47,789	49,006	184,785	156,910
26.	Missouri	MO	L	6,541,211	6,044,822	1,585,686	1,548,080	13,831,238	13,767,748
27.	Montana	MT	L	1,407,080	1,742,314	817,484	467,855	1,355,835	1,401,071
28.	Nebraska	NE	L	2,670,270	2,847,347	867,927	1,712,251	8,025,776	7,919,149
29.	Nevada	NV	L	52,446	76,146	717	12,722	146,122	165,570
30.	New Hampshire	NH	L	1,543,364	1,864,705	296,382	356,074	1,313,334	1,301,887
31.	New Jersey	NJ	L	88,535	108,486	47,319		77,538	59,240
32.	New Mexico	NM	L	2,381,627	1,975,552	285,337	456,135	2,117,588	1,302,420
33.	New York	NY	L	3,128,588	3,381,161	490,616	800,043	7,390,287	7,708,353
34.	North Carolina	NC	L	9,118,262	8,699,846	3,032,061	2,811,972	17,715,902	15,129,479
35.	North Dakota	ND	L	1,052,170	1,290,720	96,046	270,170	420,842	434,399
36.	Ohio	OH	L	17,262,870	17,451,644	3,220,747	4,886,741	18,224,600	16,290,139
37.	Oklahoma	OK	L	50,920	76,804	261,825	30,294	122,489	164,051
38.	Oregon	OR	L	1,726,784	1,346,262	1,615,442	298,363	975,260	2,002,233
39.	Pennsylvania	PA	L	18,583,336	19,717,213	6,653,073	10,586,951	38,881,796	34,815,507
40.	Rhode Island	RI	L	10,975	17,161			12,798	9,521
41.	South Carolina	SC	L	2,134,757	2,421,081	846,050	909,901	7,140,256	4,716,737
42.	South Dakota	SD	L	1,034,650	1,152,194	304,070	473,162	1,884,402	2,150,264
43.	Tennessee	TN	L	9,921,379	10,000,678	4,404,679	1,745,578	27,203,233	18,636,074
44.	Texas	TX	L	10,474,362	10,419,298	4,848,664	6,993,522	17,537,682	22,147,938
45.	Utah	UT	L	2,561,267	2,351,868	815,645	353,743	2,770,326	3,373,861
46.	Vermont	VT	L	1,691,776	1,860,247	3,287,184	519,582	3,170,149	4,287,090
47.	Virginia	VA	L	9,743,127	9,281,504	2,770,080	3,979,558	15,896,033	14,383,409
48.	Washington	WA	L	1,907,862	1,509,516	562,023	244,967	2,731,077	1,727,447
49.	West Virginia	WV	L	2,340,842	2,328,357	353,809	836,983	2,388,409	2,433,650
50.	Wisconsin	WI	L	5,313,896	5,587,783	1,340,457	862,136	12,491,982	11,317,225
51.	Wyoming	WY	L	244,715	413,975	272,455	85,639	854,790	121,706
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		230,025,404	238,484,375	92,853,122	76,260,863	428,407,691	394,141,504
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 ACTIVITES OF  
INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1  
– ORGANIZATIONAL CHART**



## 12

## 12

## 12

1212

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 .....	7,511,038	1,892,954	25.2	14.7
2.	Allied Lines .....	8,466,093	6,780,516	80.1	33.6
3.	Farmowners multiple peril .....				
4.	Homeowners multiple peril .....				
5.	Commercial multiple peril .....	51,193,486	29,147,707	56.9	53.9
6.	Mortgage guaranty .....				
8.	Ocean marine .....				
9.	Inland marine .....	3,459,192	736,363	21.3	22.4
10.	Financial guaranty .....				
11.1	Medical professional liability - occurrence .....	1,179,832	611,376	51.8	17.3
11.2	Medical professional liability - claims-made .....	16,119			
12.	Earthquake .....	148,865			
13.	Group accident and health .....				
14.	Credit accident and health .....				
15.	Other accident and health .....				
16.	Workers' compensation .....	59,913,048	31,212,197	52.1	41.6
17.1	Other liability - occurrence .....	32,370,206	9,528,224	29.4	51.4
17.2	Other liability - claims-made .....	574,442	146,673	25.5	37.2
17.3	Excess workers' compensation .....				
18.1	Products liability - occurrence .....	3,566,274	1,770,227	49.6	53.7
18.2	Products liability - claims-made .....				
19.1,19.2	Private passenger auto liability .....	18,197	24,585	135.1	69.1
19.3,19.4	Commercial auto liability .....	28,904,784	25,971,298	89.9	66.2
21.	Auto physical damage .....	12,936,282	8,024,444	62.0	63.5
22.	Aircraft (all perils) .....				
23.	Fidelity .....				
24.	Surety .....				
26.	Burglary and theft .....	429,599	148,730	34.6	(6.6)
27.	Boiler and machinery .....	817,479	36,733	4.5	19.3
28.	Credit .....				
29.	International .....				
30.	Warranty .....				
31.	Reinsurance - Nonproportional Assumed Property .....	XXX	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability .....	XXX	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business .....				
35.	Totals .....	211,504,934	116,032,025	54.9	48.6
DETAILS OF WRITE-INS					
3401.	.....				
3402.	.....				
3403.	.....				
3498.	Summary of remaining write-ins for Line 34 from overflow page .....				
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)				

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1	2	3
		Current Quarter	Current Year to Date	Prior Year Year to Date
1.	Fire .....	3,477,102	7,662,414	7,679,935
2.	Allied Lines .....	4,150,088	8,902,902	8,634,700
3.	Farmowners multiple peril .....			
4.	Homeowners multiple peril .....			
5.	Commercial multiple peril .....	24,547,386	56,596,243	59,080,825
6.	Mortgage guaranty .....			
8.	Ocean marine .....			
9.	Inland marine .....	1,859,769	3,851,822	3,948,790
10.	Financial guaranty .....			
11.1	Medical professional liability - occurrence .....	619,038	1,423,047	1,193,815
11.2	Medical professional liability - claims-made .....	67,853	81,640	
12.	Earthquake .....	44,161	133,822	140,784
13.	Group accident and health .....			
14.	Credit accident and health .....			
15.	Other accident and health .....			
16.	Workers' compensation .....	25,890,293	59,982,911	68,246,746
17.1	Other liability - occurrence .....	16,932,803	36,475,102	36,317,134
17.2	Other liability - claims-made .....	238,233	699,100	596,874
17.3	Excess workers' compensation .....			
18.1	Products liability - occurrence .....	1,911,340	3,954,921	4,167,714
18.2	Products liability - claims-made .....			
19.1,19.2	Private passenger auto liability .....	14,815	20,897	21,140
19.3,19.4	Commercial auto liability .....	14,706,123	33,538,856	32,447,057
21.	Auto physical damage .....	6,857,908	15,407,966	14,797,248
22.	Aircraft (all perils) .....			
23.	Fidelity .....			
24.	Surety .....			
26.	Burglary and theft .....	217,565	478,477	427,143
27.	Boiler and machinery .....	373,766	815,284	784,470
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 .....	101,908,243	230,025,404	238,484,375
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 JUNE 30, 2017 OF THE THE CINCINNATI INDEMNITY COMPANY

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	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.

STATEMENT AS OF JUNE 30, 2017 OF THE THE CINCINNATI INDEMNITY COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanations:

1.
3.

Bar Codes:

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







SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	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	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	94,366,575	87,961,619
2. Cost of bonds and stocks acquired .....	4,397,698	9,229,134
3. Accrual of discount .....	13,418	25,935
4. Unrealized valuation increase (decrease) .....	239,876	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 .....	100,411	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) .....	96,566,522	94,366,575
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....	96,566,522	94,366,575

STATEMENT AS OF JUNE 30, 2017 OF THE 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) .....	47,373,799	744,339		(44,255)	47,373,799	48,073,883		47,216,634
2. NAIC 2 (a) .....	21,693,233			1,702	21,693,233	21,694,935		23,465,025
3. NAIC 3 (a) .....	2,036,404			(1,990)	2,036,404	2,034,414		
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds	71,103,436	744,339		(44,543)	71,103,436	71,803,232		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	71,103,436	744,339		(44,543)	71,103,436	71,803,232		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 \$ .....

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 JUNE 30, 2017 OF THE THE CINCINNATI INDEMNITY COMPANY

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Desig- nation or Market Indicator (a)
088833-PS-1 .....	ME BIDDEFORD CITY GO .....		..05/25/2017 .....	RAYMOND JAMES .....		..266,988 .....	..250,000 .....		1FE .....
338765-HC-7 .....	MT FLATHEAD CNTY HIGH SCH DIST GO .....		..04/26/2017 .....	DAVIDSON & CO .....		..477,351 .....	..450,000 .....		1FE .....
2499999. Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						744,339	700,000		XXX
8399997. Total - Bonds - Part 3						744,339	700,000		XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
8399999. Total - Bonds						744,339	700,000		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 .....	VARIOUS .....	..0.000 .....	..838,495 .....			L .....
9099999. Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)						838,495	XXX		XXX
9799997. Total - Common Stocks - Part 3						838,495	XXX		XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						838,495	XXX		XXX
9899999. Total - Preferred and Common Stocks						838,495	XXX		XXX
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9999999 - Totals						1,582,834	XXX		XXX

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

## STATEMENT AS OF JUNE 30, 2017 OF THE 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)
8399997.	Total - Bonds - Part 4																			XXX	XXX
8399998.	Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999.	Total - Bonds																			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	XXX	XXX	XXX
8999999.	Total - Preferred Stocks						XXX													XXX	XXX
847560-10-9	SPECTRA ENERGY CORP		02/27/2017	VARIOUS	0.000	838,495			1,717,990	(1,717,990)			(1,717,990)				838,495	838,495			L
9099999.	Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)					838,495	XXX		1,717,990	(1,717,990)			(1,717,990)				838,495	838,495		XXX	XXX
9799997.	Total - Common Stocks - Part 4					838,495	XXX		1,717,990	(1,717,990)			(1,717,990)				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					838,495	XXX		1,717,990	(1,717,990)			(1,717,990)				838,495	838,495		XXX	XXX
9899999.	Total - Preferred and Common Stocks					838,495	XXX		1,717,990	(1,717,990)			(1,717,990)				838,495	838,495		XXX	XXX
9999999.	Totals					838,495	XXX		1,717,990	(1,717,990)			(1,717,990)				838,495	838,495		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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**N O N E**

## SCHEDULE E - PART 1 - CASH

[illegible]



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

**N O N E**



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2017 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

States, etc.	1  Direct Premiums Written	2  Direct Premiums Earned	Direct Losses Paid		5  Direct Losses Incurred	Direct Losses Unpaid		8  Direct Losses Incurred But Not Reported
			3  Amount	4  No. of Claims		6  Amount Reported	7  No. of Claims	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL								
11. Georgia.....GA								
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL								
15. Indiana.....IN								
16. Iowa.....IA		180			(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	2,289	865			605			605
28. Nebraska.....NE								
29. Nevada.....NV								
30. New Hampshire.....NH								
31. New Jersey.....NJ								
32. New Mexico.....NM								
33. New York.....NY								
34. North Carolina.....NC		1,118			(222)			
35. North Dakota.....ND								
36. Ohio.....OH	9,652	4,826			2,090			2,536
37. Oklahoma.....OK								
38. Oregon.....OR								
39. Pennsylvania.....PA								
40. Rhode Island.....RI								
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN								
44. Texas.....TX								
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA								
49. West Virginia.....WV								
50. Wisconsin.....WI								
51. Wyoming.....WY								
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. U.S. Virgin Islands.....VI								
56. Nothern Mariana Islands.....MP								
57. Canada.....CAN								
58. Aggregate Other Aliens.....OT								
59. Totals	11,941	6,989			2,451			3,142
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 JUNE 30, 2017 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

States, etc.	1	2	Direct Losses Paid		5	Direct Losses Unpaid		8	
			3	4		6	7		
			Direct Premiums Written	Direct Premiums Earned		Amount	No. of Claims		Direct Losses Incurred
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. Notherrn Mariana Islands .....MP									
57. Canada .....CAN									
58. Aggregate Other Aliens .....OT									
59. Totals									
DETAILS OF WRITE-INS									
58001. ....									
58002. ....									
58003. ....									
58998. Summary of remaining write-ins for Line 58 from overflow page .....									
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)									



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2017 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

			1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
					3	4		6	7	
States, etc.			Direct Premiums Written	Direct Premiums Earned	Amount	No. of Claims	Direct Losses Incurred	Amount Reported	No. of Claims	Direct Losses Incurred But Not Reported
1.	Alabama	AL	205,155	103,598			29,706			32,866
2.	Alaska	AK								
3.	Arizona	AZ	10,089	8,316			1,369			3,829
4.	Arkansas	AR	113	1,773			773			(2,624)
5.	California	CA								
6.	Colorado	CO	10,179	7,211			1,772			1,465
7.	Connecticut	CT		3,356			709			940
8.	Delaware	DE								
9.	District of Columbia	DC								
10.	Florida	FL	189,995	170,660			59,963	90,941	2	49,619
11.	Georgia	GA	26,691	31,725			123			13,908
12.	Hawaii	HI								
13.	Idaho	ID	18,697	7,933			2,413			3,657
14.	Illinois	IL	61,249	80,461			59,225	670,166	3	34,138
15.	Indiana	IN	20,389	15,646			(224)			6,886
16.	Iowa	IA	20,280	12,313			2,379			3,836
17.	Kansas	KS	15,875	8,416			1,789			(723)
18.	Kentucky	KY	10,199	10,281			107,922	105,592	2	1,783
19.	Louisiana	LA								
20.	Maine	ME								
21.	Maryland	MD	2,500	3,093			410			1,684
22.	Massachusetts	MA								
23.	Michigan	MI	100,366	86,589			1,001	39,521	1	34,020
24.	Minnesota	MN	20,892	26,960	3,000	1	(21,089)			8,327
25.	Mississippi	MS								
26.	Missouri	MO	14,086	12,921			2,254			3,954
27.	Montana	MT	26,419	24,767			73,638	69,550	1	6,985
28.	Nebraska	NE		222			(6,022)	17,189	1	46
29.	Nevada	NV								
30.	New Hampshire	NH	6,311	10,635			1,407			5,451
31.	New Jersey	NJ								
32.	New Mexico	NM	6,146	2,130			(439)			60
33.	New York	NY	83,332	42,064			92,178	89,383	2	23,059
34.	North Carolina	NC	13,385	17,411			53,831	50,000	2	7,227
35.	North Dakota	ND								
36.	Ohio	OH	126,069	126,051			31,425	10,000	1	33,130
37.	Oklahoma	OK								
38.	Oregon	OR					40			(259)
39.	Pennsylvania	PA	35,711	57,911			14,962	10,000	1	4,244
40.	Rhode Island	RI								
41.	South Carolina	SC	2,619	4,068			590			1,915
42.	South Dakota	SD								
43.	Tennessee	TN	28,849	31,229			5,450	75,000	1	10,849
44.	Texas	TX	10,873	10,100			(508)			(517)
45.	Utah	UT	26,891	13,718	824		18,356	14,451	1	2,114
46.	Vermont	VT	332	4,941			709			2,438
47.	Virginia	VA	17,653	22,638			8,844	25,000	1	11,081
48.	Washington	WA	949	475			57			261
49.	West Virginia	WV	11,029	5,905			1,731			2,096
50.	Wisconsin	WI	54,764	47,624			15,785			(17,593)
51.	Wyoming	WY	6,218	3,814			589			1,591
52.	American Samoa	AS								
53.	Guam	GU								
54.	Puerto Rico	PR								
55.	U.S. Virgin Islands	VI								
56.	Nothern Mariana Islands	MP								
57.	Canada	CAN								
58.	Aggregate Other Aliens	OT								
59.	Totals		1,184,305	1,016,954	3,824	1	563,118	1,266,793	19	291,740
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 JUNE 30, 2017 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

	1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			3	4		6	7	
States, etc.	Direct Premiums Written	Direct Premiums Earned	Amount	No. of Claims	Direct Losses Incurred	Amount Reported	No. of Claims	Direct Losses Incurred But Not Reported
1. Alabama.....AL					(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	66,040	8,255			639			639
33. New York.....NY								
34. North Carolina.....NC								
35. North Dakota.....ND								
36. Ohio.....OH	88,922	70,038			17,890			23,368
37. Oklahoma.....OK								
38. Oregon.....OR								
39. Pennsylvania.....PA	78,486	40,106			9,959			9,327
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		19,110			(1,825)			
48. Washington.....WA								
49. West Virginia.....WV	72,120	33,055			13,706			13,706
50. Wisconsin.....WI	2,873	1,549			5,442	116,009	2	(923)
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	308,441	172,113			45,807	116,009	2	46,118
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)								



2 3 2 8 0 2 0 1 7 5 0 5 0 0 1 0 2

SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2017 OF THE THE CINCINNATI INDEMNITY COMPANY

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended JUNE 30, 2017

NAIC Group Code 0244 NAIC Company Code 23280

Company Name THE CINCINNATI INDEMNITY COMPANY

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

1. Monoline Policies

1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred
\$ 41,944	\$ 37,446	\$ 9,500

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

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

2.31 Amount quantified:

\$ 48,073

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.

\$ 4,582