



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENTAS OF JUNE 30, 2017
OF THE CONDITION AND AFFAIRS OF THE**CINCINNATI INDEMNITY COMPANY**NAIC Group Code 0244 0244 NAIC Company Code 23280 Employer's ID Number 31-1241230
(Current) (Prior)Organized under the Laws of OHIO, State of Domicile or Port of Entry OHCountry of Domicile United States of AmericaIncorporated/Organized 05/19/1988 Commenced Business 01/01/1989Statutory Home Office 6200 SOUTH GILMORE ROAD, FAIRFIELD, OH, US 45014-5141
(Street and Number) (City or Town, State, Country and Zip Code)Main Administrative Office 6200 SOUTH GILMORE ROAD, 513-870-2000
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)Mail Address P.O. BOX 145496, CINCINNATI, OH, US 45250-5496
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)Primary Location of Books and Records 6200 SOUTH GILMORE ROAD, 513-870-2000
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)Internet Website Address WWW.CINFIN.COMStatutory Statement Contact CHRISTINA SCHERPENBERG, 513-870-2000
(Name) (Area Code) (Telephone Number)
christina_scherpenberg@cfin.com, 513-603-5500
(E-mail Address) (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 SEWELLTERESA 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 WEBBState of OHIO SS:
County of BUTLER

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

STEVEN J. JOHNSTON
CHIEF EXECUTIVE OFFICER, PRESIDENTMICHAEL J. SEWELL
CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENTTHERESA A. HOFFER
SENIOR VICE PRESIDENT, TREASURERSubscribed and sworn to before me this
3RD day of AUGUST

a. Is this an original filing? Yes [] 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 Current Year to Date | 2 Prior Year to Date | 3 Prior Year Ended 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) | | | |

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

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| Cash from Operations | | | |
| 1. Premiums collected net of reinsurance | (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) |
| Cash from Investments | | | |
| 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) |
| Cash from Financing and Miscellaneous Sources | | | |
| 16. Cash provided (applied): | | | |
| 16.1 Surplus notes, capital notes | | | |
| 16.2 Capital and paid in surplus, less treasury stock | | | |
| 16.3 Borrowed funds | | | |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities | | | |
| 16.5 Dividends to stockholders | | | |
| 16.6 Other cash provided (applied) | 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 |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) | 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:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

STATEMENT AS OF JUNE 30, 2017 OF THE THE CINCINNATI INDEMNITY COMPANY
NOTES TO FINANCIAL STATEMENTS

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 |
|--|---------------|-----------------|-------------------|---------------|---------------|
| NET INCOME | | | | | |
| (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 |
| SURPLUS | | | | | |
| (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 |
|---|-----------------|-----------------|
| | 3172% | 3172% |
| (a)Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount | | |
| (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 | December 31, 2016 | | |
|--|-------------------|-----------|-----------|
| | Ordinary | Capital | Total |
| 1. Adjusted Gross DTAs amount from Note 9A1(c) | \$ 0 | \$ 79,212 | \$ 79,212 |
| 2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies | 0.00% | 0.00% | 0.00% |
| 3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e) | \$ 0 | \$ 79,212 | \$ 79,212 |
| 4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies | 0.00% | 0.00% | 0.00% |
| (b) The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies. | | | |

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

B. Unrecognized DTLs – Not applicable

C. Current Tax and Change in Deferred Tax

1. Current income tax:

| | 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.

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

NOTES TO FINANCIAL STATEMENTS

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

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

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

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

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

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

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

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

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change: _____

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
 If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [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? Yes [] No [X] N/A []
 If yes, attach an explanation.

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

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2014

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 10/05/2015

6.4 By what department or departments?
 Ohio

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [] N/A []

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

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

7.2 If yes, give full information:

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

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

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

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

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

**STATEMENT AS OF JUNE 30, 2017 OF THE THE CINCINNATI INDEMNITY COMPANY
GENERAL INTERROGATORIES**

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [] No []
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.

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

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

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

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

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

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No []
 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 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 []
 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$
 13. Amount of real estate and mortgages held in short-term investments: \$
 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No []
 14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No []
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []
 If no, attach a description with this statement.

**STATEMENT AS OF 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 [] 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 []

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 []

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 []

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 [] No []

18.2 If no, list exceptions:

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

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

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

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

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

3.2 If yes, give full and complete information thereto.

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

4.2 If yes, complete the following schedule:

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

5. Operating Percentages:

5.1 A&H loss percent %

5.2 A&H cost containment percent %

5.3 A&H expense percent excluding cost containment expenses %

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

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

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

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

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

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

STATEMENT AS OF JUNE 30, 2017 OF THE THE CINCINNATI INDEMNITY COMPANY
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

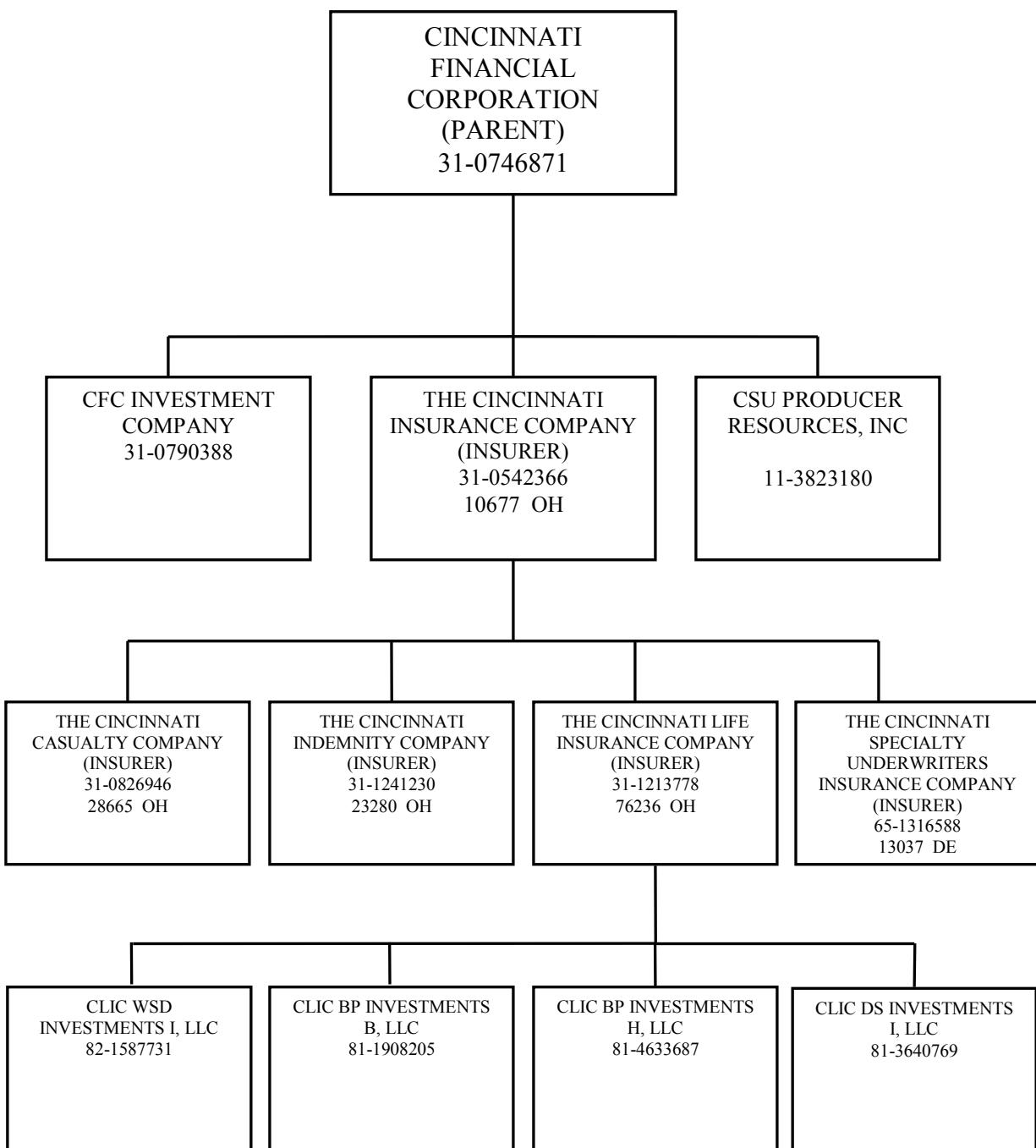
Current Year to Date - Allocated by States and Territories

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



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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk

Explanation

STATEMENT AS OF JUNE 30, 2017 OF THE THE CINCINNATI INDEMNITY COMPANY
PART 1 - LOSS EXPERIENCE

| Line of Business | Current Year to Date | | | 4 Prior Year to Date Direct Loss Percentage |
|---|--------------------------------|--------------------------------|--------------------------------|--|
| | 1 Direct Premiums Earned | 2 Direct Losses Incurred | 3 Direct Loss Percentage | |
| 1. Fire | 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 Current Quarter | 2 Current Year to Date | 3 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

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

NONE

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]



STATEMENT AS OF JUNE 30, 2017 OF THE THE CINCINNATI INDEMNITY COMPANY
OVERFLOW PAGE FOR WRITE-INS

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

SCHEDULE A - VERIFICATION

Real Estate

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

NONE**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

NONE**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 Year to Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | .94,366,575 | 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 \$

SI02

Schedule DA - Part 1 - Short-Term Investments

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

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

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule E - Verification - Cash Equivalents

N O N E

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

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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 CUSIP Identification | 2 Description | 3 Foreign | 4 Date Acquired | 5 Name of Vendor | 6 Number of Shares of Stock | 7 Actual Cost | 8 Par Value | 9 Paid for Accrued Interest and Dividends | 10 NAIC Desig- nation or Market Indicator (a) |
|--|---|--------------|-----------------------|---------------------|--------------------------------------|------------------|----------------|--|--|
| 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 | .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 CUSIP Ident- ification | 2 Description | 3 For- eign | 4 Disposal Date | 5 Name of Purchaser | 6 Number of Shares of Stock | 7 Consid- eration | 8 Par Value | 9 Actual Cost | 10 Prior Year Book/ Adjusted Carrying Value | Change In Book/Adjusted Carrying Value | | | | | 16 Book/ Adjusted Carrying Value at Disposal Date | 17 Foreign Exchange Gain Value at Disposal | 18 Realized Gain (Loss) on Disposal | 19 Total Gain (Loss) on Disposal | 20 Bond Interest/ Stock Dividends Received During Year | 21 Stated Con- tractual Maturity Date | 22 NAIC Desig- nation or Market In- dicator (a) | | |
|---|------------------|-------------------|-----------------------|---------------------------|--------------------------------------|-------------------------|----------------|---------------------|--|--|--|---|---|---|---|---|---|---|--|--|---|-----|-----|
| | | | | | | | | | | 11 Unrealized Valuation Increase/ (Decrease) | 12 Current Year's (Amor- tization)/ Accretion | 13 Current Year's Other Than Temporary Impairment Recog- nized | 14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13) | 15 Total Foreign Exchange Change in Book /Adjusted Carrying Value | | | | | | | | | |
| 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 | |
| 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 | |
| 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) | | | | | | | 838,495 | 838,495 | XXX | XXX |
| 9099999. Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated) | | | | | | | | | | 838,495 | XXX | 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) | | | | | | | 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 | |
| 9799999. Total - Common Stocks | | | | | | | | | | 838,495 | XXX | 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) | | | | | | | 838,495 | 838,495 | XXX | XXX |
| 9999999 - Totals | | | | | | | | | | 838,495 | XXX | 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
NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open
NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
NONE

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open
NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By
NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To
NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
NONE

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

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

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

| 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 | 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. Northern 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**

| States, etc. | 1 Direct Premiums Written | 2 Direct Premiums Earned | Direct Losses Paid | | 5 Direct Losses Incurred | Direct Losses Unpaid | | 8 Direct Losses Incurred But Not Reported |
|--|------------------------------|-----------------------------|--------------------|--------------------|-----------------------------|----------------------|--------------------|--|
| | | | 3 Amount | 4 No. of Claims | | 6 Amount Reported | 7 No. of Claims | |
| 1. Alabama | AL | | | | (5) | | | |
| 2. Alaska | AK | | | | | | | |
| 3. Arizona | AZ | | | | | | | |
| 4. Arkansas | AR | | | | | | | |
| 5. California | CA | | | | | | | |
| 6. Colorado | CO | | | | | | | |
| 7. Connecticut | CT | | | | | | | |
| 8. Delaware | DE | | | | | | | |
| 9. District of Columbia | DC | | | | | | | |
| 10. Florida | FL | | | | | | | |
| 11. Georgia | GA | | | | | | | |
| 12. Hawaii | HI | | | | | | | |
| 13. Idaho | ID | | | | | | | |
| 14. Illinois | IL | | | | | | | |
| 15. Indiana | IN | | | | | | | |
| 16. Iowa | IA | | | | | | | |
| 17. Kansas | KS | | | | | | | |
| 18. Kentucky | KY | | | | | | | |
| 19. Louisiana | LA | | | | | | | |
| 20. Maine | ME | | | | | | | |
| 21. Maryland | MD | | | | | | | |
| 22. Massachusetts | MA | | | | | | | |
| 23. Michigan | MI | | | | | | | |
| 24. Minnesota | MN | | | | | | | |
| 25. Mississippi | MS | | | | | | | |
| 26. Missouri | MO | | | | | | | |
| 27. Montana | MT | | | | | | | |
| 28. Nebraska | NE | | | | | | | |
| 29. Nevada | NV | | | | | | | |
| 30. New Hampshire | NH | | | | | | | |
| 31. New Jersey | NJ | | | | | | | |
| 32. New Mexico | NM | 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) | | | | | | | | |



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