



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENTAS OF JUNE 30, 2017
OF THE CONDITION AND AFFAIRS OF THE**CINCINNATI CASUALTY COMPANY**NAIC Group Code 0244 0244 NAIC Company Code 28665 Employer's ID Number 31-0826946
(Current) (Prior)Organized under the Laws of OHIO, State of Domicile or Port of Entry OHCountry of Domicile United States of AmericaIncorporated/Organized 12/27/1972 Commenced Business 03/31/1973Statutory 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 SEWELL

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

DIRECTORS OR TRUSTEES

WILLIAM FOREST 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 FREDRICK STEELE JR
TIMOTHY LEE TIMMEL	WILLIAM HAROLD VAN DEN HEUVEL	LARRY RUSSEL WEBB

State 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.....

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

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	265,361,676		265,361,676	268,273,675
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	112,386,656		112,386,656	105,261,666
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 (\$ 12,336,698), cash equivalents (\$) and short-term investments (\$)	12,336,698		12,336,698	2,860,101
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)	390,085,030		390,085,030	376,398,366
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	2,991,933		2,991,933	3,206,291
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	19,065,037		19,065,037	14,099,903
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts	3,517,093		3,517,093	3,240,590
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon	457,026		457,026	
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	4,187,229		4,187,229	11,335,891
24. Health care (\$) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	206,990		206,990	
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	420,510,338		420,510,338	408,281,041
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	420,510,338		420,510,338	408,281,041
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 RECEIVABLE	206,990		206,990	
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)	206,990		206,990	

STATEMENT AS OF JUNE 30, 2017 OF THE THE CINCINNATI CASUALTY 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)	(936)	(3,605)
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))	.109,258	
7.2 Net deferred tax liability	20,982,218	19,092,042
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)	26,645,598	28,193,046
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others	1,459,621	988,281
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	3,721	3,244
20. Derivatives		
21. Payable for securities	1,719,137	
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)	50,809,359	48,382,266
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	50,809,359	48,382,266
29. Aggregate write-ins for special surplus funds		
30. Common capital stock	3,750,000	3,750,000
31. Preferred capital stock		
32. Aggregate write-ins for other than special surplus funds		
33. Surplus notes		
34. Gross paid in and contributed surplus	18,000,000	18,000,000
35. Unassigned funds (surplus)	347,950,979	338,148,775
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)	369,700,979	359,898,775
38. Totals (Page 2, Line 28, Col. 3)	420,510,338	408,281,041
DETAILS OF WRITE-INS		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)		
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page		
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)		
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page		
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)		

STATEMENT AS OF JUNE 30, 2017 OF THE THE CINCINNATI CASUALTY COMPANY
STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 189,859,004)	174,725,004	159,948,877	329,326,389
1.2 Assumed (written \$ 43)	43	104	150
1.3 Ceded (written \$ 189,859,047)	174,725,047	159,948,980	329,326,539
1.4 Net (written \$)			
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	84,923,484	98,055,082	185,314,769
2.2 Assumed	(65,304)	77,194	(130,711)
2.3 Ceded	84,858,181	98,132,276	185,184,058
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	6,751,596	6,623,229	13,383,573
10. Net realized capital gains (losses) less capital gains tax of \$ 490,977	8,842,449	119,046	342,360
11. Net investment gain (loss) (Lines 9 + 10)	15,594,045	6,742,275	13,725,933
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)	15,594,045	6,742,275	13,725,933
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)	15,594,045	6,742,275	13,725,933
19. Federal and foreign income taxes incurred	1,303,006	1,291,513	2,632,242
20. Net income (Line 18 minus Line 19)(to Line 22)	14,291,039	5,450,762	11,093,691
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	359,898,775	336,503,250	336,503,250
22. Net income (from Line 20)	14,291,039	5,450,762	11,093,691
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ (909,530)	(1,689,129)	7,526,948	12,297,474
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	(2,799,707)	(6,378)	4,360
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)	9,802,204	12,971,332	23,395,525
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	369,700,979	349,474,582	359,898,775
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 CASUALTY 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	(1,547,448)	(1,165,870)	2,984,944
2. Net investment income	7,441,247	7,095,157	14,226,276
3. Miscellaneous income			
4. Total (Lines 1 to 3)	5,893,799	5,929,287	17,211,220
5. Benefit and loss related payments	5,241,637	6,152,312	317,305
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 \$ 407,237 tax on capital gains (losses)	2,360,267	1,734,000	3,028,403
10. Total (Lines 5 through 9)	7,601,904	7,886,312	3,345,708
11. Net cash from operations (Line 4 minus Line 10)	(1,708,105)	(1,957,025)	13,865,512
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	35,460,997	27,911,143	35,237,832
12.2 Stocks	2,349,179		491,287
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	1,719,137		
12.8 Total investment proceeds (Lines 12.1 to 12.7)	39,529,213	27,911,143	35,729,119
13. Cost of investments acquired (long-term only):			
13.1 Bonds	33,046,407	29,417,885	45,668,362
13.2 Stocks	2,711,593	4,834,569	5,287,300
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets	86		633
13.6 Miscellaneous applications		1,870,912	1,870,912
13.7 Total investments acquired (Lines 13.1 to 13.6)	35,758,087	36,123,366	52,827,207
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)	3,771,127	(8,212,223)	(17,098,088)
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)	7,413,576	7,824,112	(2,807,178)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	7,413,576	7,824,112	(2,807,178)
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)	9,476,597	(2,345,136)	(6,039,754)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	2,860,102	8,899,856	8,899,856
19.2 End of period (Line 18 plus Line 19.1)	12,336,698	6,554,720	2,860,102

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

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

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

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of The Cincinnati Casualty 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	\$ 14,291,039	\$ 11,093,691
(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	\$ 14,291,039	\$ 11,093,691
SURPLUS					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 369,700,979	\$ 359,898,775
(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	\$ 369,700,979	\$ 359,898,775

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	\$ 12,050	\$ 20,970,169	\$ 20,982,219
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (12,050)	\$ (20,970,169)	\$ (20,982,219)

	December 31, 2016		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 0	\$ 129,614	\$ 129,614
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	129,614	129,614
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	129,614	129,614
(f) Deferred Tax Liabilities	\$ 14,200	\$ 19,207,456	\$ 19,221,656
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (14,200)	\$ (19,077,842)	\$ (19,092,042)

	Change		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 0	\$ (129,614)	\$ (129,614)
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	(129,614)	(129,614)
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	(129,614)	(129,614)
(f) Deferred Tax Liabilities	\$ (2,150)	\$ 1,762,713	\$ 1,760,563
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ 2,150	\$ (1,892,327)	\$ (1,890,177)

STATEMENT AS OF JUNE 30, 2017 OF THE CINCINNATI CASUALTY 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	55,455,147
(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	53,984,816
(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	129,614	129,614
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c)	\$ 0	\$ 129,614	\$ 129,614

	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	1,470,331
(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	(129,614)	(129,614)
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c)	\$ 0	\$ (129,614)	\$ (129,614)

3.

	2017 Percentage	2016 Percentage
	2718%	2718%
(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	\$ 359,898,775	\$ 359,898,775

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 CASUALTY COMPANY

NOTES TO FINANCIAL STATEMENTS

Impact of Tax Planning Strategies	2016		
	Ordinary	Capital	Total
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 0	\$ 129,614	\$ 129,614
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	\$ 129,614	\$ 129,614
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	\$ (129,614)	\$ (129,614)
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	\$ (129,614)	\$ (129,614)
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	\$ 1,303,006	\$ 2,632,242	\$ (1,329,236)
(b) Foreign	0	0	0
(c) Subtotal	1,303,006	2,632,242	(1,329,236)
(d) Federal income tax on capital gains/(losses)	490,977	156,016	334,961
(e) Utilization of capital loss carryforwards	0	0	0
(f) Other	0	0	0
(g) Federal income taxes incurred	\$ 1,793,983	\$ 2,788,258	\$ (994,275)

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	\$ 129,614	\$ (129,614)
2. Unrealized loss on investments	0	0	0
99. Subtotal	\$ 0	\$ 129,614	\$ (129,614)
(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	\$ 129,614	\$ (129,614)
(i) Admitted deferred tax assets (2(d)+2(h))	\$ 0	\$ 129,614	\$ (129,614)

3. Deferred tax liabilities:

	June 30, 2017	December 31, 2016	Change
(a) Ordinary			
1. Commission expense	\$ 0	\$ 0	\$ 0
2. Other, net	12,050	14,200	(2,150)
99. Subtotal	\$ 12,050	\$ 14,200	\$ (2,150)
(b) Capital			
1. Investments	\$ 2,672,243	\$ 0	\$ 2,672,243
2. Unrealized gain on investments	18,297,926	19,207,456	(909,530)
3. Other	0	0	0
99. Subtotal	\$ 20,970,169	\$ 19,207,456	\$ 1,762,713
(c) Deferred tax liabilities (3(a)99+3(b)99)	\$ 20,982,219	\$ 19,221,656	\$ 1,760,563
4. Net deferred tax assets/(liabilities) (2(i)-3(c)):	\$ (20,982,219)	\$ (19,092,042)	\$ (1,890,177)

STATEMENT AS OF JUNE 30, 2017 OF THE CINCINNATI CASUALTY 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	\$ 129,614	\$ (129,614)
Total deferred tax liabilities	20,982,219	19,221,656	1,760,563
Net deferred tax asset/(liability)	\$(20,982,219)	\$(19,092,042)	\$ (1,890,177)
Tax effect of unrealized gains/(losses)			(909,530)
Change in net deferred income tax (charge)/benefit			\$ (2,799,707)
	December 31, 2016	December 31, 2015	Change
Total deferred tax assets	\$ 129,614	\$ 121,858	\$ 7,756
Total deferred tax liabilities	19,221,656	12,596,544	6,625,112
Net deferred tax asset/(liability)	\$(19,092,042)	\$(12,474,686)	\$ (6,617,356)
Tax effect of unrealized gains/(losses)			6,621,716
Change in net deferred income tax (charge)/benefit			\$ 4,360

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	\$ 16,085,023	\$ 5,629,758	35.00 %
Net tax exempt interest	(2,150,040)	(752,514)	(4.68)%
Net dividends received deduction (DRD)	(819,186)	(286,715)	(1.78)%
Other items permanent, net	5	2	0.00 %
DRD on accrued	9,026	3,159	0.02 %
Total	\$ 13,124,828	\$ 4,593,690	28.56 %
Federal income tax expense incurred/(benefit)	\$ 3,722,874	\$ 1,303,006	8.10 %
Tax on capital gains/(losses)	1,402,791	490,977	3.05 %
Change in net deferred income tax charge/(benefit)	7,999,163	2,799,707	17.41 %
Total statutory income taxes incurred/(benefit)	\$ 13,124,828	\$ 4,593,690	28.56 %

Description	As of December 31, 2016		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 13,881,949	\$ 4,858,682	35.00 %
Net tax exempt interest	(4,244,320)	(1,485,512)	(10.70)%
Net dividends received deduction (DRD)	(1,669,454)	(584,309)	(4.21)%
Other items permanent, net	70	25	0.00 %
DRD on accrued	(14,251)	(4,988)	(0.04)%
Total	\$ 7,953,994	\$ 2,783,898	20.05 %
Federal income tax expense incurred/(benefit)	\$ 7,520,691	\$ 2,632,242	18.96 %
Tax on capital gains/(losses)	445,760	156,016	1.12 %
Change in net deferred income tax charge/(benefit)	(12,457)	(4,360)	(0.03)%
Total statutory income taxes incurred/(benefit)	\$ 7,953,994	\$ 2,783,898	20.05 %

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	\$ 1,303,006	\$ 490,978	\$ 1,793,984
2016	2,632,242	156,016	2,788,258
2015	0	884,776	884,776
Total	\$ 3,935,248	\$ 1,531,770	\$ 5,467,018

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 Indemnity 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 CASUALTY 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 \$4,187,229 due from the Parent Company, The Cincinnati Insurance 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 CASUALTY 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	\$ 112,386,656	\$ 0	\$ 0	\$ 112,386,656

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 CASUALTY 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	\$ 275,101,277	\$ 265,361,676	\$ 1,628,465	\$ 273,472,812	\$ 0	\$ 0
Common Stock	112,386,656	112,386,656	112,386,656	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 CASUALTY 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.
 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 CASUALTY 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: \$ 4,187,229

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 CASUALTY 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 OH 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:

For securities not filed with the SVO, please see the attached on page 7.2.1

CINCINNATI CASUALTY COMPANY

As of 6/30/17

Cusip	Description	Par	Book Adjusted		SVO Rating
			Carry Value	 	
20727PAD6	CONGRESSIONAL BNCSHRS	2,000,000.00	2,000,000.00	2Z	
		2,000,000.00	2,000,000.00		

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

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

NONE

6

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

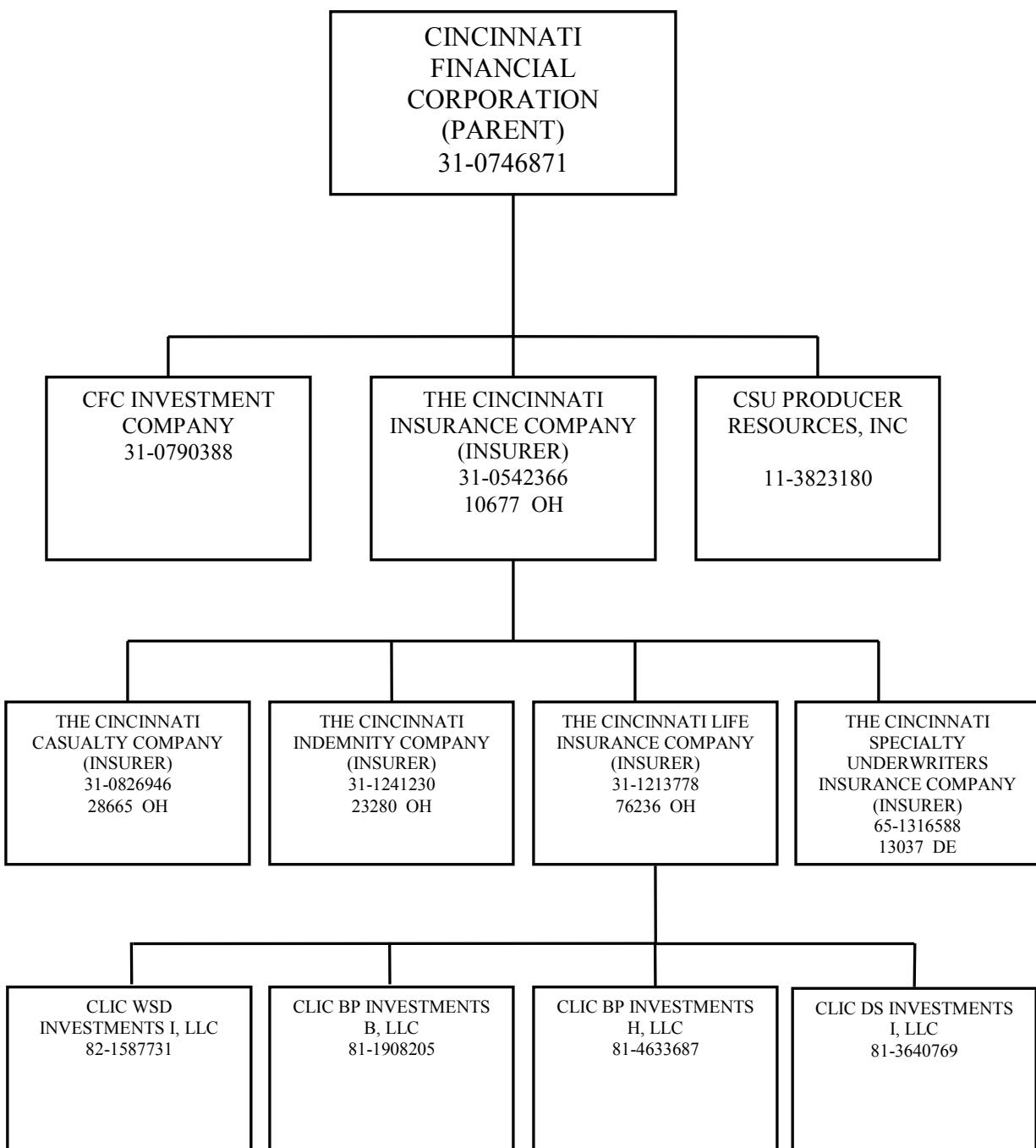
Current Year to Date - Allocated by States and Territories

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	5,507,428	4,322,232	2,758,158	1,334,722	5,403,480	4,495,819
2. Alaska	AK	L	4,277,896	3,227,215	1,944,086	523,404	4,120,480
3. Arizona	AZ	L	3,870,472	2,980,651	867,952	2,230,781	4,458,068
4. Arkansas	AR	L	250,752	238,108	4,827	7,181	334,522
5. California	CA	L	1,561,327	1,187,361	836,386	492,352	4,864,464
6. Colorado	CO	L	438,514	482,062	12,554	62,075	1,191,490
7. Connecticut	CT	L	1,236,230	1,577,573	527,448	491,979	2,374,403
8. Delaware	DE	L	172,474	114,334	24,302	5,908	247,083
9. District of Columbia	DC	L	452,087	321,032	141,413	173,776	3,509,364
10. Florida	FL	L	12,118,295	11,872,397	4,839,266	3,199,417	24,828,650
11. Georgia	GA	L	435	141			830
12. Hawaii	HI	L	1,793,172	1,513,639	463,592	281,447	1,682,514
13. Idaho	ID	L	18,828,674	17,674,759	8,143,663	10,114,556	1,380,863
14. Illinois	IL	L	12,493,277	13,421,255	7,630,075	6,948,286	44,781,887
15. Indiana	IN	L	3,263,833	3,257,733	1,695,958	1,949,737	15,122,400
16. Iowa	IA	L	3,033,270	2,477,484	847,543	520,907	5,625,528
17. Kansas	KS	L	5,170,241	4,395,647	10,295,052	1,586,999	7,300,836
18. Kentucky	KY	L	43,527	18,072	20,721	6,893	83,086
19. Louisiana	LA	L	(4,309)	47,540		22	74,568
20. Maine	ME	L	3,343,516	3,183,530	2,267,722	1,459,640	16,908
21. Maryland	MD	L	13,566				17,225
22. Massachusetts	MA	L	11,066,725	10,294,149	4,731,128	3,147,635	1,096
23. Michigan	MI	L	3,999,275	4,199,077	793,625	1,747,515	37,245,326
24. Minnesota	MN	L	141,293	101,508	2,747	6,567	9,946,520
25. Mississippi	MS	L	7,831,879	7,148,492	2,540,555	2,302,749	22,767,414
26. Missouri	MO	L	834,790	715,331	159,992	154,269	22,022,621
27. Montana	MT	L	3,259,509	3,042,831	1,019,126	5,536,192	693,152
28. Nebraska	NE	L	24,516	22,050			329,660
29. Nevada	NV	L	669,860	737,343	296,755	519,418	20,172
30. New Hampshire	NH	L	524,044	418,332	103,586	38,194	17,658
31. New Jersey	NJ	L	941,901	1,079,636	119,614	80,797	3,040,633
32. New Mexico	NM	L	2,460,456	2,391,378	1,261,168	602,388	2,847,571
33. New York	NY	L	9,137,751	8,460,880	4,058,462	3,805,938	1,413,236
34. North Carolina	NC	L	422,318	423,605	147,077	27,954	2,628,134
35. North Dakota	ND	L	18,066,751	16,885,920	3,639,339	2,741,549	26,084,351
36. Ohio	OH	L	214,515	274,071	23,877	22,192	17,911,011
37. Oklahoma	OK	L	3,593,261	2,991,085	1,104,319	556,524	.579,614
38. Oregon	OR	L	16,715,020	17,749,761	6,216,878	838,040	8,644,291
39. Pennsylvania	PA	L	1,087	14,065	29,763	7,891,640	2,351,826
40. Rhode Island	RI	L	1,501,750	1,806,907	827,176	6,742,099	46,458,539
41. South Carolina	SC	L	575,901	512,615	865,546	120,328	46,081,948
42. South Dakota	SD	L	6,567,946	6,136,118	6,788,818	1,510,033	2,106,047
43. Tennessee	TN	L	5,112,657	5,699,378	7,463,786	21,969,746	3,607,715
44. Texas	TX	L	2,825,120	2,222,995	1,325,411	6,788,818	16,828,994
45. Utah	UT	L	1,893,715	1,402,991	709,102	456,180	26,686,066
46. Vermont	VT	L	6,754,442	6,070,805	2,731,012	555,025	5,189,409
47. Virginia	VA	L	993,075	697,869	115,485	3,183,422	5,871,576
48. Washington	WA	L	1,518,003	1,307,757	132,612	(45,491)	21,556,664
49. West Virginia	WV	L	4,108,353	5,003,925	1,777,183	486,500	19,592,716
50. Wisconsin	WI	L	238,414	225,887	23,657	2,156,976	3,071,100
51. Wyoming	WY	L				15,618,913	2,816,979
52. American Samoa	AS	N					16,362,775
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	189,859,004	180,349,526	92,328,516	76,682,604	533,532,918	535,964,680
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 CASUALTY COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk

Explanation

STATEMENT AS OF JUNE 30, 2017 OF THE THE CINCINNATI CASUALTY 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	2,140,080	990,190	46.3	113.6
2. Allied Lines	1,932,983	2,510,190	129.9	140.6
3. Farmowners multiple peril		(140)		
4. Homeowners multiple peril				
5. Commercial multiple peril	54,318,176	33,294,846	61.3	97.1
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine	830,915	344,167	41.4	47.2
10. Financial guaranty				
11.1 Medical professional liability - occurrence	952,417	1,035,224	108.7	43.2
11.2 Medical professional liability - claims-made	53,291	63,076	118.4	(23.4)
12. Earthquake	56,757			
13. Group accident and health				
14. Credit accident and health				
15. Other accident and health				
16. Workers' compensation	71,727,366	23,276,116	32.5	41.4
17.1 Other liability - occurrence	16,298,540	7,612,502	46.7	24.2
17.2 Other liability - claims-made	757,159	281,323	37.2	80.3
17.3 Excess workers' compensation				
18.1 Products liability - occurrence	4,263,745	228,389	5.4	14.3
18.2 Products liability - claims-made				
19.1,19.2 Private passenger auto liability	7,395	8,937	120.9	(46.8)
19.3,19.4 Commercial auto liability	15,102,697	10,954,459	72.5	78.0
21. Auto physical damage	5,805,383	4,157,204	71.6	77.5
22. Aircraft (all perils)				
23. Fidelity				
24. Surety	109,809			
26. Burglary and theft	90,971			15.2
27. Boiler and machinery	277,319	167,000	60.2	32.5
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	174,725,004	84,923,484	48.6	61.3
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	1,182,941	2,264,520	1,770,930	
2. Allied Lines	1,005,345	1,994,624	1,610,914	
3. Farmowners multiple peril				
4. Homeowners multiple peril				
5. Commercial multiple peril	30,447,155	60,759,471	54,112,053	
6. Mortgage guaranty				
8. Ocean marine	367,020	864,121	929,365	
9. Inland marine				
10. Financial guaranty				
11.1 Medical professional liability - occurrence	564,414	1,028,159	1,088,047	
11.2 Medical professional liability - claims-made	5,087	31,539	13,538	
12. Earthquake	48,328	80,674	72,369	
13. Group accident and health				
14. Credit accident and health				
15. Other accident and health				
16. Workers' compensation	34,550,028	74,109,990	77,546,375	
17.1 Other liability - occurrence	8,959,507	18,018,189	16,019,445	
17.2 Other liability - claims-made	409,692	902,560	716,253	
17.3 Excess workers' compensation				
18.1 Products liability - occurrence	1,881,409	4,915,503	5,363,278	
18.2 Products liability - claims-made				
19.1,19.2 Private passenger auto liability	2,421	4,355	7,331	
19.3,19.4 Commercial auto liability	8,793,061	17,476,299	14,861,786	
21. Auto physical damage	3,425,045	6,910,938	5,803,303	
22. Aircraft (all perils)				
23. Fidelity				
24. Surety	28,523	102,297	118,359	
26. Burglary and theft	54,095	117,635	84,897	
27. Boiler and machinery	149,847	278,130	231,283	
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	91,873,918	189,859,004	180,349,526	
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 CASUALTY 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 CASUALTY 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 CASUALTY COMPANY
OVERFLOW PAGE FOR WRITE-INS

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	373,535,341	339,850,076
2. Cost of bonds and stocks acquired	48,549,826	50,955,662
3. Accrual of discount	39,862	93,797
4. Unrealized valuation increase (decrease)	(2,598,659)	18,919,190
5. Total gain (loss) on disposals	9,333,309	498,376
6. Deduct consideration for bonds and stocks disposed of	50,531,005	35,729,119
7. Deduct amortization of premium	580,343	1,052,641
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)	377,748,332	373,535,341
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	377,748,332	373,535,341

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

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	171,995,482	22,323,932	17,538,808	2,192,180	171,995,482	178,972,786		178,430,268
2. NAIC 2 (a)	88,742,229	1,115,055	5,039,117	(2,463,619)	88,742,229	82,354,548		87,843,487
3. NAIC 3 (a)	2,036,405			1,997,938	2,036,405	4,034,343		1,999,920
4. NAIC 4 (a)	1,989,400			(1,989,400)	1,989,400			
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	264,763,516	23,438,987	22,577,925	(262,901)	264,763,516	265,361,677		268,273,675
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	264,763,516	23,438,987	22,577,925	(262,901)	264,763,516	265,361,677		268,273,675

(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 CASUALTY 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)
419792-RX-6	HI STATE GO		.05/11/2017	MERRILL LYNCH	520,815		.500,000		1FE
1799999. Subtotal - Bonds - U.S. States, Territories and Possessions									XXX
59333R-HV-9	FL MIAMI-DADE CNTY SCH DIST GO		.04/18/2017	MORGAN STANLEY	2,108,420		2,000,000		1FE
659411-DW-9	WI N FOND DU LAC SCH DIST GO		.06/23/2017	PIPER JAFFRAY	1,719,137		1,740,000		1FE
942830-TV-2	IA WAUKEE CITY GO		.04/18/2017	RW BAIRD	1,732,361		1,755,000		1FE
942830-TW-0	IA WAUKEE CITY GO		.04/18/2017	RW BAIRD	1,788,500		1,825,000		1FE
2499999. Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions					7,348,418		7,320,000		XXX
14762P-AW-3	CA CASITAS WTR DIST REVENUE		.05/11/2017	PIPER JAFFRAY	985,120		1,000,000		1FE
167593-D4-1	IL CHICAGO O'HARE INTRNL APT REVENUE		.06/21/2017	LOOP CAPITAL MARKETS	2,608,575		2,500,000		1FE
358184-PV-5	CA FRNSNO JT PWRS FNG REVENUE		.04/20/2017	RAYMOND JAMES	605,530		.525,000		1FE
358184-PX-1	CA FRESNO JT PWRS FNG REVENUE		.04/20/2017	RAYMOND JAMES	1,145,170		1,000,000		1FE
518336-CY-6	PA LATROBE MUN AUTH REVENUE		.04/20/2017	JANNEY MONTGOMERY SCOTT	1,558,784		1,585,000		1FE
64971W-6Z-8	NY CITY TRANSITIONAL FIN AUTH REVENUE		.06/23/2017	LOOP CAPITAL MARKETS	4,278,600		4,000,000		1FE
683548-CW-9	AL OPELKA UTILI BRD REVENUE		.05/12/2017	RAYMOND JAMES	1,885,788		1,900,000		1FE
900680-BD-0	AL TUSCALOOSA CNTY BRD OF EDU REVENUE		.05/25/2017	RAYMOND JAMES	695,868		.600,000		1FE
914513-FF-8	AL UNIV OF MONTevallo REVENUE		.05/03/2017	STIFEL NICOLAUS	691,264		.700,000		1FE
3199999. Subtotal - Bonds - U.S. Special Revenues					14,454,699		13,810,000		XXX
125509-4H-2	CIGNA CORP		.06/27/2017	FTN FINANCIAL	1,115,055		.900,000		22,759 2FE
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					1,115,055		900,000		22,759 XXX
8399997. Total - Bonds - Part 3					23,438,987		22,530,000		22,759 XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
8399999. Total - Bonds					23,438,987		22,530,000		22,759 XXX
8999997. Total - Preferred Stocks - Part 3						XXX			XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks						XXX			XXX
29250N-10-5	ENBRIDGE INC	A	.02/27/2017	VARIOUS	0.000	7,997,240			L
9099999. Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)						7,997,240			XXX
9799997. Total - Common Stocks - Part 3						7,997,240			XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						7,997,240			XXX
9899999. Total - Preferred and Common Stocks						7,997,240			XXX
9999999 - Totals						31,436,227			22,759 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 CASUALTY 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 (Loss) on 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 Design- ation 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	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book/ Adjusted Carrying Value								
..129271-ND-0	MI CALEDONIA CNTY SCHLS GO		05/01/2017	SECURITY CALLED BY ISSUER at 100.000		1,075,000	1,075,000	1,071,463	1,073,441		87		..87		1,073,528		1,472	1,472	23,650	05/01/2022	1FE	
..495224-J6-5	WA KING CNTY SCHL DIST GO		06/01/2017	SECURITY CALLED BY ISSUER at 100.000		5,775,000	5,775,000	5,756,347	5,767,392		584		584		5,767,977		7,023	7,023	122,719	12/01/2021	1FE	
..597749-YX-2	TX MIDLAND GO		05/29/2017	SECURITY CALLED BY ISSUER at 100.000		2,515,000	2,515,000	2,509,970	2,514,018		180		180		2,514,198		802	802	78,637	03/01/2019	1FE	
..844215-0B-2	MI SOUTHFIELD PUB SCHLS GO		05/01/2017	SECURITY CALLED BY ISSUER at 100.000		4,765,000	4,765,000	4,759,854	4,762,962		143		143		4,763,105		1,895	1,895	104,830	05/01/2021	1FE	
2499999. Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions					14,130,000	14,130,000	14,097,634	14,117,813		994		994		14,118,808		11,192	11,192	329,836	XXX	XXX		
..046265-4F-1	ASTORIA FINANCIAL CORP		06/19/2017	MATURITY		1,420,000	1,420,000	1,519,499	1,429,398		(9,398)		(9,398)		1,420,000				35,500	06/19/2017	1FE	
..120568-AV-2	BUNGE LIMITED FINANCE CO		06/15/2017	MATURITY		1,000,000	1,000,000	998,080	999,812		188		188		1,000,000				16,000	06/15/2017	2FE	
..631103-3E-8	NASDAQ OMX GROUP		05/26/2017	SECURITY CALLED BY ISSUER at 102,359		3,000,000	3,000,000	3,278,100	3,063,436		(24,319)		(24,319)		3,039,117		(39,117)	(39,117)	206,405	01/16/2018	2FE	
..23329P-AA-8	DNB BANK ASA	D	04/03/2017	MATURITY		2,000,000	2,000,000	1,998,260	1,999,905		.95		.95		2,000,000		32,000	32,000	44,032	04/03/2017	1FE	
..54569T-AA-4	LOTTE SHOPPING CO LTD	D	05/09/2017	MATURITY		1,000,000	1,000,000	997,720	999,825		175		175		1,000,000				16,875	05/09/2017	2FE	
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					8,420,000	8,420,000	8,791,659	8,492,376		(33,259)		(33,259)		8,459,117		(39,117)	(39,117)	306,780	XXX	XXX		
8399997. Total - Bonds - Part 4					22,550,000	22,550,000	22,889,293	22,610,189		(32,265)		(32,265)		22,577,925		(27,925)	(27,925)	636,616	XXX	XXX		
8399998. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
8399999. Total - Bonds					22,550,000	22,550,000	22,889,293	22,610,189		(32,265)		(32,265)		22,577,925		(27,925)	(27,925)	636,616	XXX	XXX		
8999997. Total - Preferred Stocks - Part 4					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
8999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
8999999. Total - Preferred Stocks					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
..847560-10-9	SPECTRA ENERGY CORP		02/27/2017	VARIOUS	0.000	7,997,240		16,252,329	(16,252,329)			(16,252,329)				7,997,240		7,997,240	7,997,240			
9099999. Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)					7,997,240	XXX	16,252,329	(16,252,329)			(16,252,329)				7,997,240		7,997,240	7,997,240	XXX	XXX		
9799997. Total - Common Stocks - Part 4					7,997,240	XXX	16,252,329	(16,252,329)			(16,252,329)				7,997,240		7,997,240	7,997,240	XXX	XXX		
9799998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
9799999. Total - Common Stocks					7,997,240	XXX	16,252,329	(16,252,329)			(16,252,329)				7,997,240		7,997,240	7,997,240	XXX	XXX		
9899999. Total - Preferred and Common Stocks					7,997,240	XXX	16,252,329	(16,252,329)			(16,252,329)				7,997,240		7,997,240	7,997,240	XXX	XXX		
9999999 - Totals					30,547,240	XXX	22,889,293	38,862,518	(16,252,329)	(32,265)		(16,284,594)				22,577,925		7,969,315	7,969,315	636,616	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 CASUALTY 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



2 8 6 6 5 2 0 1 7 4 5 5 2 0 1 0 2

SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2017 OF THE THE CINCINNATI CASUALTY 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	4,101	2,722			793		1,338
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		1,381			(439)		
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	7,490	4,233			9,985		9,649
35. North Dakota	ND							
36. Ohio	OH		12,514			5,081		
37. Oklahoma	OK							
38. Oregon	OR							
39. Pennsylvania	PA							
40. Rhode Island	RI							
41. South Carolina	SC							
42. South Dakota	SD							
43. Tennessee	TN							
44. Texas	TX	1,236	618			353		371
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		12,827	21,468			15,772		11,358
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



2 8 6 6 5 2 0 1 7 4 5 5 2 1 1 0 2

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

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 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		1,243				(404)	
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			1,243				(404)	
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 CASUALTY 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	53,470	30,498			8,193		4,102
2. Alaska	AK							
3. Arizona	AZ	24,627	21,117			6,174		8,533
4. Arkansas	AR	2,253	3,619			556		1,847
5. California	CA							
6. Colorado	CO	4,544	9,192			2,178		4,694
7. Connecticut	CT	436	18					
8. Delaware	DE							
9. District of Columbia	DC							
10. Florida	FL	(806)	(279)			(53)		22
11. Georgia	GA	27,413	23,702			22,794	436,486	2
12. Hawaii	HI							
13. Idaho	ID	4,220	5,395			1,232		2,797
14. Illinois	IL	60,568	57,040			1,364		24,822
15. Indiana	IN	9,718	7,746			249,449	446,919	3
16. Iowa	IA	(169)	3,217			2,379		797
17. Kansas	KS	53,611	34,033			8,126		16,025
18. Kentucky	KY	10,405	11,916			5,015		(7,010)
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD	3,586	8,308			3,064		5,023
22. Massachusetts	MA							
23. Michigan	MI	139,278	95,735			108,024	185,000	4
24. Minnesota	MN	7,487	4,171			1,267		1,901
25. Mississippi	MS							
26. Missouri	MO	5,837	4,009			929		1,853
27. Montana	MT	4,117	6,316			1,632		2,768
28. Nebraska	NE	1,996	1,537			254		606
29. Nevada	NV							
30. New Hampshire	NH							
31. New Jersey	NJ							
32. New Mexico	NM							
33. New York	NY					192		(2,934)
34. North Carolina	NC	27,724	26,483			42,016	4,825	1
35. North Dakota	ND							35,715
36. Ohio	OH	92,716	107,748			133,082	134,730	2
37. Oklahoma	OK							5,321
38. Oregon	OR	1,344	4,889			733		2,802
39. Pennsylvania	PA	32,581	38,750			72,016	177,663	2
40. Rhode Island	RI							(14,884)
41. South Carolina	SC	1,503	689			313		313
42. South Dakota	SD	2,647	110			107		(154)
43. Tennessee	TN	87,185	57,695			2,461	774,824	1
44. Texas	TX	12,015	48,469			227,089	235,315	2
45. Utah	UT	1,703	1,951			500		845
46. Vermont	VT							
47. Virginia	VA	23,405	15,045			4,476		7,101
48. Washington	WA	17,171	9,861			2,979		4,828
49. West Virginia	WV	9,539	6,102			2,760		2,642
50. Wisconsin	WI	4,902	4,824			3,780		(9,752)
51. Wyoming	WY	1,389	1,090			304		398
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		728,415	650,998			915,385	2,395,762	17
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998.	Summary of remaining write-ins for Line 58 from overflow page							
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)							



2 8 6 6 5 2 0 1 7 4 5 5 2 3 1 0 2

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

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama	AL	102,029	52,064			8,443	55,823	1 7,827
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	17,608	9,538			7,216		7,216
15. Indiana	IN							
16. Iowa	IA							
17. Kansas	KS							
18. Kentucky	KY			90,000		76,250	131,240	3
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD							
22. Massachusetts	MA							
23. Michigan	MI	16,751	8,447			178,528	175,000	1 4,670
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		143,392	220,000		(64,215)	363,365	3
35. North Dakota	ND							
36. Ohio	OH	144,031	71,913	75,000	1	(51,719)	139,962	2 8,267
37. Oklahoma	OK							
38. Oregon	OR							
39. Pennsylvania	PA	38,308	46,411			11,462	926,619	3 (17,501)
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	(271)	234			1,583		539
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		318,456	331,998	385,000	1	167,547	1,792,009	13 11,018
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 CASUALTY COMPANY

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended JUNE 30, 2017

NAIC Group Code 0244

NAIC Company Code 28665

Company Name THE CINCINNATI CASUALTY 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
\$5,331	\$3,291	\$

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: \$51,175

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. \$(70)