



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF MARCH 31, 2018

OF THE CONDITION AND AFFAIRS OF THE

THE CINCINNATI INDEMNITY COMPANY

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

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

Country of Domicile United States of America

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

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

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

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

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

Internet Website Address WWW.CINFIN.COM

Statutory Statement Contact CHRISTINA SCHERPENBERG, christina\_scherpenberg@cinfin.com

OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

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

State of OHIO
County of BUTLER SS:

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

STEVEN J. JOHNSTON
CHIEF EXECUTIVE OFFICER, PRESIDENT

MICHAEL J. SEWELL
CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT

THERESA A. HOFFER
SENIOR VICE PRESIDENT, TREASURER

Subscribed and sworn to before me this 7TH day of MAY 2018

a. Is this an original filing? Yes [ X ] No [ ]
b. If no,
1. State the amendment number.....
2. Date filed .....05/15/2018
3. Number of pages attached.....

STATEMENT AS OF MARCH 31, 2018 OF THE THE CINCINNATI INDEMNITY COMPANY

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	75,746,741		75,746,741	73,445,927
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....	23,744,487		23,744,487	25,431,021
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens.....				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances) .....				
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....				
4.3 Properties held for sale (less \$ encumbrances) .....				
5. Cash (\$ .....2,701,246 ), cash equivalents (\$ ..... ) and short-term investments (\$ ..... ) .....	2,701,246		2,701,246	3,106,635
6. Contract loans (including \$ ..... premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				640,000
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	102,192,473		102,192,473	102,623,583
13. Title plants less \$ ..... charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	914,889		914,889	896,110
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 .....	21,726,025		21,726,025	25,300,989
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....	7,790,134		7,790,134	3,834,326
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....				
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....				
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	1,364,950		1,364,950	316,967
24. Health care (\$ ..... ) and other amounts receivable .....				
25. Aggregate write-ins for other than invested assets .....				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	133,988,470		133,988,470	132,971,976
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Total (Lines 26 and 27)	133,988,470		133,988,470	132,971,976
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)				

STATEMENT AS OF MARCH 31, 2018 OF THE THE CINCINNATI INDEMNITY COMPANY

**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ ..... )		
2. Reinsurance payable on paid losses and loss adjustment expenses		3,888
3. Loss adjustment expenses		
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	1,150	1,629
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))	275,359	167,476
7.2 Net deferred tax liability	2,488,040	2,841,096
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)	30,583,745	28,916,862
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others	1,219,467	1,041,632
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		
20. Derivatives		
21. Payable for securities		
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$ ..... and interest thereon \$ .....		
25. Aggregate write-ins for liabilities		
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	34,567,762	32,972,583
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	34,567,762	32,972,583
29. Aggregate write-ins for special surplus funds		
30. Common capital stock	3,600,000	3,600,000
31. Preferred capital stock		
32. Aggregate write-ins for other than special surplus funds		
33. Surplus notes		
34. Gross paid in and contributed surplus	21,600,000	21,600,000
35. Unassigned funds (surplus)	74,220,708	74,799,393
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)	99,420,708	99,999,393
38. Totals (Page 2, Line 28, Col. 3)	133,988,470	132,971,976
<b>DETAILS OF WRITE-INS</b>		
2501. ....		
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)		
2901. ....		
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page		
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)		
3201. ....		
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page		
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)		

## STATEMENT AS OF MARCH 31, 2018 OF THE THE CINCINNATI INDEMNITY COMPANY

**STATEMENT OF INCOME**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$ 123,185,514 )	103,599,675	104,369,420	
1.2 Assumed (written \$ .....1 )	1		
1.3 Ceded (written \$ 123,185,515 )	103,599,676	104,369,420	
1.4 Net (written \$ ..... )			
<b>DEDUCTIONS:</b>			
2. Losses incurred (current accident year \$ ..... ):			
2.1 Direct	46,196,615	56,552,020	
2.2 Assumed	2,989	(13,071)	
2.3 Ceded	46,199,604	56,538,950	
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)			
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	866,077	859,455	3,660,242
10. Net realized capital gains (losses) less capital gains tax of \$		840,443	1,064,071
11. Net investment gain (loss) (Lines 9 + 10)	866,077	1,699,898	4,724,313
<b>OTHER INCOME</b>			
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	446		
15. Total other income (Lines 12 through 14)	446		
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	866,523	1,699,898	4,724,313
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)	866,523	1,699,898	4,724,313
19. Federal and foreign income taxes incurred	111,729	162,639	742,651
20. Net income (Line 18 minus Line 19)(to Line 22)	754,794	1,537,259	3,981,662
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	99,999,393	93,179,359	93,179,360
22. Net income (from Line 20)	754,794	1,537,259	3,981,662
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ (354,172)	(1,332,362)	(69,456)	3,048,079
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	(1,117)	(295,110)	(209,708)
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)	(578,684)	1,172,693	6,820,033
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	99,420,708	94,352,053	99,999,393
<b>DETAILS OF WRITE-INS</b>			
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. Miscellaneous Income	446		
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)	446		
3701. ....			
3702. ....			
3703. ....			
3798. Summary of remaining write-ins for Line 37 from overflow page			
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)			

## STATEMENT AS OF MARCH 31, 2018 OF THE THE CINCINNATI INDEMNITY COMPANY

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	1,666,883	568,879	(3,532,980)
2. Net investment income .....	899,537	979,183	3,891,759
3. Miscellaneous income .....	446		
4. Total (Lines 1 to 3) .....	2,566,866	1,548,062	358,779
5. Benefit and loss related payments .....	384,731	5,692,211	7,329,079
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....			
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	3,847		644,332
10. Total (Lines 5 through 9) .....	388,578	5,692,211	7,973,411
11. Net cash from operations (Line 4 minus Line 10) .....	2,178,289	(4,144,149)	(7,614,632)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	644,969	1,158,127	8,706,831
12.2 Stocks .....			1,372,937
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 .....	640,000		
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	1,284,969	1,158,127	10,079,769
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	2,998,500	1,619,359	11,673,309
13.2 Stocks .....			
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....	69		2,194
13.6 Miscellaneous applications .....			640,000
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	2,998,569	1,619,359	12,315,503
14. Net increase (or decrease) in contract loans and premium notes .....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(1,713,600)	(461,233)	(2,235,735)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....			
16.2 Capital and paid in surplus, less treasury stock .....			
16.3 Borrowed funds .....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5 Dividends to stockholders .....			
16.6 Other cash provided (applied) .....	(870,078)	5,625,913	10,873,391
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	(870,078)	5,625,913	10,873,391
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(405,389)	1,020,531	1,023,024
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	3,106,635	2,083,611	2,083,611
19.2 End of period (Line 18 plus Line 19.1) .....	2,701,246	3,104,142	3,106,635

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

--	--	--	--

**NOTES TO FINANCIAL STATEMENTS**

---

## NOTES TO FINANCIAL STATEMENTS

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

## A. Accounting Practices

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

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

The Company has no prescribed or permitted practices that would result in differences between the NAIC SAP and the state of Ohio basis, as shown below as of March 31, 2018 and December 31, 2017:

	SSAP #	F/S Page	F/S Line #	2018	2017
<b>NET INCOME</b>					
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 754,794	\$ 3,981,662
(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	\$ 754,794	\$ 3,981,662
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 99,420,708	\$ 99,999,393
(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	\$ 99,420,708	\$ 99,999,393

## 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 – Not applicable

## 7. Investment Income – No significant change

## 8. Derivative Instruments – Not applicable

## 9. Income Taxes

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

## 1.

	March 31, 2018		
	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	\$ 7,638	\$ 2,480,403	\$ 2,488,041
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (7,638)	\$ (2,480,403)	\$ (2,488,041)

	December 31, 2017		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 0	\$ 0	\$ 0
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	0	0
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	0	0
(f) Deferred Tax Liabilities	\$ 7,550	\$ 2,833,547	\$ 2,841,097
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (7,550)	\$ (2,833,547)	\$ (2,841,097)

	Change		
	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	\$ 88	\$ (353,144)	\$ (353,056)
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (88)	\$ 353,144	\$ 353,056

STATEMENT AS OF MARCH 31, 2018 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

2.

	March 31, 2018		
	Ordinary	Capital	Total
Admission Calculation Components SSAP No. 101			
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 0	\$ 0	\$ 0
(b)Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	0	0	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	0	0	0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	14,913,106
(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, 2017		
	Ordinary	Capital	Total
Admission Calculation Components SSAP No. 101			
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 0	\$ 0	\$ 0
(b)Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	0	0	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	0	0	0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	14,999,909
(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

	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	(86,803)
(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

3.

	2018 Percentage	2017 Percentage
(a)Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	3078%	3078%
(b)Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	\$ 99,999,393	\$ 99,999,393

4.

	March 31, 2018		
	Ordinary	Capital	Total
Impact of Tax Planning Strategies			
(a)Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.			
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 0	\$ 0	\$ 0
2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%	0.00%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 0	\$ 0	\$ 0
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%	0.00%
(b)The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.			

STATEMENT AS OF MARCH 31, 2018 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

Impact of Tax Planning Strategies	December 31, 2017		
	Ordinary	Capital	Total
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.			
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 0	\$ 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.			

Impact of Tax Planning Strategies	Change		
	Ordinary	Capital	Total
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.			
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 0	\$ 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.			

B. Unrecognized DTLs – Not applicable

C. Current Tax and Change in Deferred Tax

1. Current income tax:

	March 31, 2018	December 31, 2017	Change
(a) Federal	\$ 107,882	\$ 732,145	\$ (624,263)
(b) Foreign	3,847	10,506	(6,659)
(c) Subtotal	111,729	742,651	(630,922)
(d) Federal income tax on capital gains/(losses)	0	121,332	(121,332)
(e) Utilization of capital loss carryforwards	0	0	0
(f) Other	0	0	0
(g) Federal income taxes incurred	\$ 111,729	\$ 863,983	\$ (752,254)

2. Deferred tax assets:

	March 31, 2018	December 31, 2017	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	\$ 0	\$ 0
2. Unrealized loss on investments	0	0	0
99. Subtotal	\$ 0	\$ 0	\$ 0
(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	\$ 0	\$ 0
(i) Admitted deferred tax assets (2(d)+2(h))	\$ 0	\$ 0	\$ 0

3. Deferred tax liabilities:

	March 31, 2018	December 31, 2017	Change
(a) Ordinary			
1. Commission expense	\$ 0	\$ 0	\$ 0
2. Other, net	7,638	7,550	88
99. Subtotal	\$ 7,638	\$ 7,550	\$ 88
(b) Capital			
1. Investment	\$ 132,893	\$ 131,865	\$ 1,028
2. Unrealized gain on investments	2,347,510	2,701,682	(354,172)
99. Subtotal	\$ 2,480,403	\$ 2,833,547	\$ (353,144)
(c) Deferred tax liabilities (3(a)99+3(b)99)	\$ 2,488,041	\$ 2,841,097	\$ (353,056)
4. Net deferred tax assets/(liabilities) (2(i)-3(c)):	\$ (2,488,041)	\$ (2,841,097)	\$ 353,056

## NOTES TO FINANCIAL STATEMENTS

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

	March 31, 2018	December 31, 2017	Change
Total deferred tax assets	\$ 0	\$ 0	\$ 0
Total deferred tax liabilities	2,488,041	2,841,097	(353,056)
Net deferred tax asset/(liability)	\$ (2,488,041)	\$ (2,841,097)	\$ 353,056
Tax effect of unrealized gains/(losses)			(354,172)
Change in net deferred income tax (charge)/benefit			\$ (1,116)
	December 31, 2017	December 31, 2016	Change
Total deferred tax assets	\$ 0	\$ 79,212	\$ (79,212)
Total deferred tax liabilities	2,841,097	3,840,282	(999,185)
Net deferred tax asset/(liability)	\$ (2,841,097)	\$ (3,761,070)	\$ 919,973
Tax effect of unrealized gains/(losses)			(1,129,682)
Change in net deferred income tax (charge)/benefit			\$ (209,709)

Our accounting for the Tax Cuts and Jobs Act is incomplete. As noted at year-end, we are able to make reasonable estimates of certain effects. We have not recorded any adjustments to these provisional amounts during the current quarter.

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

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

Description	As of March 31, 2018		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 866,523	\$ 181,970	21.00 %
Net tax exempt interest	(284,044)	(59,649)	(6.88)%
Net dividends received deduction (DRD)	(44,865)	(9,422)	(1.09)%
Other items permanent, net	(5)	(1)	0.00 %
DRD on accrued	(253)	(53)	(0.01)%
Total	\$ 537,356	\$ 112,845	13.02 %
Federal income tax expense incurred/(benefit)	\$ 532,044	\$ 111,729	12.89 %
Tax on capital gains/(losses)	0	0	0.00 %
Change in net deferred income tax charge/(benefit)	5,312	1,116	0.13 %
Total statutory income taxes incurred/(benefit)	\$ 537,356	\$ 112,845	13.02 %

Description	As of December 31, 2017		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 4,845,645	\$ 1,695,976	35.00 %
Net tax exempt interest	(1,203,109)	(421,088)	(8.69)%
Net dividends received deduction (DRD)	(316,336)	(110,718)	(2.28)%
Impact of tax rate change	(256,657)	(89,830)	(1.85)%
Other items permanent, net	20	8	0.00 %
DRD on accrued	(1,874)	(656)	(0.02)%
Total	\$ 3,067,689	\$ 1,073,692	22.16 %
Federal income tax expense incurred/(benefit)	\$ 2,121,859	\$ 742,651	15.33 %
Tax on capital gains/(losses)	346,662	121,332	2.50 %
Change in net deferred income tax charge/(benefit)	599,168	209,709	4.33 %
Total statutory income taxes incurred/(benefit)	\$ 3,067,689	\$ 1,073,692	22.16 %

## E. Operating Loss and Tax Credit Carryforwards

At March 31, 2018 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
2018	\$ 111,729	\$ 0	\$ 111,729
2017	686,662	177,320	863,982
2016	0	652,083	652,083
Total	\$ 798,391	\$ 829,403	\$ 1,627,794

At March 31, 2018 the Company had no protective tax deposits under Section 6603 of the Internal Revenue Code.

## F. Consolidated Federal Income Tax Return

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

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

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

**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 2013 and earlier. The statute of limitations for state income tax purposes has closed for tax years 2013 and earlier. There are no U.S. federal or state returns under examination.

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

A. Nature of Relationships – No significant change

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

C. Change in Terms of Intercompany Agreements – Not Applicable

D. Amounts Due to or from Related Parties

At March 31, 2018, the Company reported \$1,364,950 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**

1. Shares authorized, issued and outstanding – No significant change

2. Preferred stock issues – Not applicable

3. Dividend restrictions – No significant change

4. Dividends paid – Not applicable

5. Portion of profits that may be paid as ordinary dividends – No significant change

6. Surplus restrictions – Not applicable

7. Mutual Surplus Advances – Not applicable

8. Company Stock Held for Special Purposes – Not applicable

9. Changes in Special Surplus Funds – Not applicable

10. The portion of unassigned funds (surplus) represented or (reduced) by cumulative unrealized gains/(losses) are \$11,178,617 offset by deferred tax of \$2,347,510 for a net balance of \$8,831,107.

11. Surplus Notes – Not applicable

12. Restatement of Quasi-Reorganization – Not applicable

13. Date of Quasi-Reorganization – Not applicable

## NOTES TO FINANCIAL STATEMENTS

- 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.

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. Level 2 fixed-maturity securities are primarily 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

**NOTES TO FINANCIAL STATEMENTS**

would in fact transact for the asset or liability at the quoted price; or

- Quotes from brokers or other external sources where the inputs are not deemed observable.

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

The following table presents the Company's assets measured and reported at fair value by level within the fair value hierarchy as of March 31, 2018:

**Assets at Fair Value:**

	Level 1	Level 2	Level 3	Total	Net Asset Value (NAV) Included in Level 2
Common Stock	\$ 23,744,487	\$ 0	\$ 0	\$ 23,744,487	\$ 0

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

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	Net Asset Value (NAV)
Bonds	\$ 76,718,186	\$ 75,746,741	\$ 957,172	\$ 75,761,014	\$ 0	\$ 0	\$ 0
Common Stock	23,744,487	23,744,487	23,744,487	0	0	0	0

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

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

**22. Subsequent Events**

The Company has considered subsequent events through May 14, 2018, the date of issuance of these statutory financial statements. There were no events occurring subsequent to March 31, 2018, which may have a material effect on the Company.

**23. Reinsurance** – No significant change

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

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

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

**27. Structured Settlements** – Not applicable

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

**29. Participating Policies** – Not applicable

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

**31. High Deductibles** – Not applicable

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

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

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

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

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

**37. Other** – No significant change

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [ X ]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [ X ]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ X ] No [ ]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. .... 0000020286
- 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	2	3
Name of Entity	NAIC Company Code	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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

## GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes  No   
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? ..... Yes  No
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes  No
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

### FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes  No
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ 1,364,950

### 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<br>Prior Year-End<br>Book/Adjusted<br>Carrying Value | 2<br>Current Quarter<br>Book/Adjusted<br>Carrying Value |
|---|--|---|
| 14.21 Bonds .....   | \$ .....   | \$ .....  |
| 14.22 Preferred Stock .....   | \$ .....   | \$ .....  |
| 14.23 Common Stock .....  | \$ .....   | \$ .....  |
| 14.24 Short-Term Investments .....  | \$ .....   | \$ .....  |
| 14.25 Mortgage Loans on Real Estate .....   | \$ .....   | \$ .....  |
| 14.26 All Other .....   | \$ .....   | \$ .....  |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) ..... | \$ .....   | \$ .....  |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....                       | \$ .....   | \$ .....  |
- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes  No
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes  No   
 If no, attach a description with this statement.

STATEMENT AS OF MARCH 31, 2018 OF THE THE CINCINNATI INDEMNITY COMPANY  
**GENERAL INTERROGATORIES**

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

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

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

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

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

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

- 17.4 If yes, give full information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation

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

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

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

- 18.2 If no, list exceptions:

19. By self-designating 5\*GI securities, the reporting entity is certifying the following elements for each self-designated 5\*GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

- Has the reporting entity self-designated 5\*GI securities? ..... Yes [ ] No [ X ]

**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

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

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

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

3.2 If yes, give full and complete information thereto.

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

4.2 If yes, complete the following schedule:

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

5. Operating Percentages:

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

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

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

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

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

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

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

7. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]

7.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ ]

**SCHEDULE F - CEDED REINSURANCE**

Showing All New Reinsurers - Current Year to Date

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

STATEMENT AS OF MARCH 31, 2018 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

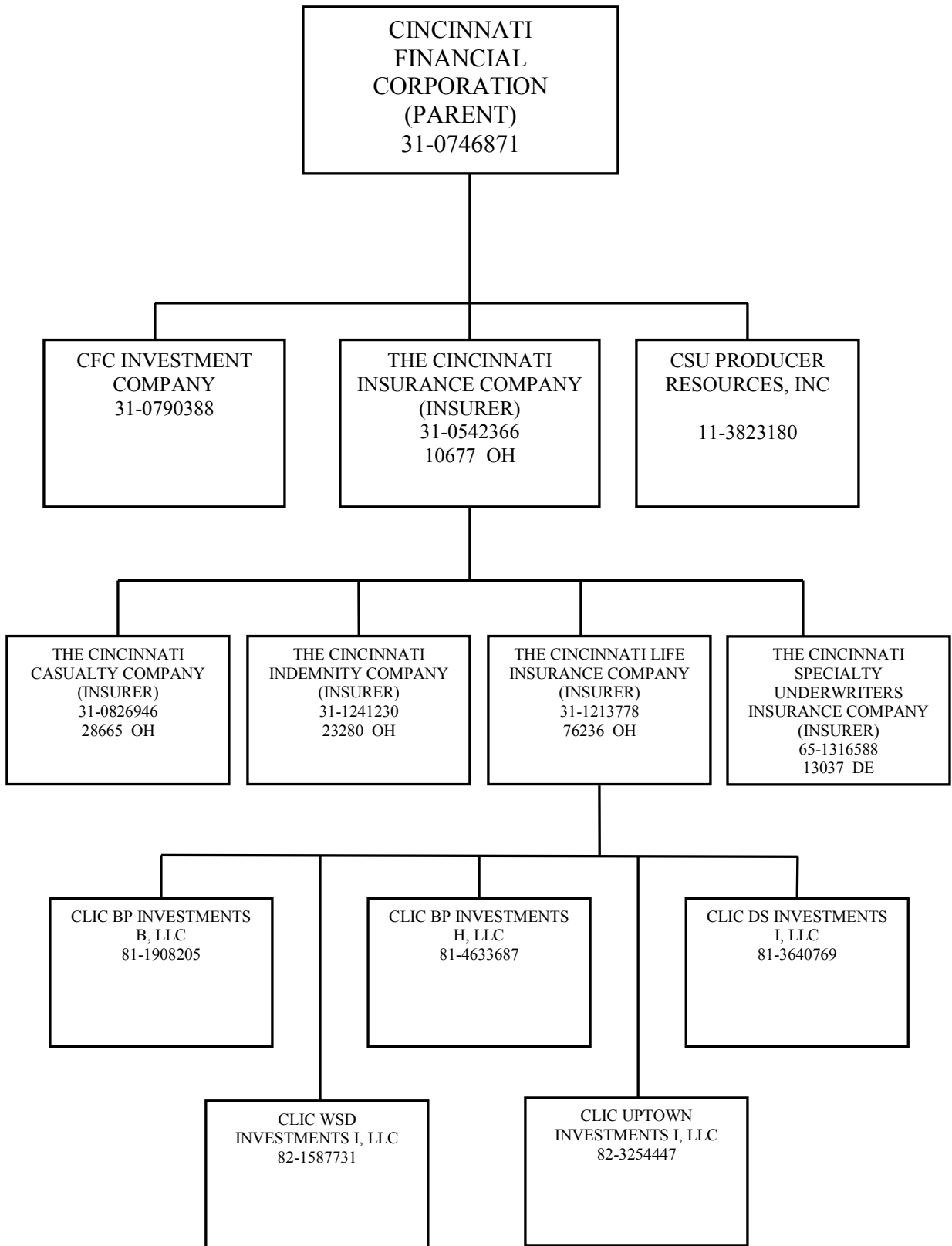
Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	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	L	2,197,270	2,339,595	269,324	418,017	5,228,690	4,063,367
2. Alaska	AK	L						
3. Arizona	AZ	L	3,639,177	3,531,975	844,471	776,015	9,102,209	10,283,290
4. Arkansas	AR	L	1,645,197	1,727,711	130,491	176,304	4,368,410	3,920,919
5. California	CA	L	72,048	103,239	12,870	20,357	348,471	418,783
6. Colorado	CO	L	4,658,598	5,530,181	2,812,380	2,246,837	16,119,226	14,899,266
7. Connecticut	CT	L	278,446	199,799	6,798	16,858	358,005	530,955
8. Delaware	DE	L	328,811	357,301	142,789	142,412	1,655,323	1,469,295
9. District of Columbia	DC	L	80,870	61,665		12,643	76,789	83,273
10. Florida	FL	L	5,515,242	6,444,500	1,310,623	907,257	19,105,890	12,784,777
11. Georgia	GA	L	4,193,839	4,262,464	1,006,641	1,538,856	15,491,477	13,988,334
12. Hawaii	HI	L	3,461	5,795			2,608	2,021
13. Idaho	ID	L	1,328,644	1,234,560	341,562	2,059,800	6,504,770	6,955,601
14. Illinois	IL	L	11,251,185	12,289,255	4,212,877	3,361,106	51,428,223	47,968,160
15. Indiana	IN	L	7,063,668	7,457,370	1,590,002	1,897,924	21,970,658	25,003,072
16. Iowa	IA	L	2,744,867	3,197,204	1,149,605	1,457,757	18,751,948	19,912,314
17. Kansas	KS	L	1,381,975	1,485,173	494,935	305,558	9,501,445	6,855,398
18. Kentucky	KY	L	2,512,285	2,623,839	500,246	897,349	10,506,902	12,518,973
19. Louisiana	LA	L	45,828	(191)	13,886		105,905	187,702
20. Maine	ME	L	9,342	8,793			4,544	3,194
21. Maryland	MD	L	2,503,690	2,659,570	1,266,320	4,017,358	12,876,352	11,954,636
22. Massachusetts	MA	L	10,302	1,253	466		5,544	1,172
23. Michigan	MI	L	5,565,857	5,738,620	1,413,092	2,325,785	17,093,963	19,294,780
24. Minnesota	MN	L	4,203,115	4,259,830	416,233	1,260,751	8,386,217	7,524,240
25. Mississippi	MS	L	2,366	93,232	18,155	15,761	153,713	164,495
26. Missouri	MO	L	3,819,775	4,203,798	1,684,280	671,663	14,114,102	13,333,428
27. Montana	MT	L	1,000,772	977,473	140,542	642,871	1,293,753	1,298,173
28. Nebraska	NE	L	1,134,380	1,586,418	436,862	346,755	7,344,233	8,052,914
29. Nevada	NV	L	8,661	16,852	2,680	717	68,730	151,252
30. New Hampshire	NH	L	802,023	1,003,375	194,973	92,204	1,702,876	1,560,779
31. New Jersey	NJ	L	14,768	42,539		43,920	96,089	72,637
32. New Mexico	NM	L	2,572,731	1,708,985	1,299,545	189,045	2,684,673	2,041,104
33. New York	NY	L	1,374,185	1,841,888	997,631	146,628	6,331,849	6,974,815
34. North Carolina	NC	L	4,724,035	5,159,213	1,277,720	2,065,691	16,016,900	17,357,750
35. North Dakota	ND	L	441,132	626,632	98,696	46,273	484,275	501,637
36. Ohio	OH	L	8,355,509	8,642,625	4,531,342	1,884,006	15,976,528	17,076,001
37. Oklahoma	OK	L	22,293	44,655	22,106	250,451	140,307	136,347
38. Oregon	OR	L	1,241,135	825,532	177,555	71,817	1,750,352	2,342,720
39. Pennsylvania	PA	L	10,935,877	10,367,383	4,272,463	3,903,017	44,207,058	33,858,639
40. Rhode Island	RI	L	8,837	8,450			14,137	11,270
41. South Carolina	SC	L	1,155,262	1,050,864	683,490	319,872	7,171,510	6,099,271
42. South Dakota	SD	L	570,302	592,016	159,924	203,683	2,083,656	1,993,658
43. Tennessee	TN	L	4,943,148	5,137,389	2,177,191	2,238,439	23,600,726	28,589,879
44. Texas	TX	L	5,622,588	4,990,422	1,405,260	1,285,425	16,750,436	15,040,585
45. Utah	UT	L	1,638,352	1,514,979	141,815	550,396	2,223,884	3,133,692
46. Vermont	VT	L	989,288	953,970	282,915	260,758	3,333,332	6,387,219
47. Virginia	VA	L	5,082,637	5,301,633	4,897,047	1,405,001	18,105,020	14,974,899
48. Washington	WA	L	1,381,334	1,168,917	858,354	316,436	2,807,155	2,415,387
49. West Virginia	WV	L	1,131,256	1,324,324	48,798	260,363	2,786,755	2,339,441
50. Wisconsin	WI	L	2,754,741	3,245,123	804,635	811,169	11,374,638	12,202,874
51. Wyoming	WY	L	224,410	168,973	365,374	256,604	279,721	928,510
52. American Samoa	AS	N						
53. Guam	GU	N						
54. Puerto Rico	PR	N						
55. U.S. Virgin Islands	VI	N						
56. Northern Mariana Islands	MP	N						
57. Canada	CAN	N						
58. Aggregate Other Alien	OT	XXX						
59. Totals	XXX		123,185,514	128,117,161	44,914,965	42,117,911	431,889,977	419,662,898
DETAILS OF WRITE-INS								
58001.	XXX							
58002.	XXX							
58003.	XXX							
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX							
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX							

(a) Active Status Counts:

- L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG ..... 51
- E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI) .....
- D - Domestic Surplus Lines Insurer (DSLII) - Reporting entities authorized to write surplus lines in the state of domicile .....
- R - Registered - Non-domiciled RRGs .....
- Q - Qualified - Qualified or accredited reinsurer .....
- N - None of the above - Not allowed to write business in the state ..... 6

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITES OF  
INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1  
– ORGANIZATIONAL CHART**



STATEMENT AS OF MARCH 31, 2018 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0244	CINCINNATI INS GRP	.00000	31-0746871		0000020286	NASDAQ	CINCINNATI FINANCIAL CORPORATION	.OH	.UIP	CINCINNATI FINANCIAL CORPORATION	Board of Directors	0.000	BOARD	.N	.0
.0244	CINCINNATI INS GRP	.10677	31-0542366		0001279885		THE CINCINNATI INSURANCE COMPANY	.OH	.LDP	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.76236	31-1213778		0001279887		THE CINCINNATI LIFE INSURANCE COMPANY	.OH	.IA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.28665	31-0826946		0001279888		THE CINCINNATI CASUALTY COMPANY	.OH	.IA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.23280	31-1241230		0001279886		THE CINCINNATI INDEMNITY COMPANY	.OH	.RE	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
							THE CINCINNATI SPECIALTY UNDERWRITERS INSURANCE COMPANY	.OH	.IA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.13037	65-1316588		0001426763		CFC INVESTMENT COMPANY	.OH	.NIA	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	31-0790388				CSU PRODUCER RESOURCES, INC	.OH	.NIA	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	11-3823180		0001534469		CLIC BP INVESTMENTS B, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	81-1908205				CLIC DS INVESTMENTS I, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	81-3640769				CLIC BP INVESTMENTS H, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	81-4633687				CLIC WSD INVESTMENTS I, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	82-1587731				CLIC UPTOWN INVESTMENTS I, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	82-3254447												

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

## STATEMENT AS OF MARCH 31, 2018 OF THE THE CINCINNATI INDEMNITY COMPANY

**PART 1 - LOSS EXPERIENCE**

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire	3,720,166	1,315,790	35.4	31.7
2. Allied Lines	4,369,649	1,666,888	38.1	53.8
3. Farmowners multiple peril				
4. Homeowners multiple peril				
5. Commercial multiple peril	24,875,750	13,434,454	54.0	45.9
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine	1,723,318	352,778	20.5	31.6
10. Financial guaranty				
11.1 Medical professional liability - occurrence	571,301	198,554	34.8	39.6
11.2 Medical professional liability - claims-made	22,404			
12. Earthquake	80,219			
13. Group accident and health				
14. Credit accident and health				
15. Other accident and health				
16. Workers' compensation	28,092,427	6,015,691	21.4	58.2
17.1 Other liability - occurrence	15,692,673	5,732,237	36.5	31.4
17.2 Other liability - claims-made	326,401	122,819	37.6	65.7
17.3 Excess workers' compensation				
18.1 Products liability - occurrence	1,495,167	1,732,818	115.9	68.6
18.2 Products liability - claims-made				
19.1,19.2 Private passenger auto liability	7,784	13,000	167.0	
19.3,19.4 Commercial auto liability	15,201,754	11,787,781	77.5	95.2
21. Auto physical damage	6,754,395	3,851,350	57.0	53.4
22. Aircraft (all perils)				
23. Fidelity				
24. Surety				
26. Burglary and theft	243,475	(22,208)	(9.1)	57.3
27. Boiler and machinery	422,793	(5,337)	(1.3)	
28. Credit				
29. International				
30. Warranty				
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business				
35. Totals	103,599,675	46,196,615	44.6	54.2
<b>DETAILS OF WRITE-INS</b>				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page				
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)				

**PART 2 - DIRECT PREMIUMS WRITTEN**

Line of Business	1	2	3
	Current Quarter	Current Year to Date	Prior Year Year to Date
1. Fire	3,841,276	3,841,276	4,185,312
2. Allied Lines	4,527,592	4,527,592	4,752,814
3. Farmowners multiple peril			
4. Homeowners multiple peril			
5. Commercial multiple peril	29,993,342	29,993,342	32,048,857
6. Mortgage guaranty			
8. Ocean marine			
9. Inland marine	2,067,967	2,067,967	1,992,053
10. Financial guaranty			
11.1 Medical professional liability - occurrence	667,263	667,263	804,009
11.2 Medical professional liability - claims-made	7,053	7,053	13,787
12. Earthquake	86,077	86,077	89,661
13. Group accident and health			
14. Credit accident and health			
15. Other accident and health			
16. Workers' compensation	32,861,820	32,861,820	34,092,618
17.1 Other liability - occurrence	18,678,419	18,678,419	19,542,299
17.2 Other liability - claims-made	489,099	489,099	460,867
17.3 Excess workers' compensation			
18.1 Products liability - occurrence	1,725,250	1,725,250	2,043,581
18.2 Products liability - claims-made			
19.1,19.2 Private passenger auto liability	3,243	3,243	6,082
19.3,19.4 Commercial auto liability	19,389,433	19,389,433	18,832,733
21. Auto physical damage	8,142,753	8,142,753	8,550,058
22. Aircraft (all perils)			
23. Fidelity			
24. Surety			
26. Burglary and theft	280,918	280,918	260,912
27. Boiler and machinery	424,009	424,009	441,518
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	123,185,514	123,185,514	128,117,161
<b>DETAILS OF WRITE-INS</b>			
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page			
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)			

STATEMENT AS OF MARCH 31, 2018 OF THE THE CINCINNATI INDEMNITY COMPANY

**PART 3 (000 omitted)**

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	2018 Loss and LAE Payments on Claims Reported as of Prior Year-End	2018 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2018 Loss and LAE Payments (Cols. 4+5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7+8+9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols.4+7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2015 + Prior .....													
2. 2016 .....													
3. Subtotals 2016 + Prior .....													
4. 2017 .....													
5. Subtotals 2017 + Prior .....													
6. 2018 .....	XXX	XXX	XXX	XXX			XXX				XXX	XXX	XXX
7. Totals .....													
8. Prior Year-End Surplus As Regards Policyholders											Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1.	2.	3.
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4.

**NONE**

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanations:

- 1.
- 3.

Bar Codes:

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



**OVERFLOW PAGE FOR WRITE-INS**

STATEMENT AS OF MARCH 31, 2018 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE A - VERIFICATION**

Real Estate

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

**NONE**

**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage 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. 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 depreciation		
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)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

**NONE**

**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	98,876,948	94,366,576
2. Cost of bonds and stocks acquired	2,998,500	13,707,311
3. Accrual of discount	6,985	26,818
4. Unrealized valuation increase (decrease)	(1,686,534)	1,918,395
5. Total gain (loss) on disposals		1,185,402
6. Deduct consideration for bonds and stocks disposed of	644,969	12,113,768
7. Deduct amortization of premium	59,702	213,785
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	99,491,228	98,876,948
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	99,491,228	98,876,948

STATEMENT AS OF MARCH 31, 2018 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE D - PART 1B**

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	51,479,908		500,000	(51,891)	50,928,017			51,479,908
2. NAIC 2 (a) .....	19,935,644	2,998,500	144,969	2,029,547	24,818,722			19,935,644
3. NAIC 3 (a) .....	2,030,374			(2,030,374)				2,030,374
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds	73,445,926	2,998,500	644,969	(52,718)	75,746,739			73,445,926
<b>PREFERRED STOCK</b>								
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	73,445,926	2,998,500	644,969	(52,718)	75,746,739			73,445,926

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

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

S102

Schedule DA - Part 1 - Short-Term Investments

**NONE**

Schedule DA - Verification - Short-Term Investments

**NONE**

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

**NONE**

Schedule DB - Part B - Verification - Futures Contracts

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

Schedule E - Part 2 - Verification - Cash Equivalents

**NONE**

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

**NONE**

Schedule A - Part 3 - Real Estate Disposed

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

STATEMENT AS OF MARCH 31, 2018 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE D - PART 3**

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
335720-AB-4	FIRST NATIONAL OF NEBRAS		.03/13/2018	SANDLER O'NEILL		1,000,000	1,000,000		2FE
703481-AA-9	PATTERSON-UTI ENERGY INC		.01/10/2018	GOLDMAN SACHS		1,998,500	2,000,000		2FE
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						2,998,500	3,000,000		XXX
8399997. Total - Bonds - Part 3						2,998,500	3,000,000		XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
8399999. Total - Bonds						2,998,500	3,000,000		XXX
8999997. Total - Preferred Stocks - Part 3							XXX		XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks							XXX		XXX
9799997. Total - Common Stocks - Part 3							XXX		XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
9799999. Total - Common Stocks							XXX		XXX
9899999. Total - Preferred and Common Stocks							XXX		XXX
9999999 - Totals						2,998,500	XXX		XXX

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

STATEMENT AS OF MARCH 31, 2018 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE D - PART 4**

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)	
34944R-CE-6	TX FORT WORTH DRAIN UTIL REV		02/15/2018	MATURITY		500,000	500,000	529,400	500,605		(605)		(605)		500,000				7,500	02/15/2018	1FE	
3199999	Subtotal - Bonds - U.S. Special Revenues					500,000	500,000	529,400	500,605		(605)		(605)		500,000				7,500		XXX	XXX
023654-AW-6	AMERICAN AIRLINES GROUP INC		01/02/2018	SINKING FUND REDEMPTION		144,969	144,969	144,969	144,969						144,969				5,748	01/02/2019	2FE	
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					144,969	144,969	144,969	144,969						144,969				5,748		XXX	XXX
8399997	Total - Bonds - Part 4					644,969	644,969	674,369	645,574		(605)		(605)		644,969				13,248		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					644,969	644,969	674,369	645,574		(605)		(605)		644,969				13,248		XXX	XXX
8999997	Total - Preferred Stocks - Part 4							XXX													XXX	XXX
8999998	Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999	Total - Preferred Stocks							XXX													XXX	XXX
9799997	Total - Common Stocks - Part 4							XXX													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							XXX													XXX	XXX
9899999	Total - Preferred and Common Stocks							XXX													XXX	XXX
9999999	Totals					644,969	XXX	674,369	645,574		(605)		(605)		644,969				13,248		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 MARCH 31, 2018 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
FIFTH THIRD BANK ..... CINCINNATI, OH					2,071,601	3,004,046	2,701,246	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX			2,071,601	3,004,046	2,701,246	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX						XXX
0399999. Total Cash on Deposit	XXX	XXX			2,071,601	3,004,046	2,701,246	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX			2,071,601	3,004,046	2,701,246	XXX

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

**NONE**



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2018 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama ..... AL								
2. Alaska ..... AK								
3. Arizona ..... AZ								
4. Arkansas ..... AR								
5. California ..... CA								
6. Colorado ..... CO								
7. Connecticut ..... CT								
8. Delaware ..... DE								
9. District of Columbia ..... DC								
10. Florida ..... FL								
11. Georgia ..... GA								
12. Hawaii ..... HI								
13. Idaho ..... ID								
14. Illinois ..... IL								
15. Indiana ..... IN								
16. Iowa ..... IA								
17. Kansas ..... KS								
18. Kentucky ..... KY								
19. Louisiana ..... LA								
20. Maine ..... ME								
21. Maryland ..... MD								
22. Massachusetts ..... MA								
23. Michigan ..... MI								
24. Minnesota ..... MN								
25. Mississippi ..... MS								
26. Missouri ..... MO								
27. Montana ..... MT	2,279	570			323			438
28. Nebraska ..... NE								
29. Nevada ..... NV								
30. New Hampshire ..... NH								
31. New Jersey ..... NJ								
32. New Mexico ..... NM								
33. New York ..... NY								
34. North Carolina ..... NC		559			(339)			
35. North Dakota ..... ND								
36. Ohio ..... OH	9,652	2,413			4,669			5,329
37. Oklahoma ..... OK								
38. Oregon ..... OR								
39. Pennsylvania ..... PA								
40. Rhode Island ..... RI								
41. South Carolina ..... SC								
42. South Dakota ..... SD								
43. Tennessee ..... TN								
44. Texas ..... TX								
45. Utah ..... UT								
46. Vermont ..... VT								
47. Virginia ..... VA								
48. Washington ..... WA								
49. West Virginia ..... WV								
50. Wisconsin ..... WI								
51. Wyoming ..... WY								
52. American Samoa ..... AS								
53. Guam ..... GU								
54. Puerto Rico ..... PR								
55. U.S. Virgin Islands ..... VI								
56. Northern Mariana Islands ..... MP								
57. Canada ..... CAN								
58. Aggregate Other Aliens ..... OT								
59. Totals	11,931	3,542			4,654			5,767
DETAILS OF WRITE-INS								
58001. ....								
58002. ....								
58003. ....								
58998. Summary of remaining write-ins for Line 58 from overflow page .....								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2018 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

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



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2018 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama AL	194,064	52,372			11,028			34,728
2. Alaska AK								
3. Arizona AZ	8,276	4,990			(1,378)	22,844	1	3,650
4. Arkansas AR	70	964			677			(3,008)
5. California CA								
6. Colorado CO	8,838	3,049			552			429
7. Connecticut CT		1,483			275			312
8. Delaware DE	7,056	2,377			992			1,037
9. District of Columbia DC								
10. Florida FL	104,928	79,505			13,907	37,296	2	39,998
11. Georgia GA	15,108	16,621			(5,644)	17,231	1	9,824
12. Hawaii HI								
13. Idaho ID	4,636	7,692			873			6,011
14. Illinois IL	15,423	37,902			(10,832)	549,936	3	20,548
15. Indiana IN	12,589	7,555			878	35,000	1	5,270
16. Iowa IA	15,620	6,404			1,021			2,619
17. Kansas KS	19,094	4,947			1,071			(278)
18. Kentucky KY	3,591	4,369			(16,199)	71,363	2	(586)
19. Louisiana LA								
20. Maine ME								
21. Maryland MD	2,499	1,546			139			1,322
22. Massachusetts MA								
23. Michigan MI	44,827	44,758			5,747			11,973
24. Minnesota MN	16,997	13,114			2,198			6,223
25. Mississippi MS								
26. Missouri MO	11,806	5,604			680			1,061
27. Montana MT	21,060	12,006			88,123	146,805	2	4,047
28. Nebraska NE	175	162			(552)	28,257	1	(387)
29. Nevada NV								
30. New Hampshire NH		3,217			36,888	62,635	3	2,356
31. New Jersey NJ								
32. New Mexico NM		352			289			297
33. New York NY	(12,210)	(330)			(8,319)	63,556	2	6,406
34. North Carolina NC	8,741	8,811			1,822	48,304	2	6,619
35. North Dakota ND								
36. Ohio OH	82,241	64,232			58,312	30,000	2	45,408
37. Oklahoma OK								
38. Oregon OR					3			(241)
39. Pennsylvania PA	14,896	28,397			1,852	76,136	2	3,524
40. Rhode Island RI								
41. South Carolina SC	(1)	2,241			327			1,712
42. South Dakota SD								
43. Tennessee TN	4,376	15,290			(116)	68,471	2	8,181
44. Texas TX	707	5,214			940			(6,877)
45. Utah UT	19,307	6,111			1,079	14,176	1	595
46. Vermont VT	(357)	3,040			390			2,165
47. Virginia VA	4,960	12,205			4,983	50,000	1	6,610
48. Washington WA	949	237			18			175
49. West Virginia WV	11,334	3,672			9,394			12,997
50. Wisconsin WI	30,967	24,571			13,523	5,000	1	(22,130)
51. Wyoming WY	6,218	1,555			154			1,055
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	678,785	486,234			215,094	1,327,009	29	213,640
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2018 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama AL								
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		16,510			(355)			
33. New York NY	(28,080)	(2,340)			7,152	25,000		14,733
34. North Carolina NC								
35. North Dakota ND								
36. Ohio OH	898	46,099			(12,364)			496
37. Oklahoma OK								
38. Oregon OR								
39. Pennsylvania PA		19,505			(4,954)	328,205	1	
40. Rhode Island RI								
41. South Carolina SC								
42. South Dakota SD								
43. Tennessee TN								
44. Texas TX								
45. Utah UT								
46. Vermont VT								
47. Virginia VA		9,702			(1,284)			
48. Washington WA								
49. West Virginia WV	10,782	13,787			(6,841)			12,364
50. Wisconsin WI		718			(2,548)	431,553	2	
51. Wyoming WY								
52. American Samoa AS								
53. Guam GU								
54. Puerto Rico PR								
55. U.S. Virgin Islands VI								
56. Northern Mariana Islands MP								
57. Canada CAN								
58. Aggregate Other Aliens OT								
59. Totals	(16,400)	103,982			(21,194)	784,758	3	27,593
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2018 OF THE THE CINCINNATI INDEMNITY COMPANY

# DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended MARCH 31, 2018

NAIC Group Code 0244

NAIC Company Code 23280

Company Name THE CINCINNATI INDEMNITY COMPANY .....

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

1. Monoline Policies

1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred
\$ .....17,733	\$ .....17,882	\$ .....(2,909)

2. Commercial Multiple Peril (CMP) Packaged Policies

- 2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? ..... Yes [ X ] No [ ]
- 2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? ..... Yes [ X ] No [ ]
- 2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies
- 2.31 Amount quantified: .....\$ .....23,369
- 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. ....\$ .....(12,559)