



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENTAS OF JUNE 30, 2018
OF THE CONDITION AND AFFAIRS OF THE**THE CINCINNATI CASUALTY COMPANY**NAIC Group Code 0244 0244 NAIC Company Code 28665 Employer's ID Number 31-0826946
(Current) (Prior)Organized under the Laws of OHIO, State of Domicile or Port of Entry OHCountry of Domicile United States of AmericaIncorporated/Organized 12/27/1972 Commenced Business 03/31/1973Statutory Home Office 6200 SOUTH GILMORE ROAD, FAIRFIELD, OH, US 45014-5141
(Street and Number) (City or Town, State, Country and Zip Code)Main Administrative Office 6200 SOUTH GILMORE ROAD, 513-870-2000
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)Mail Address P.O. BOX 145496, CINCINNATI, OH, US 45250-5496
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)Primary Location of Books and Records 6200 SOUTH GILMORE ROAD, 513-870-2000
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)Internet Website Address WWW.CINFIN.COMStatutory Statement Contact ANDREW SCHNELL, 513-870-2000
(Name) (Area Code) (Telephone Number)
andrew.schnell@cinfin.com, 513-603-5500
(E-mail Address) (FAX Number)**OFFICERS**CHIEF EXECUTIVE OFFICER, PRESIDENT STEVEN JUSTUS JOHNSTON SENIOR VICE PRESIDENT, TREASURER THERESA ANN HOFFER
CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT MICHAEL JAMES SEWELLTERESA CURRIN CRACAS, SENIOR VICE PRESIDENT DONALD JOSEPH DOYLE JR., SENIOR VICE PRESIDENT SEAN MICHAEL GIVLER, SENIOR VICE PRESIDENT
MARTIN FRANCIS HOLLOWBECK, SENIOR VICE PRESIDENT JOHN SCOTT KELLINGTON, SENIOR VICE PRESIDENT LISA ANNE LOVE, SENIOR VICE PRESIDENT, CORPORATE SECRETARY
MARTIN JOSEPH MULLEN, SENIOR VICE PRESIDENT JACOB FERDINAND SCHERER, EXECUTIVE VICE PRESIDENT STEPHEN MICHAEL SPRAY, SENIOR VICE PRESIDENT
WILLIAM HAROLD VAN DEN HEUVEL, SENIOR VICE PRESIDENT THOMAS REID SCHIFF MICHAEL JAMES SEWELL
KENNETH WILLIAM STECHER JOHN FREDRICK STEELE JR
LARRY RUSSEL WEBB**DIRECTORS OR TRUSTEES**WILLIAM FOREST BAHL GREGORY THOMAS BIER TERESA CURRIN CRACAS
DONALD JOSEPH DOYLE JR SEAN MICHAEL GIVLER MARTIN FRANCIS HOLLOWBECK
STEVEN JUSTUS JOHNSTON JOHN SCOTT KELLINGTON LISA ANNE LOVE
WILLIAM RODNEY McMULLEN MARTIN JOSEPH MULLEN DAVID PAUL OSBORN
JACOB FERDINAND SCHERER THOMAS REID SCHIFF MICHAEL JAMES SEWELL
STEPHEN MICHAEL SPRAY KENNETH WILLIAM STECHER JOHN FREDRICK STEELE JR
WILLIAM HAROLD VAN DEN HEUVEL LARRY RUSSEL WEBBState of OHIO SS: BUTLER
County of

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

STEVEN J. JOHNSTON
CHIEF EXECUTIVE OFFICER, PRESIDENTMICHAEL J. SEWELL
CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENTTHERESA A. HOFFER
SENIOR VICE PRESIDENT, TREASURERSubscribed and sworn to before me this
30TH day of JULY 2018

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

STATEMENT AS OF JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	291,559,991		291,559,991	284,854,544
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	111,863,039		111,863,039	117,862,429
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$ 3,764,786), cash equivalents (\$) and short-term investments (\$)	3,764,786		3,764,786	1,969,438
6. Contract loans (including \$ premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	407,187,816		407,187,816	404,686,411
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	3,245,000		3,245,000	3,052,757
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	16,202,148		16,202,148	17,742,841
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts	3,449,879		3,449,879	3,349,783
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	623,990		623,990	
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	9,694,263		9,694,263	4,744,091
24. Health care (\$) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	252,707		252,707	2
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	440,655,802		876,697	439,779,105
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				433,575,884
28. Total (Lines 26 and 27)	440,655,802		876,697	439,779,105
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501. Equities and Deposits in Pools and Associations				2
2502. Miscellaneous Receivables	252,707		252,707	
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	252,707		252,707	2

STATEMENT AS OF JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$)		
2. Reinsurance payable on paid losses and loss adjustment expenses		95,867
3. Loss adjustment expenses		
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	(1,561)	(277)
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1 Current federal and foreign income taxes (including \$ 47,205 on realized capital gains (losses))	153,192	405,507
7.2 Net deferred tax liability	13,350,571	14,565,041
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)	29,511,723	25,205,703
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others	1,575,639	1,017,385
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	7,500	
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	2,174	
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	44,599,238	41,289,227
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	44,599,238	41,289,227
29. Aggregate write-ins for special surplus funds		
30. Common capital stock	3,750,000	3,750,000
31. Preferred capital stock		
32. Aggregate write-ins for other than special surplus funds		
33. Surplus notes		
34. Gross paid in and contributed surplus	18,000,000	18,000,000
35. Unassigned funds (surplus)	373,429,867	370,536,657
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)	395,179,867	392,286,657
38. Totals (Page 2, Line 28, Col. 3)	439,779,105	433,575,884
DETAILS OF WRITE-INS		
2501. Accounts Payable Other	2,174	
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)	2,174	
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page		
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)		
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page		
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)		

STATEMENT AS OF JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY
STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 195,342,441)	181,172,706	174,725,004	
1.2 Assumed (written \$ 40)	40	43	
1.3 Ceded (written \$ 195,342,481)	181,172,746	174,725,047	
1.4 Net (written \$)			
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	124,919,523	84,923,484	
2.2 Assumed	100,737	(65,304)	
2.3 Ceded	125,020,260	84,858,181	
2.4 Net			
3. Loss adjustment expenses incurred			
4. Other underwriting expenses incurred			
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)			
7. Net income of protected cells			
8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)			
INVESTMENT INCOME			
9. Net investment income earned	6,892,418	6,751,596	14,105,600
10. Net realized capital gains (losses) less capital gains tax of \$ 395,620	1,568,949	8,842,449	9,771,515
11. Net investment gain (loss) (Lines 9 + 10)	8,461,367	15,594,045	23,877,115
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$)			
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income	268		
15. Total other income (Lines 12 through 14)	268		
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	8,461,635	15,594,045	23,877,115
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)	8,461,635	15,594,045	23,877,115
19. Federal and foreign income taxes incurred	888,262	1,303,006	2,844,691
20. Net income (Line 18 minus Line 19)(to Line 22)	7,573,373	14,291,039	21,032,424
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	392,286,657	359,898,775	359,898,775
22. Net income (from Line 20)	7,573,373	14,291,039	21,032,424
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ (1,053,767)	(3,964,170)	(1,689,129)	13,077,463
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	160,704	(2,799,707)	(1,722,006)
27. Change in nonadmitted assets	(876,697)		
28. Change in provision for reinsurance			
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in			
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			
37. Aggregate write-ins for gains and losses in surplus			
38. Change in surplus as regards policyholders (Lines 22 through 37)	2,893,210	9,802,204	32,387,882
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	395,179,867	369,700,979	392,286,657
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)			
1401. Miscellaneous Income	268		
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)	268		
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page			
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)			

STATEMENT AS OF JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY
CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	4,306,020	(1,547,448)	(2,987,342)
2. Net investment income	7,266,691	7,441,247	15,390,858
3. Miscellaneous income	268		
4. Total (Lines 1 to 3)	11,572,979	5,893,799	12,403,516
5. Benefit and loss related payments	(1,344,732)	5,241,637	3,656,266
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 \$ 587,793 tax on capital gains (losses)	1,536,197	2,360,267	3,499,828
10. Total (Lines 5 through 9)	191,464	7,601,904	7,156,094
11. Net cash from operations (Line 4 minus Line 10)	11,381,515	(1,708,105)	5,247,422
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	10,145,000	35,460,897	49,029,000
12.2 Stocks	2,982,350	2,349,179	7,732,536
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds	1,719,137		
12.8 Total investment proceeds (Lines 12.1 to 12.7)	13,127,350	39,529,213	56,761,536
13. Cost of investments acquired (long-term only):			
13.1 Bonds	17,454,576	33,046,407	66,805,688
13.2 Stocks		2,711,593	2,711,593
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets	69	86	2,194
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	17,454,645	35,758,087	69,519,475
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)	(4,327,295)	3,771,127	(12,757,939)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	(5,258,872)	7,413,576	6,619,855
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(5,258,872)	7,413,576	6,619,855
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	1,795,348	9,476,597	(890,662)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	1,969,438	2,860,102	2,860,101
19.2 End of period (Line 18 plus Line 19.1)	3,764,786	12,336,698	1,969,438

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

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STATEMENT AS OF JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY
NOTES TO FINANCIAL STATEMENTS

STATEMENT AS OF JUNE 30, 2018 OF THE CINCINNATI CASUALTY COMPANY

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

The Company has no prescribed or permitted practices that would result in differences between the NAIC SAP and the state of Ohio basis, as shown below as of June 30, 2018 and December 31, 2017:

	SSAP #	F/S Page	F/S Line #	2018	2017
NET INCOME					
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 7,573,373	\$ 21,032,424
(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	\$ 7,573,373	\$ 21,032,424
SURPLUS					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 395,179,867	\$ 392,286,657
(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	\$ 395,179,867	\$ 392,286,657

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.

	June 30, 2018		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 184,106	\$ 0	\$ 184,106
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	184,106	0	184,106
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	184,106	0	184,106
(f) Deferred Tax Liabilities	\$ 11,088	\$ 13,523,589	\$ 13,534,677
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ 173,018	\$ (13,523,589)	\$ (13,350,571)

	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	\$ 13,386	\$ 14,551,656	\$ 14,565,042
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (13,386)	\$ (14,551,656)	\$ (14,565,042)

	Change		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 184,106	\$ 0	\$ 184,106
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	184,106	0	184,106
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	184,106	0	184,106
(f) Deferred Tax Liabilities	\$ (2,298)	\$ (1,028,067)	\$ (1,030,365)
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ 186,404	\$ 1,028,067	\$ 1,214,471

STATEMENT AS OF JUNE 30, 2018 OF THE CINCINNATI CASUALTY COMPANY

NOTES TO FINANCIAL STATEMENTS

2.

	June 30, 2018		
	Ordinary	Capital	Total
Admission Calculation Components SSAP No. 101			
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 53,069	\$ 0	\$ 53,069
(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	59,276,980
(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	131,037	0	131,037
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c)	\$ 184,106	\$ 0	\$ 184,106

	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	58,842,999
(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	\$ 53,069	\$ 0	\$ 53,069
(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	433,981
(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	131,037	0	131,037
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c)	\$ 184,106	\$ 0	\$ 184,106

3.

	2018 Percentage	2017 Percentage
	2608%	2608%
(a)Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount		
(b)Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	\$ 392,286,657	\$ 392,286,657

4.

	June 30, 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)	\$ 184,106	\$ 0	\$ 184,106
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)	\$ 184,106	\$ 0	\$ 184,106
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%	0.00%
(b)The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.			

STATEMENT AS OF JUNE 30, 2018 OF THE CINCINNATI CASUALTY COMPANY

NOTES TO FINANCIAL STATEMENTS

Impact of Tax Planning Strategies	December 31, 2017		
	Ordinary	Capital	Total
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
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 184,106	\$ 0	\$ 184,106
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)	\$ 184,106	\$ 0	\$ 184,106
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%	0.00%
(b) The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.			

B. Unrecognized DTLs – Not applicable

C. Current Tax and Change in Deferred Tax

1. Current income tax:

	June 30, 2018	December 31, 2017	Change
(a) Federal	\$ 840,065	\$ 2,778,621	\$ (1,938,556)
(b) Foreign	48,197	66,070	(17,873)
(c) Subtotal	888,262	2,844,691	(1,956,429)
(d) Federal income tax on capital gains/(losses)	395,620	951,387	(555,767)
(e) Utilization of capital loss carryforwards	0	0	0
(f) Other	0	0	0
(g) Federal income taxes incurred	\$ 1,283,882	\$ 3,796,078	\$ (2,512,196)

2. Deferred tax assets:

	June 30, 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	184,106	0	184,106
5. Other deferred tax assets	0	0	0
99. Subtotal	\$ 184,106	\$ 0	\$ 184,106
(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))	\$ 184,106	\$ 0	\$ 184,106
(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))	\$ 184,106	\$ 0	\$ 184,106

3. Deferred tax liabilities:

	June 30, 2018	December 31, 2017	Change
(a) Ordinary			
1. Commission expense	\$ 0	\$ 0	\$ 0
2. Other, net	11,088	13,386	(2,298)
99. Subtotal	\$ 11,088	\$ 13,386	\$ (2,298)
(b) Capital			
1. Investment	\$ 1,618,906	\$ 1,593,206	\$ 25,700
2. Unrealized gain on investments	11,904,683	12,958,450	(1,053,767)
99. Subtotal	\$ 13,523,589	\$ 14,551,656	\$ (1,028,067)
(c) Deferred tax liabilities (3(a)99+3(b)99)	\$ 13,534,677	\$ 14,565,042	\$ (1,030,365)
4. Net deferred tax assets/(liabilities) (2(i)-3(c)):	\$ (13,350,571)	\$ (14,565,042)	\$ 1,214,471

STATEMENT AS OF JUNE 30, 2018 OF THE CINCINNATI CASUALTY COMPANY

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):

	June 30, 2018	December 31, 2017	Change
Total deferred tax assets	\$ 184,106	\$ 0	\$ 184,106
Total deferred tax liabilities	13,534,677	14,565,042	(1,030,365)
Net deferred tax asset/(liability)	<u>\$(13,350,571)</u>	<u>\$(14,565,042)</u>	<u>\$ 1,214,471</u>
Tax effect of unrealized gains/(losses)			(1,053,767)
Change in net deferred income tax (charge)/benefit			<u>\$ 160,704</u>
	December 31, 2017	December 31, 2016	Change
Total deferred tax assets	\$ 0	\$ 129,614	\$ (129,614)
Total deferred tax liabilities	14,565,042	19,221,656	(4,656,614)
Net deferred tax asset/(liability)	<u>\$(14,565,042)</u>	<u>\$(19,092,042)</u>	<u>\$ 4,527,000</u>
Tax effect of unrealized gains/(losses)			(6,249,006)
Change in net deferred income tax (charge)/benefit			<u>\$ (1,722,006)</u>

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 June 30, 2018		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 8,857,252	\$ 1,860,023	21.00 %
Net tax exempt interest	(2,164,376)	(454,519)	(5.13)%
Net dividends received deduction (DRD)	(474,276)	(99,598)	(1.12)%
Other items permanent, net	0	0	0.00 %
DRD on accrued	6,562	1,378	0.02 %
Total	<u>\$ 6,225,162</u>	<u>\$ 1,307,284</u>	<u>14.77 %</u>
Federal income tax expense incurred/(benefit)	\$ 4,229,819	\$ 888,262	10.03 %
Tax on capital gains/(losses)	1,883,905	395,620	4.47 %
Change in nonadmitted excluding deferred tax asset	876,695	184,106	2.08 %
Change in net deferred income tax charge/(benefit)	(765,257)	(160,704)	(1.81)%
Total statutory income taxes incurred/(benefit)	<u>\$ 6,225,162</u>	<u>\$ 1,307,284</u>	<u>14.77 %</u>

Description	As of December 31, 2017		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 24,828,503	\$ 8,689,976	35.00 %
Net tax exempt interest	(4,446,183)	(1,556,164)	(6.27)%
Net dividends received deduction (DRD)	(1,577,571)	(552,150)	(2.22)%
Impact of tax rate change	(3,037,738)	(1,063,208)	(4.28)%
Other items permanent, net	20	7	0.00 %
DRD on accrued	(1,076)	(377)	0.00 %
Total	<u>\$ 15,765,955</u>	<u>\$ 5,518,084</u>	<u>22.23 %</u>
Federal income tax expense incurred/(benefit)	\$ 8,127,689	\$ 2,844,691	11.46 %
Tax on capital gains/(losses)	2,718,249	951,387	3.83 %
Change in net deferred income tax charge/(benefit)	4,920,017	1,722,006	6.94 %
Total statutory income taxes incurred/(benefit)	<u>\$ 15,765,955</u>	<u>\$ 5,518,084</u>	<u>22.23 %</u>

E. Operating Loss and Tax Credit Carryforwards

At June 30, 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	\$ 888,262	\$ 395,620	\$ 1,283,882
2017	2,631,766	1,164,313	3,796,079
2016	0	156,016	156,016
Total	<u>\$ 3,520,028</u>	<u>\$ 1,715,949</u>	<u>\$ 5,235,977</u>

At June 30, 2018 the Company had no protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated Federal Income Tax Return

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

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

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

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 June 30, 2018, the Company reported \$9,694,263 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 \$56,688,967 offset by deferred tax of \$11,904,683 for a net balance of \$44,784,284.
- 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 would in fact transact for the asset or liability at the quoted price; or

STATEMENT AS OF JUNE 30, 2018 OF THE CINCINNATI CASUALTY COMPANY

NOTES TO FINANCIAL STATEMENTS

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

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

The following table presents the Company's assets measured and reported at fair value by level within the fair value hierarchy as of June 30, 2018:

Assets at Fair Value:

	Level 1	Level 2	Level 3	Total	Net Asset Value (NAV) Included in Level 2
Bonds	\$ 0	\$ 4,988,864	\$ 0	\$ 4,988,864	\$ 0
Common Stock	111,863,039	0	0	111,863,039	0
Total	\$ 111,863,039	\$ 4,988,864	\$ 0	\$ 116,851,903	\$ 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 (Carrying Value)	Net Asset Value (NAV) Included in Level 2
Bonds	\$ 294,264,560	\$ 291,559,991	\$ 1,611,319	\$ 292,653,241	\$ 0	\$ 0	\$ 0
Common Stock	111,863,039	111,863,039	111,863,039	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 August 14, 2018, the date of issuance of these statutory financial statements. There were no events occurring subsequent to June 30, 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

STATEMENT AS OF JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

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

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

2.2 If yes, date of change: _____

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

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] No []

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

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. 0001279888

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
 If yes, attach an explanation.

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

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

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

6.4 By what department or departments?
 Ohio

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

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

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

7.2 If yes, give full information:

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

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

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

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

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

**STATEMENT AS OF JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY
GENERAL INTERROGATORIES**

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

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

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

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

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

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

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No []

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 9,694,263

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:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No []

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

**STATEMENT AS OF JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY
GENERAL INTERROGATORIES**

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$
16.3 Total payable for securities lending reported on the liability page.	\$

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes [] No []

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Fifth Third Bank	Fifth Third Center, Cincinnati OH 45263

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes [] No []

17.4 If yes, give full information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation
.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes [] No []

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes [] No []

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

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

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes [] No []

18.2 If no, list exceptions:

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 []

STATEMENT AS OF JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY
GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

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

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

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

3.2 If yes, give full and complete information thereto.

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

4.2 If yes, complete the following schedule:

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

5. Operating Percentages:

5.1 A&H loss percent %

5.2 A&H cost containment percent %

5.3 A&H expense percent excluding cost containment expenses %

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

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

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

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

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 []

STATEMENT AS OF JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

STATEMENT AS OF JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (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	5,792,659	5,507,428	2,077,900	2,758,158	19,119,126	5,403,480
2. Alaska	AK	L	4,618,802	4,277,896	915,628	1,944,086	6,139,158
3. Arizona	AZ	L	3,762,401	3,870,472	2,193,390	867,952	5,867,667
4. Arkansas	AR	L	509,653	250,752	7,893	4,827	485,758
5. California	CA	L	1,424,693	1,561,327	976,655	836,386	3,075,622
6. Colorado	CO	L	875,062	438,514	119,904	12,554	4,864,464
7. Connecticut	CT	L	2,127,988	1,236,230	248,867	527,448	3,400,518
8. Delaware	DE	L	115,708	172,474	202,279	24,302	1,413,894
9. District of Columbia	DC	L	565,430	452,087	216,084	141,413	3,058,175
10. Florida	FL	L	11,109,926	12,118,295	18,363,476	4,839,266	23,948,707
11. Georgia	GA	L	1,147	435			885
12. Hawaii	HI	L	1,884,653	1,793,172	455,702	463,592	3,733,524
13. Idaho	ID	L	15,937,530	18,828,674	10,596,369	8,143,663	106,392,200
14. Illinois	IL	L	11,726,413	12,493,277	5,673,404	7,630,075	41,494,902
15. Indiana	IN	L	3,151,588	3,263,833	1,424,417	1,695,958	14,525,307
16. Iowa	IA	L	3,605,891	3,033,270	665,967	847,543	6,611,857
17. Kansas	KS	L	5,095,113	5,170,241	867,095	10,295,052	9,011,098
18. Kentucky	KY	L	70,007	43,527	11,060	20,721	110,881
19. Louisiana	LA	L	33,346	(4,309)	2,980		20,168
20. Maine	ME	L	2,922,189	3,343,516	1,821,521	2,267,722	17,664,883
21. Maryland	MD	L	45,996	13,566	5,242		29,057
22. Massachusetts	MA	L	11,696,247	11,066,725	6,660,685	4,731,128	46,293,842
23. Michigan	MI	L	3,953,275	3,999,275	1,618,248	793,625	10,187,362
24. Minnesota	MN	L	189,276	141,293	15,083	2,747	290,608
25. Mississippi	MS	L	8,070,540	7,831,879	2,647,810	2,540,555	23,727,726
26. Missouri	MO	L	1,297,356	834,790	400,246	159,992	22,767,414
27. Montana	MT	L	3,415,780	3,259,509	678,025	1,019,126	9,656,270
28. Nebraska	NE	L	37,206	24,516	97		27,281
29. Nevada	NV	L	662,269	669,860	522,216	296,755	2,917,145
30. New Hampshire	NH	L	1,081,252	524,044	236,148	103,586	712,171
31. New Jersey	NJ	L	1,390,464	941,901	40,113	119,614	1,276,811
32. New Mexico	NM	L	2,171,894	2,460,456	578,687	1,261,168	6,663,511
33. New York	NY	L	8,735,936	9,137,751	2,722,729	4,058,462	27,732,160
34. North Carolina	NC	L	542,290	422,318	45,798	147,077	520,973
35. North Dakota	ND	L	20,326,423	18,066,751	4,081,678	3,639,339	22,438,693
36. Ohio	OH	L	268,636	214,515	27,999	23,877	505,988
37. Oklahoma	OK	L	4,793,555	3,593,261	1,854,357	1,104,319	4,713,104
38. Oregon	OR	L	18,738,048	16,715,020	7,000,550	6,216,878	50,377,231
39. Pennsylvania	PA	L	4,399	1,087	7,722	29,763	170,312
40. Rhode Island	RI	L	2,095,012	1,501,750	1,323,172	827,176	7,332,688
41. South Carolina	SC	L	591,808	575,901	307,392	865,546	2,142,873
42. South Dakota	SD	L	5,981,123	6,567,946	2,007,032	6,788,818	18,002,875
43. Tennessee	TN	L	4,779,568	5,112,657	3,729,007	7,463,786	13,213,112
44. Texas	TX	L	2,837,791	2,825,120	740,446	1,325,411	16,828,994
45. Utah	UT	L	1,542,917	1,893,715	1,019,323	709,102	6,192,277
46. Vermont	VT	L	7,863,551	6,754,442	3,140,774	2,731,012	5,189,409
47. Virginia	VA	L	974,114	993,075	179,797	115,485	2,214,478
48. Washington	WA	L	1,423,106	1,518,003	1,326,134	132,612	21,556,664
49. West Virginia	WV	L	4,261,796	4,108,353	3,216,618	1,777,183	2,078,470
50. Wisconsin	WI	L	240,615	238,414	67,499	23,657	14,715,761
51. Wyoming	WY	N					15,618,913
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	195,342,441	189,859,004	93,041,216	92,328,516	569,771,047	533,532,918
DETAILS OF WRITE-INS		XXX					
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX						
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX						

(a) Active Status Counts:

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG.....

51

R - Registered - Non-domiciled RRGs.....

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI).....

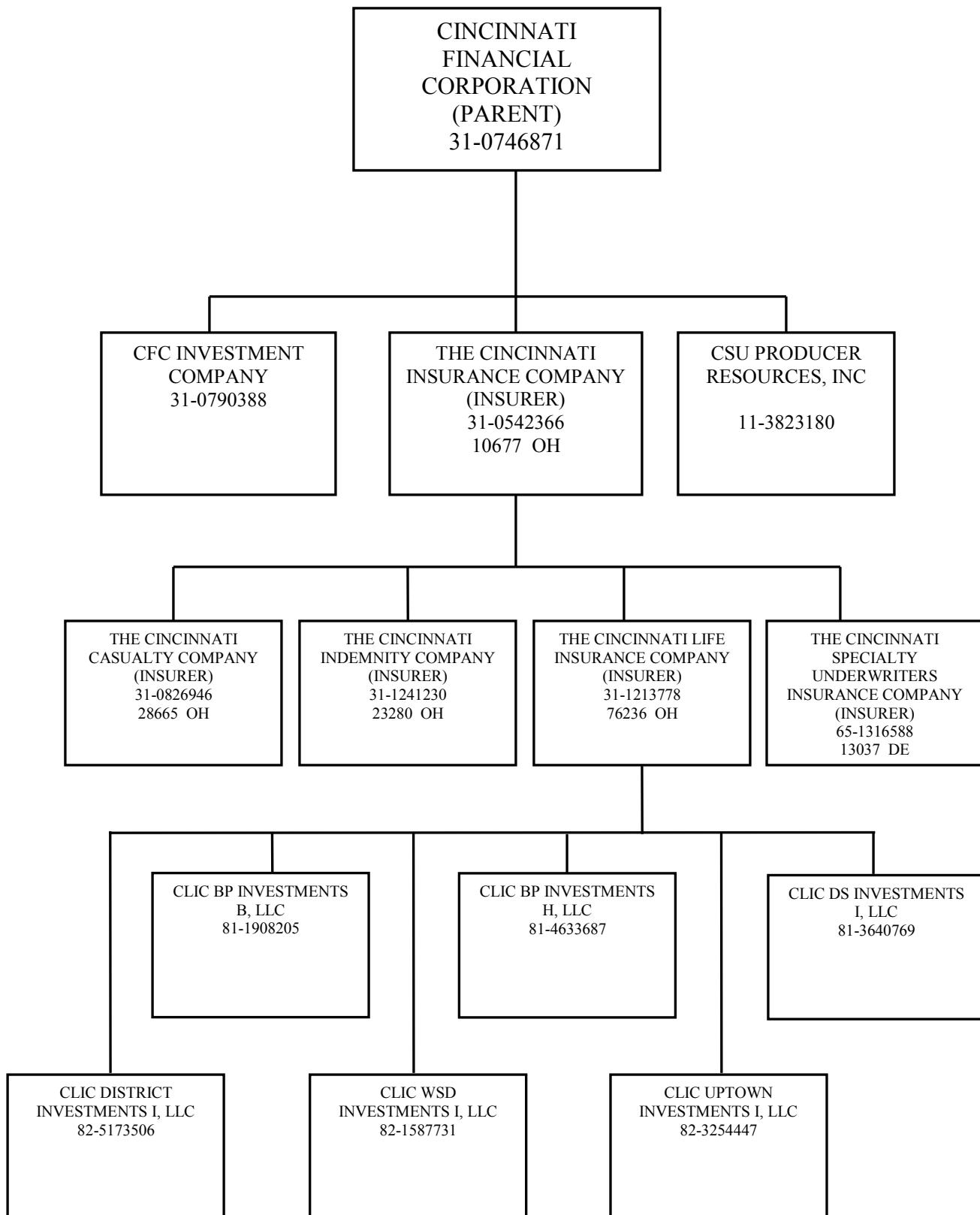
Q - Qualified - Qualified or accredited reinsurer.....

D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile.....

N - None of the above - Not allowed to write business in the state.....

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



STATEMENT AS OF JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation

STATEMENT AS OF JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY
PART 1 - LOSS EXPERIENCE

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire	1,842,818	1,927,016	104.6	46.3
2. Allied Lines	2,082,397	865,938	41.6	129.9
3. Farmowners multiple peril		(63)		
4. Homeowners multiple peril				
5. Commercial multiple peril	60,751,126	38,761,988	63.8	61.3
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine	846,731	203,158	24.0	41.4
10. Financial guaranty				
11.1 Medical professional liability - occurrence	1,059,627	750,029	70.8	108.7
11.2 Medical professional liability - claims-made	105,842	3,133	3.0	118.4
12. Earthquake	48,811			
13. Group accident and health				
14. Credit accident and health				
15. Other accident and health				
16. Workers' compensation	67,278,985	40,693,934	60.5	32.5
17.1 Other liability - occurrence	17,834,583	18,030,265	101.1	46.7
17.2 Other liability - claims-made	868,339	70,583	8.1	37.2
17.3 Excess workers' compensation				
18.1 Products liability - occurrence	4,592,585	2,370,822	51.6	5.4
18.2 Products liability - claims-made				
19.1,19.2 Private passenger auto liability	4,182	(4,150)	(99.2)	120.9
19.3,19.4 Commercial auto liability	16,561,054	17,425,132	105.2	72.5
21. Auto physical damage	6,636,756	3,730,278	56.2	71.6
22. Aircraft (all perils)				
23. Fidelity				
24. Surety	308,440			
26. Burglary and theft	94,481	86,500	91.6	
27. Boiler and machinery	255,950	4,962	1.9	60.2
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	181,172,706	124,919,523	69.0	48.6
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page				
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)				

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date	
1. Fire	913,100	1,839,840	2,264,520	
2. Allied Lines	900,612	1,873,123	1,994,624	
3. Farmowners multiple peril				
4. Homeowners multiple peril				
5. Commercial multiple peril	34,116,583	67,264,548	60,759,471	
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine	353,425	865,308	864,121	
10. Financial guaranty				
11.1 Medical professional liability - occurrence	497,713	1,088,657	1,028,159	
11.2 Medical professional liability - claims-made	9,844	112,048	31,539	
12. Earthquake	39,440	62,436	80,674	
13. Group accident and health				
14. Credit accident and health				
15. Other accident and health				
16. Workers' compensation	32,603,774	69,570,423	74,109,990	
17.1 Other liability - occurrence	9,720,766	19,185,654	18,018,189	
17.2 Other liability - claims-made	475,495	991,303	902,560	
17.3 Excess workers' compensation				
18.1 Products liability - occurrence	2,551,731	5,629,079	4,915,503	
18.2 Products liability - claims-made				
19.1,19.2 Private passenger auto liability	309	1,220	4,355	
19.3,19.4 Commercial auto liability	9,417,970	18,530,017	17,476,299	
21. Auto physical damage	3,751,619	7,545,777	6,910,938	
22. Aircraft (all perils)				
23. Fidelity				
24. Surety	103,338	412,868	102,297	
26. Burglary and theft	52,796	108,511	117,635	
27. Boiler and machinery	138,590	261,631	278,130	
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	95,647,103	195,342,441	189,859,004	
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page				
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)				

STATEMENT AS OF JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

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

STATEMENT AS OF JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanations:

- 1.
- 3.

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]



3. Medicare Part D Coverage Supplement [Document Identifier 365]



STATEMENT AS OF JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY
OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY

SCHEDULE A - VERIFICATION

Real Estate

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

NONE**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

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	402,716,973	373,535,341
2. Cost of bonds and stocks acquired	19,784,616	82,309,109
3. Accrual of discount	62,432	77,102
4. Unrealized valuation increase (decrease)	(5,017,936)	6,828,456
5. Total gain (loss) on disposals	1,964,569	10,722,784
6. Deduct consideration for bonds and stocks disposed of	15,457,390	69,553,244
7. Deduct amortization of premium	630,234	1,202,574
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)	403,423,031	402,716,973
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	403,423,031	402,716,973

STATEMENT AS OF JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	194,923,406	2,025,000		2,737,362	194,923,406	199,685,768		201,221,188
2. NAIC 2 (a)	87,589,461	3,351,416		(3,026,832)	87,589,461	87,914,045		77,607,090
3. NAIC 3 (a)	3,950,638			9,540	3,950,638	3,960,178		6,026,269
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	286,463,505	5,376,416		(279,930)	286,463,505	291,559,991		284,854,547
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock	286,463,505	5,376,416		(279,930)	286,463,505	291,559,991		284,854,547

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

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

Schedule DA - Part 1 - Short-Term Investments

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

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

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule E - Part 2 - Verification - Cash Equivalents

N O N E

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

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

STATEMENT AS OF JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Desig- nation or Market Indicator (a)
22972P-CQ-3	CUCAMONGA VY CALIF WTR DIST FINE AUTH WT		05/04/2018	Merrill Lynch	795,000	795,000			1FE
312782-AN-5	FAYETTEVILLE N C LTD OBLIG		05/24/2018	RW Baird	1,230,000	1,230,000			1FE
490237-AK-0	KENT CNTY DEL STUDENT HSG & DINING FAC R		05/03/2018	RBC DAIN RAUSCHER	359,212	330,000			2FE
71885D-CY-6	PHOENIX ARIZ INDL DEV AUTH STUDENT HSG R		05/03/2018	RAYMOND JAMES/FI	330,015	300,000			2FE
71885D-DP-4	PHOENIX ARIZ INDL DEV AUTH STUDENT HSG R		05/03/2018	RAYMOND JAMES/FI	500,000	500,000			2FE
3199999. Subtotal - Bonds - U.S. Special Revenues					3,214,227	3,155,000			XXX
50077L-AT-3	KRAFT HEINZ FOODS CO		06/05/2018	Bank of America	2,162,189	2,175,000			2FE
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					2,162,189	2,175,000			XXX
8399997. Total - Bonds - Part 3					5,376,416	5,330,000			XXX
8399998. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX
8399999. Total - Bonds					5,376,416	5,330,000			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
03755L-10-4	APERGY CORPORATION		05/09/2018	Unknown	45,000,000	449,281			L
260003-10-8	DOVER ORD		05/09/2018	Unknown	90,000,000	1,880,760			L
9099999. Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)					2,330,040	XXX			XXX
9799997. Total - Common Stocks - Part 3					2,330,040	XXX			XXX
9799998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX
9799999. Total - Common Stocks					2,330,040	XXX			XXX
9899999. Total - Preferred and Common Stocks					2,330,040	XXX			XXX
9999999 - Totals					7,706,456	XXX			XXX

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

STATEMENT AS OF JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY

SCHEDULE D - PART 4

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

1 CUSIP Ident- ification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain Value at Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Design- ation or Market In- dicator (a)		
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recogn- ized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book /Adjusted Carrying Value									
8399997. Total - Bonds - Part 4																					XXX	XXX	
8399998. Total - Bonds - Part 5										XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
8399999. Total - Bonds																					XXX	XXX	
8999997. Total - Preferred Stocks - Part 4										XXX											XXX	XXX	
8999998. Total - Preferred Stocks - Part 5										XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
8999999. Total - Preferred Stocks										XXX											XXX	XXX	
..0375L-10-4 APERGY CORPORATION ..05/30/2018 GOLDMAN SACHS & CO, NY ..45,000,000 ..1,976,451 ..2,330,040 ..449,281 ..9,089,100 ..(6,759,060)																					XXX	XXX	
..260003-10-8 DOVER ORD ..05/09/2018 Unknown ..90,000,000																					42,300		
9099999. Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)										4,306,491	XXX	2,779,321	9,089,100	(6,759,060)							2,779,321	1,527,170	1,527,170
9799997. Total - Common Stocks - Part 4										4,306,491	XXX	2,779,321	9,089,100	(6,759,060)							2,779,321	1,527,170	1,527,170
9799998. Total - Common Stocks - Part 5										XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
9799999. Total - Common Stocks										4,306,491	XXX	2,779,321	9,089,100	(6,759,060)							2,779,321	1,527,170	1,527,170
9899999. Total - Preferred and Common Stocks										4,306,491	XXX	2,779,321	9,089,100	(6,759,060)							2,779,321	1,527,170	1,527,170
9999999 - Totals										4,306,491	XXX	2,779,321	9,089,100	(6,759,060)							2,779,321	1,527,170	1,527,170
(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues.....																					42,300	XXX	XXX

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
NONE

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

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

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

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

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

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
NONE

STATEMENT AS OF JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

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



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

SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama	AL							
2. Alaska	AK							
3. Arizona	AZ							
4. Arkansas	AR							
5. California	CA							
6. Colorado	CO							
7. Connecticut	CT							
8. Delaware	DE							
9. District of Columbia	DC							
10. Florida	FL							
11. Georgia	GA	6,194	2,693			1,966		2,650
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		2,039			(949)		
22. Massachusetts	MA							
23. Michigan	MI							
24. Minnesota	MN							
25. Mississippi	MS							
26. Missouri	MO							
27. Montana	MT							
28. Nebraska	NE							
29. Nevada	NV							
30. New Hampshire	NH							
31. New Jersey	NJ							
32. New Mexico	NM							
33. New York	NY							
34. North Carolina	NC	7,490	3,745			11,181		11,538
35. North Dakota	ND							
36. Ohio	OH							
37. Oklahoma	OK							
38. Oregon	OR							
39. Pennsylvania	PA	644	29			(191)		(191)
40. Rhode Island	RI							
41. South Carolina	SC							
42. South Dakota	SD							
43. Tennessee	TN							
44. Texas	TX	1,236	618			.53		.42
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		15,564	9,124			12,060		14,039
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



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

SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama	AL							
2. Alaska	AK							
3. Arizona	AZ							
4. Arkansas	AR							
5. California	CA							
6. Colorado	CO							
7. Connecticut	CT							
8. Delaware	DE							
9. District of Columbia	DC							
10. Florida	FL							
11. Georgia	GA							
12. Hawaii	HI							
13. Idaho	ID							
14. Illinois	IL							
15. Indiana	IN							
16. Iowa	IA							
17. Kansas	KS							
18. Kentucky	KY							
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD							
22. Massachusetts	MA							
23. Michigan	MI							
24. Minnesota	MN							
25. Mississippi	MS							
26. Missouri	MO							
27. Montana	MT							
28. Nebraska	NE							
29. Nevada	NV							
30. New Hampshire	NH							
31. New Jersey	NJ							
32. New Mexico	NM							
33. New York	NY							
34. North Carolina	NC							
35. North Dakota	ND							
36. Ohio	OH							
37. Oklahoma	OK							
38. Oregon	OR							
39. Pennsylvania	PA							
40. Rhode Island	RI							
41. South Carolina	SC							
42. South Dakota	SD							
43. Tennessee	TN							
44. Texas	TX							
45. Utah	UT							
46. Vermont	VT							
47. Virginia	VA							
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)								

NONE



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

SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported	
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims		
1. Alabama	AL	54,189	30,852		76,360	70,000	2	5,275	
2. Alaska	AK								
3. Arizona	AZ	28,655	23,409		8,801	3,500	1	14,677	
4. Arkansas	AR	3,787	3,296		591			1,568	
5. California	CA								
6. Colorado	CO	5,313	11,199		2,354			6,569	
7. Connecticut	CT	436	218		58			129	
8. Delaware	DE	39,173	19,428		8,409			8,409	
9. District of Columbia	DC								
10. Florida	FL		487		112			419	
11. Georgia	GA	26,344	25,440		(11,757)	412,411	2	11,271	
12. Hawaii	HI								
13. Idaho	ID	20,669	10,225		3,142			5,652	
14. Illinois	IL	67,173	57,910		92,850	84,242	2	31,354	
15. Indiana	IN	14,359	10,640		(9,245)	458,062	3	(2,118)	
16. Iowa	IA		1,970		1,440			1,339	
17. Kansas	KS	77,378	63,309		16,456			37,285	
18. Kentucky	KY	10,753	9,797		3,649			(4,380)	
19. Louisiana	LA								
20. Maine	ME								
21. Maryland	MD	848	7,012		2,804			6,773	
22. Massachusetts	MA								
23. Michigan	MI	156,051	108,495		19,918	276,101	5	28,659	
24. Minnesota	MN	11,024	7,780		2,141			4,885	
25. Mississippi	MS								
26. Missouri	MO	15,411	10,942		3,247			5,284	
27. Montana	MT	7,630	8,840		50,439	35,188	1	16,754	
28. Nebraska	NE	3,365	3,074		799			1,284	
29. Nevada	NV								
30. New Hampshire	NH	3,983	1,826		790			790	
31. New Jersey	NJ								
32. New Mexico	NM	1,774	665		288			288	
33. New York	NY				631			(2,117)	
34. North Carolina	NC	34,611	25,274		46,460	5,000	1	53,316	
35. North Dakota	ND								
36. Ohio	OH	90,742	94,256		9,605			11,409	
37. Oklahoma	OK								
38. Oregon	OR	933	4,701		6,139			6,972	
39. Pennsylvania	PA	53,454	44,644	5,000	1	(85,118)	105,055	3	(15,844)
40. Rhode Island	RI								
41. South Carolina	SC	1,364	910		159			680	
42. South Dakota	SD	3,684	825		308			386	
43. Tennessee	TN	45,019	65,442		1	12,184	5,000	1	38,603
44. Texas	TX	13,197	44,114		(3,417)	269,381	2	446	
45. Utah	UT	3,387	2,984			737		1,726	
46. Vermont	VT		110			48		48	
47. Virginia	VA	22,307	19,414			4,167		10,106	
48. Washington	WA	22,534	14,553			4,017		10,725	
49. West Virginia	WV	15,076	9,168			3,515		6,010	
50. Wisconsin	WI	3,955	6,658			4,469		(5,197)	
51. Wyoming	WY	1,460	1,290			274		557	
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		860,038	751,158	5,000	2	277,822	1,723,939	23	299,990
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998.	Summary of remaining write-ins for Line 58 from overflow page								
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



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

SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported	
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims		
1. Alabama	AL	128,500	56,529	.50,000		28,842	22,997	1	12,509
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	19,063	10,326			5,263			8,898
15. Indiana	IN								
16. Iowa	IA								
17. Kansas	KS								
18. Kentucky	KY				1	4,374	149,252	3	
19. Louisiana	LA								
20. Maine	ME								
21. Maryland	MD								
22. Massachusetts	MA								
23. Michigan	MI	20,158	9,937	.90,000		(68,058)	30,408	2	3,702
24. Minnesota	MN								
25. Mississippi	MS								
26. Missouri	MO								
27. Montana	MT		22,261			(4,944)			
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		162,506		2	445,034	751,632	5	
35. North Dakota	ND								
36. Ohio	OH	112,550	78,466			48,520	174,475	1	14,150
37. Oklahoma	OK								
38. Oregon	OR		17,522			(2,997)			
39. Pennsylvania	PA	44,832	47,532	1,750		7,481	1,011,013	6	(13,288)
40. Rhode Island	RI								
41. South Carolina	SC								
42. South Dakota	SD								
43. Tennessee	TN		107			(41)			
44. Texas	TX								
45. Utah	UT								
46. Vermont	VT								
47. Virginia	VA								
48. Washington	WA								
49. West Virginia	WV								
50. Wisconsin	WI					(195)			
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		325,103	405,186	141,750	3	463,279	2,139,777	18	25,971
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998. Summary of remaining write-ins for Line 58 from overflow page									
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)									



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2018 OF THE THE CINCINNATI CASUALTY COMPANY

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended JUNE 30, 2018

NAIC Group Code 0244

NAIC Company Code 28665

Company Name THE CINCINNATI CASUALTY COMPANY

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

1. Monoline Policies

1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred
\$5,558	\$4,915	\$14,211

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? Yes [] No []

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

2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified: \$54,288

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. \$(13,781)