



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2019

OF THE CONDITION AND AFFAIRS OF THE

THE CINCINNATI CASUALTY COMPANY

NAIC Group Code02440244NAIC Company Code28665Employer's ID Number31-0826946
(Current)(Prior)

Organized under the Laws ofOHIO, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

Incorporated/Organized12/27/1972Commenced Business03/31/1973

Statutory Home Office6200 SOUTH GILMORE ROADFAIRFIELD, OH, US 45014-5141
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office6200 SOUTH GILMORE ROADFAIRFIELD, OH, US 45014-5141513-870-2000
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

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

Primary Location of Books and Records6200 SOUTH GILMORE ROADFAIRFIELD, OH, US 45014-5141513-870-2000
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website AddressWWW.CINFIN.COM

Statutory Statement ContactANDREW SCHNELL513-870-2000
(Name)(Area Code) (Telephone Number)
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OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

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

State ofOHIO
County ofBUTLERSS:

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

STEVEN J. JOHNSTON CHIEF EXECUTIVE OFFICER, PRESIDENT	MICHAEL J. SEWELL CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT	THERESA A. HOFFER SENIOR VICE PRESIDENT, TREASURER
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Subscribed and sworn to before me this4THday ofNOVEMBER

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

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	306,072,932		306,072,932	294,075,871
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	129,626,919		129,626,919	107,767,463
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 (\$3,330,124), cash equivalents (\$) and short-term investments (\$)	3,330,124		3,330,124	6,214,748
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)	439,029,976		439,029,976	408,058,081
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	3,433,645		3,433,645	3,323,464
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	16,960,282		16,960,282	18,659,379
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts	3,075,423		3,075,423	2,963,358
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	1,718,409	1,718,409		
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	2,426,331		2,426,331	2,519,383
24. Health care (\$) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	121,895	121,895		
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	466,765,961	1,840,304	464,925,657	435,523,666
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	466,765,961	1,840,304	464,925,657	435,523,666
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501. Miscellaneous Receivables	121,895	121,895		
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)	121,895	121,895		

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	98,862	
3. Loss adjustment expenses		
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	3,942	(926)
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1 Current federal and foreign income taxes (including \$470 on realized capital gains (losses))	9,847	217,681
7.2 Net deferred tax liability	16,671,761	12,069,354
8. Borrowed money \$ and interest thereon \$		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$177,992,323 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)	22,075,623	23,943,206
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others	1,503,351	1,193,014
15. Remittances and items not allocated		
16. Provision for reinsurance (including \$ certified)		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates		
20. Derivatives		
21. Payable for securities		
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$ and interest thereon \$		
25. Aggregate write-ins for liabilities	80,296	991
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	40,443,681	37,423,319
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	40,443,681	37,423,319
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)	402,731,976	376,350,347
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)	424,481,976	398,100,347
38. Totals (Page 2, Line 28, Col. 3)	464,925,657	435,523,666
DETAILS OF WRITE-INS		
2501. Accounts Payable Other	80,296	991
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)	80,296	991
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page		
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)		
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page		
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)		

STATEMENT OF INCOME

	1	2	3
	Current Year to Date	Prior Year to Date	Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$287,065,876)	268,442,508	270,386,830	359,390,291
1.2 Assumed (written \$78)	78	63	98
1.3 Ceded (written \$287,065,954)	268,442,585	270,386,892	359,390,389
1.4 Net (written \$)			
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	145,237,462	168,816,890	206,379,234
2.2 Assumed	(163,842)	81,117	(48,946)
2.3 Ceded	145,073,619	168,898,008	206,330,288
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	11,207,088	10,457,389	14,071,424
10. Net realized capital gains (losses) less capital gains tax of \$(2,185)	(8,296)	2,402,190	3,841,181
11. Net investment gain (loss) (Lines 9 + 10)	11,198,792	12,859,579	17,912,605
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	243	268	268
15. Total other income (Lines 12 through 14)	243	268	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)	11,199,035	12,859,847	17,912,873
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)	11,199,035	12,859,847	17,912,873
19. Federal and foreign income taxes incurred	1,325,768	1,180,149	1,638,437
20. Net income (Line 18 minus Line 19)(to Line 22)	9,873,267	11,679,698	16,274,436
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	398,100,347	392,286,657	392,286,657
22. Net income (from Line 20)	9,873,267	11,679,698	16,274,436
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$4,628,351	17,411,415	2,742,252	(9,515,650)
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	25,944	(3,253)	(33,789)
27. Change in nonadmitted assets	(928,996)	(951,649)	(911,308)
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).....	26,381,630	13,467,048	5,813,690
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	424,481,976	405,753,705	398,100,347
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	243	268	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)	243	268	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 SEPTEMBER 30, 2019 OF THE THE CINCINNATI CASUALTY COMPANY

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	(1,867,583)	(4,485,788)	(1,262,497)
2. Net investment income	11,972,165	10,865,606	14,979,099
3. Miscellaneous income	243	268	268
4. Total (Lines 1 to 3)	10,104,825	6,380,086	13,716,870
5. Benefit and loss related payments	(1,685,895)	(1,772,156)	625,979
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 \$148,249 tax on capital gains (losses)	1,531,417	2,388,300	2,825,895
10. Total (Lines 5 through 9)	(154,478)	616,145	3,451,873
11. Net cash from operations (Line 4 minus Line 10)	10,259,303	5,763,941	10,264,996
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	21,625,000	10,145,000	10,745,000
12.2 Stocks	350,660	4,513,880	8,328,780
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	21,975,660	14,658,880	19,073,780
13. Cost of investments acquired (long-term only):			
13.1 Bonds	34,673,284	19,452,136	21,195,055
13.2 Stocks		1,520,962	5,388,431
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets		.97	.97
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	34,673,284	20,973,195	26,583,583
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)	(12,697,624)	(6,314,315)	(7,509,803)
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)	(446,302)	2,096,710	1,490,116
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(446,302)	2,096,710	1,490,116
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)	(2,884,623)	1,546,336	4,245,309
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	6,214,748	1,969,438	1,969,438
19.2 End of period (Line 18 plus Line 19.1)	3,330,124	3,515,774	6,214,748

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

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NOTES TO FINANCIAL STATEMENTS

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of The Cincinnati 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 September 30, 2019 and December 31, 2018:

	SSAP #	F/S Page	F/S Line #	2019	2018
NET INCOME					
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 9,873,267	\$ 16,274,436
(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	\$ 9,873,267	\$ 16,274,436
SURPLUS					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 424,481,976	\$ 398,100,347
(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	\$ 424,481,976	\$ 398,100,347

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.

	September 30, 2019		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 386,464	\$ 0	\$ 386,464
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	386,464	0	386,464
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	386,464	0	386,464
(f) Deferred Tax Liabilities	\$ 376,510	\$ 16,681,719	\$ 17,058,226
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ 9,954	\$(16,681,719)	\$(16,671,762)

	December 31, 2018		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 191,375	\$ 0	\$ 191,375
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	191,375	0	191,375
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	191,375	0	191,375
(f) Deferred Tax Liabilities	\$ 208,400	\$ 12,052,329	\$ 12,260,729
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (17,025)	\$(12,052,329)	\$(12,069,354)

	Change		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 195,089	\$ 0	\$ 195,089
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	195,089	0	195,089
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	195,089	0	195,089
(f) Deferred Tax Liabilities	\$ 168,110	\$ 4,629,387	\$ 4,797,497
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ 26,979	\$(4,629,387)	\$(4,602,408)

NOTES TO FINANCIAL STATEMENTS

2.

	September 30, 2019		
	Ordinary	Capital	Total
Admission Calculation Components SSAP No. 101			
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 156,314	\$ 0	\$ 156,314
(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)	65,358	0	65,358
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	65,358	0	65,358
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	63,672,296
(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	164,792	0	164,792
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	\$ 386,464	\$ 0	\$ 386,464

	December 31, 2018		
	Ordinary	Capital	Total
Admission Calculation Components SSAP No. 101			
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 58,577	\$ 0	\$ 58,577
(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)	29,288	0	29,288
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	29,288	0	29,288
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	59,715,052
(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	103,510	0	103,510
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	\$ 191,375	\$ 0	\$ 191,375

	Change		
	Ordinary	Capital	Total
Admission Calculation Components SSAP No. 101			
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 97,737	\$ 0	\$ 97,737
(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)	36,070	0	36,070
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	36,070	0	36,070
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	3,957,244
(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	61,282	0	61,282
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	\$ 195,089	\$ 0	\$ 195,089

3.

	2019 Percentage	2018 Percentage
(a)Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	2790%	2790%
(b)Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	\$ 398,100,347	\$ 398,100,347

4.

	September 30, 2019		
	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)	\$ 386,464	\$ 0	\$ 386,464
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)	\$ 386,464	\$ 0	\$ 386,464
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.			

NOTES TO FINANCIAL STATEMENTS

Impact of Tax Planning Strategies (a)Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage. 1. Adjusted Gross DTAs amount from Note 9A1(c) 2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies 3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e) 4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	December 31, 2018		
	Ordinary	Capital	Total
	\$ 191,375	\$ 0	\$ 191,375
	0.00%	0.00%	0.00%
	\$ 191,375	\$ 0	\$ 191,375
	0.00%	0.00%	0.00%
(b)The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.			

Impact of Tax Planning Strategies (a)Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage. 1. Adjusted Gross DTAs amount from Note 9A1(c) 2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies 3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e) 4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	Change		
	Ordinary	Capital	Total
	\$ 195,089	\$ 0	\$ 195,089
	0.00%	0.00%	0.00%
	\$ 195,089	\$ 0	\$ 195,089
	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:	September 30, 2019	December 31, 2018	Change
(a)Federal	\$ 1,248,932	\$ 1,543,050	\$ (294,118)
(b)Foreign	76,836	95,387	(18,551)
(c)Subtotal	1,325,768	1,638,437	(312,669)
(d)Federal income tax on capital gains/(losses)	(2,185)	999,631	(1,001,816)
(e)Utilization of capital loss carryforwards	0	0	0
(f) Other	0	0	0
(g)Federal income taxes incurred	\$ 1,323,583	\$ 2,638,068	\$ (1,314,485)

2. Deferred tax assets:	September 30, 2019	December 31, 2018	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	386,464	191,375	195,089
5. Other deferred tax assets	0	0	0
99.Subtotal	\$ 386,464	\$ 191,375	\$ 195,089
(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))	\$ 386,464	\$ 191,375	\$ 195,089
(e)Capital			
1. Investments	\$ 0	\$ 0	\$ 0
2. Unrealized loss on investments	0	0	0
99.Subtotal	\$ 0	\$ 0	\$ 0
(f) Statutory valuation allowance adjustment	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))	\$ 386,464	\$ 191,375	\$ 195,089

3. Deferred tax liabilities:	September 30, 2019	December 31, 2018	Change
(a)Ordinary			
1. Commission expense	\$ 0	\$ 0	\$ 0
2. Other, net	376,510	208,400	168,110
99.Subtotal	\$ 376,510	\$ 208,400	\$ 168,110
(b)Capital			
1. Investment	\$ 1,624,391	\$ 1,623,355	\$ 1,036
2. Unrealized gain on investments	15,057,325	10,428,974	4,628,351
99.Subtotal	\$ 16,681,716	\$ 12,052,329	\$ 4,629,387
(c)Deferred tax liabilities (3(a)99+3(b)99)	\$ 17,058,226	\$ 12,260,729	\$ 4,797,497
4. Net deferred tax assets/(liabilities) (2(i)-3(c)):	\$(16,671,762)	\$(12,069,354)	\$ (4,602,408)

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):

	September 30, 2019	December 31, 2018	Change
Total deferred tax assets	\$ 386,464	\$ 191,375	\$ 195,089
Total deferred tax liabilities	17,058,226	12,260,729	4,797,497
Net deferred tax asset/(liability)	\$(16,671,762)	\$(12,069,354)	\$ (4,602,408)
Tax effect of unrealized (gains)/losses			4,628,351
Change in net deferred income tax (charge)/benefit			\$ 25,943

	December 31, 2018	December 31, 2017	Change
Total deferred tax assets	\$ 191,375	\$ 0	\$ 191,375
Total deferred tax liabilities	12,260,729	14,565,042	(2,304,313)
Net deferred tax asset/(liability)	\$(12,069,354)	\$(14,565,042)	\$ 2,495,688
Tax effect of unrealized (gains)/losses			(2,529,476)
Change in net deferred income tax (charge)/benefit			\$ (33,788)

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 September 30, 2019		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 11,196,852	\$ 2,351,339	21.00 %
Net tax exempt interest	(3,310,405)	(695,185)	(6.21)%
Net dividends received deduction (DRD)	(782,814)	(164,391)	(1.47)%
Other items permanent, net	56	12	0.00 %
DRD on accrued	4,543	954	0.01 %
Total	\$ 7,108,232	\$ 1,492,729	13.33 %
Federal income tax expense incurred/(benefit)	\$ 6,313,181	\$ 1,325,768	11.84 %
Tax on capital gains/(losses)	(10,405)	(2,185)	(0.02)%
Change in nonadmitted excluding deferred tax asset	928,994	195,089	1.74 %
Change in net deferred income tax charge/(benefit)	(123,538)	(25,943)	(0.23)%
Total statutory income taxes incurred/(benefit)	\$ 7,108,232	\$ 1,492,729	13.33 %

Description	As of December 31, 2018		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 18,912,505	\$ 3,971,626	21.00 %
Net tax exempt interest	(4,299,448)	(902,884)	(4.77)%
Net dividends received deduction (DRD)	(967,648)	(203,206)	(1.08)%
Other items permanent, net	18	4	0.00 %
DRD on accrued	(10,995)	(2,309)	(0.01)%
Total	\$ 13,634,432	\$ 2,863,231	15.14 %
Federal income tax expense incurred/(benefit)	\$ 7,802,081	\$ 1,638,437	8.66 %
Tax on capital gains/(losses)	4,760,148	999,631	5.29 %
Change in nonadmitted excluding deferred tax asset	911,308	191,375	1.01 %
Change in net deferred income tax charge/(benefit)	160,895	33,788	0.18 %
Total statutory income taxes incurred/(benefit)	\$ 13,634,432	\$ 2,863,231	15.14 %

E. Operating Loss and Tax Credit Carryforwards

At September 30, 2019 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
2019	\$ 1,187,272	\$ 59,475	\$ 1,246,747
2018	1,543,050	999,631	2,542,681
2017	0	1,164,313	1,164,313
Total	\$ 2,730,322	\$ 2,223,419	\$ 4,953,741

At September 30, 2019 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 2015 and earlier. The statute of limitations for state income tax purposes has closed for tax years 2015 and earlier. During third quarter of 2019, the IRS notified us they would be examining tax year ended December 31, 2017.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties – No significant change**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 \$71,701,542 offset by deferred tax of \$15,057,324 for a net balance of \$56,644,218.
11. Surplus Notes – Not applicable
12. Restatement of Quasi-Reorganization – Not applicable
13. Date of Quasi-Reorganization – Not applicable

14. Liabilities, Contingencies and Assessments – No significant change**15. Leases – Not applicable****16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk – Not applicable****17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities – Not applicable****18. Gain or Loss to the Reporting Entity from Uninsured Plans and Uninsured Portion of Partially Insured Plans – Not applicable****19. Direct Written Premium/Produced by Managing General Agents/Third Party Administrators – Not applicable****20. Fair Value Measurements****A. Inputs Used for Assets and Liabilities Measured at Fair Value**

1. Included in various investment related line items in the financial statements are certain financial instruments carried at fair value. Other financial instruments are periodically measured at fair value, such as when impaired, or, for certain fixed maturities and preferred stock, when carried at the lower of cost or market.

The fair value of an asset is the amount at which that asset could be bought or sold in a current transaction between willing parties, that is, other than in a forced or liquidation sale. The Company does not have any material liabilities carried at fair value.

NOTES TO FINANCIAL STATEMENTS

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

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

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

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

- Level 1—Financial assets and liabilities for which inputs are observable and are obtained from reliable quoted prices for identical assets or liabilities in active markets. This is the most reliable fair value measurement and includes, for example, active exchange-traded equity securities.
- Level 2 – Financial assets and liabilities for which values are based on quoted prices in markets that are not active or for which values are based on similar assets and liabilities that are actively traded. This also includes pricing models for which the inputs are corroborated by market data. The technique used for the Level 2 fixed-maturity securities is the application of market based modeling. The inputs used for all classes of fixed-maturity securities listed in the table below include relevant market information by asset class, trade activity of like securities, marketplace quotes, benchmark yields, spreads off benchmark yields, interest rates, U.S. Treasury or swap curves, yield to maturity and economic events. 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
 - 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 September 30, 2019:

Assets at Fair Value:

	Level 1	Level 2	Level 3	Total	Net Asset Value (NAV) Included in Level 2
Common Stock	\$ 129,626,919	\$ 0	\$ 0	\$ 129,626,919	\$ 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

NOTES TO FINANCIAL STATEMENTS

C. Fair Values for all Financial Instruments by Level

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)	Net Asset Value (NAV)
Bonds	\$323,204,969	\$306,072,932	\$ 1,141,245	\$322,063,724	\$ 0	\$ 0	\$ 0
Common Stock	129,626,919	129,626,919	129,626,919	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 November 14, 2019, the date of issuance of these statutory financial statements. There were no events occurring subsequent to September 30, 2019, which may have a material effect on the Company.

23. Reinsurance – No significant change

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

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

26. Intercompany Pooling Arrangements – Not applicable

27. Structured Settlements – Not applicable

28. Health Care Receivables – Not applicable

29. Participating Policies – Not applicable

30. Premium Deficiency Reserves – No significant change

31. High Deductibles – Not applicable

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

33. Asbestos and Environmental Reserves – No significant change

34. Subscriber Savings Accounts – Not applicable

35. Multiple Peril Crop Insurance – Not applicable

36. Financial Guaranty Insurance – Not applicable

37. Other – No significant change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [☐] No [☒]

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 [☒]

2.2

If yes, date of change:

3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

If yes, complete Schedule Y, Parts 1 and 1A.

Yes [☒] No [☐]

3.2

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

Yes [☒] No [☐]

3.3

If the response to 3.2 is yes, provide a brief description of those changes.
The Cincinnati Insurance Company added two new LLC's during the third quarter;CIC Danamont Investments I, LLC and CIC Icon Investments I, LLC.

3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [☒] 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?

If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

Yes [☐] No [☒]

4.2

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

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

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

If yes, attach an explanation.

Yes [☐] No [☒] N/A [☐]

6.1

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

12/31/2014

6.2

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

12/31/2014

6.3

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

10/05/2015

6.4

By what department or departments?
Ohio

6.5

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

Yes [☒] No [☐] N/A [☐]

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [☒] 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 [☒]

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 [☒]

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 [☒]

8.4

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

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

STATEMENT AS OF SEPTEMBER 30, 2019 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?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [X] No []
- 9.11

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

Has the code of ethics for senior managers been amended?

Yes [X] No []
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
The Code of Ethics for Senior Financial Officers was revised on 2/1/19 to limit the codes to U.S. subsidiaries of Cincinnati Financial Corporation.
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 9.31

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

FINANCIAL

- 10.1

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

Yes [X] No []
- 10.2

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

2,426,331

INVESTMENT

- 11.1

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

Yes [] No [X]
- 11.2

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

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

\$
13.

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

\$
- 14.1

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

Yes [] No [X]
- 14.2

If yes, please complete the following:
- | | 1 | 2 |
|---|---|--|
| | Prior Year-End Book/Adjusted Carrying Value | 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 [X]
- 15.2

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

Yes [] No []
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.

\$

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE THE CINCINNATI CASUALTY COMPANY

GENERAL INTERROGATORIES

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

1 Name of Custodian(s)	2 Custodian Address
Fifth Third Bank	Fifth Third Center, Cincinnati 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 [X]
- 17.4 If yes, give full information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?..... Yes [] No []
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?..... Yes [] No []

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

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

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []
- 18.2 If no, list exceptions:

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

a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
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 5GI securities? Yes [] No [X]
20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [] No [X]

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.

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

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

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

Yes [] No [X]
- 3.1

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

Yes [] No [X]
- 3.2

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

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

Yes [] No [X]
- 4.2

If yes, complete the following schedule:

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

5.

Operating Percentages:
- 5.1

A&H loss percent

%
- 5.2

A&H cost containment percent

%
- 5.3

A&H expense percent excluding cost containment expenses

%
- 6.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]
- 6.2

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

Do you act as an administrator for health savings accounts?

Yes [] No [X]
- 6.4

If yes, please provide the balance of the funds administered as of the reporting date\$.....
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 SEPTEMBER 30, 2019 OF THE THE CINCINNATI CASUALTY COMPANY

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

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

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, etc.		1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
			2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1.	Alabama.....AL	L	7,482,746	7,189,867	4,271,928	5,775,249	7,980,075	16,202,440
2.	Alaska.....AK	L						
3.	Arizona.....AZ	L	9,147,122	6,415,167	1,838,746	1,295,367	8,034,776	6,981,587
4.	Arkansas.....AR	L	5,592,734	5,868,862	2,875,331	2,736,162	6,022,132	5,207,252
5.	California.....CA	L	1,579,650	514,211	87,827	9,714	747,093	544,858
6.	Colorado.....CO	L	1,648,918	1,876,215	270,876	2,059,314	7,239,620	3,533,669
7.	Connecticut.....CT	L	1,066,001	970,369	226,993	115,140	1,401,814	1,247,440
8.	Delaware.....DE	L	2,959,328	3,027,036	506,053	564,363	3,812,482	3,493,152
9.	District of Columbia.....DC	L	218,898	160,951	167,278	253,096	1,213,696	1,603,820
10.	Florida.....FL	L	1,144,932	693,574	269,268	253,566	3,186,936	3,263,849
11.	Georgia.....GA	L	15,221,965	15,637,551	16,681,642	20,197,683	23,817,853	24,069,159
12.	Hawaii.....HI	L	2,026	2,522			1,580	1,005
13.	Idaho.....ID	L	3,541,483	2,908,472	386,068	707,183	4,386,182	3,542,198
14.	Illinois.....IL	L	20,532,022	20,520,834	12,769,255	14,826,923	97,441,822	104,729,987
15.	Indiana.....IN	L	15,659,638	16,267,670	9,039,357	7,751,255	39,668,352	40,740,727
16.	Iowa.....IA	L	4,745,593	5,052,647	4,528,780	2,987,264	13,675,342	19,768,894
17.	Kansas.....KS	L	5,153,441	5,104,133	2,424,345	1,095,071	7,021,945	6,479,334
18.	Kentucky.....KY	L	8,288,250	6,678,183	2,901,258	1,775,190	8,546,893	9,523,718
19.	Louisiana.....LA	L	136,893	67,134	42,663	14,943	85,492	194,468
20.	Maine.....ME	L	24,464	42,306	125,738	2,980	54,222	22,759
21.	Maryland.....MD	L	4,628,632	3,959,664	3,282,677	2,927,426	17,463,942	17,435,451
22.	Massachusetts.....MA	L	81,994	74,955	3,144	5,303	41,326	107,111
23.	Michigan.....MI	L	15,267,289	15,258,878	6,688,252	18,339,496	36,506,866	37,894,050
24.	Minnesota.....MN	L	6,650,962	5,796,600	2,101,186	2,106,651	11,205,487	9,982,107
25.	Mississippi.....MS	L	194,152	204,659	2,965	18,278	313,418	286,755
26.	Missouri.....MO	L	11,778,624	11,401,910	5,770,967	3,498,929	25,961,009	23,051,849
27.	Montana.....MT	L	1,854,169	1,806,857	1,042,387	431,519	2,237,922	1,240,370
28.	Nebraska.....NE	L	3,893,512	5,178,737	3,835,354	1,453,854	8,580,208	9,643,989
29.	Nevada.....NV	L	148,753	43,561	7,500	97	71,250	28,842
30.	New Hampshire.....NH	L	739,918	1,196,431	490,512	708,706	3,015,203	2,850,598
31.	New Jersey.....NJ	L	845,701	1,227,413	546,124	408,659	1,265,861	878,562
32.	New Mexico.....NM	L	2,319,050	2,042,597	534,273	159,847	1,883,287	1,691,205
33.	New York.....NY	L	3,557,302	2,789,501	1,440,454	769,281	5,507,644	6,979,600
34.	North Carolina.....NC	L	14,469,987	13,662,635	10,889,148	5,241,732	29,520,643	30,087,855
35.	North Dakota.....ND	L	707,749	545,069	57,054	81,975	823,850	481,590
36.	Ohio.....OH	L	28,998,229	25,727,836	12,346,541	6,746,596	29,364,787	19,987,300
37.	Oklahoma.....OK	L	267,571	278,045	10,961	30,210	535,594	508,381
38.	Oregon.....OR	L	10,139,587	8,404,561	1,694,743	2,541,495	7,603,388	4,890,467
39.	Pennsylvania.....PA	L	25,797,864	26,217,271	10,670,532	11,452,042	51,409,117	50,772,840
40.	Rhode Island.....RI	L	254,783	5,486	9,716	8,776	148,378	171,939
41.	South Carolina.....SC	L	2,471,357	3,379,376	1,655,212	1,727,633	6,688,742	6,915,142
42.	South Dakota.....SD	L	894,704	722,111	691,140	416,386	2,646,743	2,180,679
43.	Tennessee.....TN	L	8,343,021	8,258,991	2,309,372	4,339,247	16,374,786	18,827,333
44.	Texas.....TX	L	7,848,606	7,314,850	2,440,705	5,964,055	11,433,604	11,189,211
45.	Utah.....UT	L	4,545,344	3,969,173	989,403	1,038,162	6,539,586	6,191,105
46.	Vermont.....VT	L	2,244,637	2,243,514	1,150,115	1,314,895	6,145,142	6,165,781
47.	Virginia.....VA	L	11,547,289	10,684,984	4,835,726	4,600,034	23,242,641	22,976,175
48.	Washington.....WA	L	2,192,164	1,544,303	321,086	260,466	947,850	985,420
49.	West Virginia.....WV	L	1,907,894	1,921,515	707,803	1,406,086	3,525,804	2,105,498
50.	Wisconsin.....WI	L	8,103,390	6,009,238	3,487,151	4,155,980	16,675,513	14,280,190
51.	Wyoming.....WY	L	225,540	305,149	45,593	67,499	197,158	130,144
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	287,065,876	271,173,574	139,471,199	144,641,777	562,215,057	562,067,853
DETAILS OF WRITE-INS								
58001.		XXX						
58002.		XXX						
58003.		XXX						
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX						
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX						

(a) Active Status Counts:

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG.....51

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

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

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

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

N - None of the above - Not allowed to write business in the state.....6

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

	Domiciliary Location	FEIN	NAIC Co. Code
Cincinnati Financial Group (Parent)	OH	31-0746871	
CFC Investment Company	OH	31-0790388	
The Cincinnati Insurance Company (Insurer)	OH	31-0542366	10677
The Cincinnati Casualty Company (Insurer)	OH	31-0826946	28665
The Cincinnati Indemnity Company (Insurer)	OH	31-1241230	23280
The Cincinnati Life Insurance Company (Insurer)	OH	31-1213778	76236
CLIC District Investments I, LLC	OH	82-5173506	
CLIC BP Investments B, LLC	OH	81-1908205	
CLIC BP Investments H, LLC	OH	81-4633687	
CLIC WSD Investments I, LLC	OH	82-1587731	
CLIC Uptown Investments I, LLC	OH	82-3254447	
CLIC DS Investments I, LLC	OH	81-3640769	
The Cincinnati Specialty Underwriters Insurance Company (Insurer)	DE	65-1316588	13037
CIC Uptown Investments I, LLC	OH	83-1627569	
CIC Danamont Invesments I, LLC	OH	61-1936938	
CIC Icon Investments I, LLC	OH		
CSU Producer Resources, Inc	OH	11-3823180	
Cincinnati Global Underwriting LTD.	GBR	98-1489371	
Cincinnati Global Dedicated No 1 Limited (Insurer)	GBR		
Cincinnati Global Dedicated No 2 Limited (Insurer)*	GBR		
Cincinnati Global Dedicated No 3 Limited (Insurer)	GBR		
Cincinnati Global Dedicated No 4 Limited (Insurer)	GBR		
Cincinnati Global Dedicated No 5 Limited (Insurer)	GBR		
Cincinnati Global Dedicated No 6 Limited (Insurer)	GBR		
Cincinnati Global Underwriting Agency Limited	GBR		
Cincinnati Global Underwriting Services Limited	GBR		

* Participant in Lloyd's Syndicate 0318

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0244	CINCINNATI INS GRP	.00000	31-0746871		000002028	NASDAQ	CINCINNATI FINANCIAL CORPORATION	.OH	UIP	CINCINNATI FINANCIAL CORPORATION	Board of Directors	0.000		.N	.0
.0244	CINCINNATI INS GRP	.10677	31-0542366		000127988		THE CINCINNATI INSURANCE COMPANY	.OH	UDP	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.76236	31-1213778		000127988		THE CINCINNATI LIFE INSURANCE COMPANY	.OH	.IA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.28665	31-0826946		000127988		THE CINCINNATI CASUALTY COMPANY	.OH	.RE	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.23280	31-1241230		000127988		THE CINCINNATI INDEMNITY COMPANY	.OH	.IA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
							THE CINCINNATI SPECIALTY UNDERWRITERS INSURANCE COMPANY	.OH	.IA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.13037	65-1316588		000142676		CFC INVESTMENT COMPANY	.OH	.NIA	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	31-0790388				CSU PRODUCER RESOURCES, INC	.OH	.NIA	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	11-3823180		000153446		CLIC BP INVESTMENTS B, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	81-1908205				CLIC DS INVESTMENTS I, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	81-3640769				CLIC BP INVESTMENTS I, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	81-4633687				CLIC WDS INVESTMENTS I, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	82-1587731				CLIC UPTOWN INVESTMENTS I, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	82-3254447				CLIC DISTRICT INVESTMENTS I, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	83-5173506				CIC UPTOWN INVESTMENTS I, LLC	.OH	.NIA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	83-1627569				CINCINNATI GLOBAL UNDERWRITING LIMITED	.GBR	.NIA	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	98-1489371				CINCINNATI GLOBAL DEDICATED NO 1 LIMITED	.GBR	.IA	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 2 LIMITED	.GBR	.IA	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 3 LIMITED	.GBR	.IA	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 4 LIMITED	.GBR	.IA	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 5 LIMITED	.GBR	.IA	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 6 LIMITED	.GBR	.IA	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
							CINCINNATI GLOBAL UNDERWRITING AGENCY LIMITED	.GBR							
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL UNDERWRITING SERVICES LIMITED	.GBR	.NIA	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000	61-1936938				CIC DANAMONT INVESTMENTS I, LLC	.OH	.NIA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0
.0244	CINCINNATI INS GRP	.00000					CIC ICON INVESTMENTS I, LLC	.OH	.NIA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	.0

Asterisk	Explanation

PART 1 - LOSS EXPERIENCE

Line of Business		Current Year to Date			4 Prior Year to Date Direct Loss Percentage
		1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1.	Fire	2,836,107	(638,815)	(22.5)	71.7
2.	Allied Lines	3,238,138	542,880	16.8	24.0
3.	Farmowners multiple peril				
4.	Homeowners multiple peril	600,719	327,897	54.6	(3.5)
5.	Commercial multiple peril	97,266,676	52,590,856	54.1	64.0
6.	Mortgage guaranty				
8.	Ocean marine				
9.	Inland marine	1,439,633	1,653,323	114.8	18.0
10.	Financial guaranty				
11.1	Medical professional liability - occurrence	1,696,982	1,848,527	108.9	58.6
11.2	Medical professional liability - claims-made	311,319	(396,049)	(127.2)	28.8
12.	Earthquake	87,081			
13.	Group accident and health				
14.	Credit accident and health				
15.	Other accident and health				
16.	Workers' compensation	84,993,891	42,883,355	50.5	55.9
17.1	Other liability - occurrence	27,245,752	15,637,498	57.4	74.9
17.2	Other liability - claims-made	1,419,552	392,462	27.6	30.5
17.3	Excess workers' compensation				
18.1	Products liability - occurrence	7,381,017	1,637,897	22.2	36.0
18.2	Products liability - claims-made				
19.1,19.2	Private passenger auto liability	220,527	216,352	98.1	(135.0)
19.3,19.4	Commercial auto liability	27,055,114	21,981,964	81.2	88.0
21.	Auto physical damage	11,323,399	6,455,518	57.0	60.4
22.	Aircraft (all perils)				
23.	Fidelity				
24.	Surety	711,295			
26.	Burglary and theft	162,276	111,797	68.9	64.4
27.	Boiler and machinery	453,027	(8,000)	(1.8)	1.3
28.	Credit				
29.	International				
30.	Warranty				
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business				
35.	Totals	268,442,508	145,237,462	54.1	62.4
DETAILS OF WRITE-INS					
3401.					
3402.					
3403.					
3498.	Summary of remaining write-ins for Line 34 from overflow page				
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)				

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1	2	3
		Current Quarter	Current Year to Date	Prior Year Year to Date
1.	Fire	1,044,208	3,234,711	2,527,390
2.	Allied Lines	1,129,299	3,287,830	2,707,940
3.	Farmowners multiple peril			
4.	Homeowners multiple peril	1,167,723	1,829,171	40,202
5.	Commercial multiple peril	32,095,910	103,694,295	95,668,001
6.	Mortgage guaranty			
8.	Ocean marine			
9.	Inland marine	598,128	1,688,870	1,342,305
10.	Financial guaranty			
11.1	Medical professional liability - occurrence	548,002	1,651,756	1,421,358
11.2	Medical professional liability - claims-made	85,068	196,322	166,747
12.	Earthquake	44,486	131,384	81,057
13.	Group accident and health			
14.	Credit accident and health			
15.	Other accident and health			
16.	Workers' compensation	22,891,132	88,983,164	94,290,847
17.1	Other liability - occurrence	9,166,454	28,543,838	26,167,081
17.2	Other liability - claims-made	493,020	1,496,965	1,420,628
17.3	Excess workers' compensation			
18.1	Products liability - occurrence	2,009,714	7,869,259	7,164,057
18.2	Products liability - claims-made			
19.1,19.2	Private passenger auto liability	476,609	721,272	24,303
19.3,19.4	Commercial auto liability	9,169,403	29,254,126	26,188,402
21.	Auto physical damage	4,216,723	13,032,474	10,621,298
22.	Aircraft (all perils)			
23.	Fidelity			
24.	Surety	355,965	746,667	803,013
26.	Burglary and theft	55,914	182,844	150,924
27.	Boiler and machinery	147,463	520,929	388,023
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	85,695,221	287,065,876	271,173,574
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 SEPTEMBER 30, 2019 OF THE THE CINCINNATI CASUALTY COMPANY

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	2019 Loss and LAE Payments on Claims Reported as of Prior Year-End	2019 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2019 Loss and LAE Payments (Cols. 4+5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7+8+9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols.4+7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2016 + Prior													
2. 2017													
3. Subtotals 2017 + Prior													
4. 2018													
5. Subtotals 2018 + Prior													
6. 2019	XXX	XXX	XXX	XXX			XXX				XXX	XXX	XXX
7. Totals													
8. Prior Year-End Surplus As Regards Policyholders		NONE									Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1.	2.	3.
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4.

STATEMENT AS OF SEPTEMBER 30, 2019 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]



SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	401,843,334	402,716,973
2. Cost of bonds and stocks acquired	35,676,031	34,258,082
3. Accrual of discount	65,632	103,426
4. Unrealized valuation increase (decrease)	22,039,765	(12,045,126)
5. Total gain (loss) on disposals	(10,481)	4,840,812
6. Deduct consideration for bonds and stocks disposed of	23,272,024	26,748,376
7. Deduct amortization of premium	936,022	1,282,458
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	293,617	
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	435,699,852	401,843,334
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	435,699,852	401,843,334

STATEMENT AS OF SEPTEMBER 30, 2019 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)	202,862,009	1,012,720	5,298,773	(251,862)	195,523,624	202,862,009	198,324,094	198,291,923
2. NAIC 2 (a)	91,163,296	10,612,710		(379,373)	94,750,104	91,163,296	101,396,633	91,836,718
3. NAIC 3 (a)	5,996,244			355,961	3,997,138	5,996,244	6,352,205	3,947,230
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	300,021,549	11,625,430	5,298,773	(275,274)	294,270,867	300,021,549	306,072,932	294,075,871
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	300,021,549	11,625,430	5,298,773	(275,274)	294,270,867	300,021,549	306,072,932	294,075,871

(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 SEPTEMBER 30, 2019 OF THE THE CINCINNATI CASUALTY COMPANY

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation and Administrative Symbol/Market Indicator (a)
181144-UH-7	CLARK CNTY WASH SCH DIST NO 037 VANCOUVE		07/24/2019	Piper Jaffray & CO/ALGO		1,012,720	1,000,000		1FE
2499999	Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions					1,012,720	1,000,000		XXX
03938L-BG-7	ARCELOMITTAL SA	C	07/11/2019	Merrill Lynch		2,970,120	3,000,000		2FE
14042R-NH-7	CAPITAL ONE NA		09/03/2019	MORGAN STANLEY & CO INC, NY		1,999,080	2,000,000		2FE
21036P-AH-8	CONSTELLATION BRANDS INC		09/04/2019	WELLS FARGO SECURITIES LLC		3,046,350	3,000,000	26,279	2FE
281020-AN-7	EDISON INTERNATIONAL		07/11/2019	KEYBANC CAPITAL MARKETS INC		1,097,500	1,000,000	3,833	2FE
42824C-BE-8	HEWLETT PACKARD ENTERPRISE CO		09/04/2019	JP MORGAN SECURITIES LLC		999,790	1,000,000		2FE
60920L-AE-4	MONDELEZ INTERNATIONAL HOLDINGS NETHERLA	C	09/05/2019	BARCLAYS CAPITAL INC		499,870	500,000		2FE
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					10,612,710	10,500,000	30,113	XXX
8399997	Total - Bonds - Part 3					11,625,430	11,500,000	30,113	XXX
8399998	Total - Bonds - Part 5					XXX	XXX	XXX	XXX
8399999	Total - Bonds					11,625,430	11,500,000	30,113	XXX
8999997	Total - Preferred Stocks - Part 3						XXX		XXX
8999998	Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX
8999999	Total - Preferred Stocks						XXX		XXX
9799997	Total - Common Stocks - Part 3						XXX		XXX
9799998	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX
9799999	Total - Common Stocks						XXX		XXX
9899999	Total - Preferred and Common Stocks						XXX		XXX
9999999	Totals					11,625,430	XXX	30,113	XXX

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

SCHEDULE D - PART 4

[illegible]

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6	7	8	
					First Month	Second Month	Third Month	
Fifth Third Bank		.0.000			8,441,961	8,119,914	3,330,124	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX			8,441,961	8,119,914	3,330,124	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX						XXX
0399999. Total Cash on Deposit	XXX	XXX			8,441,961	8,119,914	3,330,124	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX			8,441,961	8,119,914	3,330,124	XXX

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

N O N E

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

SUPPLEMENT A TO SCHEDULE T

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN

ALLOCATED BY STATES AND TERRITORIES

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL								
11. Georgia.....GA	4,083	3,380			1,608			3,804
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL								
15. Indiana.....IN	9	1			10			10
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY	485	142			167			167
19. Louisiana.....LA								
20. Maine.....ME								
21. Maryland.....MD	5,525	4,144			2,014			4,286
22. Massachusetts.....MA								
23. Michigan.....MI								
24. Minnesota.....MN	3,385	2,117			4,148			4,148
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	5,618			33,275			35,256
35. North Dakota.....ND								
36. Ohio.....OH	12,368	8,618			7,576			7,576
37. Oklahoma.....OK								
38. Oregon.....OR								
39. Pennsylvania.....PA	704	527			599			684
40. Rhode Island.....RI								
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN								
44. Texas.....TX	3,124	4,088			915			1,001
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA								
49. West Virginia.....WV								
50. Wisconsin.....WI								
51. Wyoming.....WY								
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. U.S. Virgin Islands.....VI								
56. Nothern Mariana Islands.....MP								
57. Canada.....CAN								
58. Aggregate Other Aliens.....OT								
59. Totals	37,173	28,634			50,312			56,932
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)								



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

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



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2019 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

		1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
				3	4		6	7	
States, etc.		Direct Premiums Written	Direct Premiums Earned	Amount	No. of Claims	Direct Losses Incurred	Amount Reported	No. of Claims	Direct Losses Incurred But Not Reported
1.	Alabama.....AL	11,703	11,397	12,500		(50,642)	1,658	1	8,131
2.	Alaska.....AK								
3.	Arizona.....AZ	40,976	34,862			16,315			35,188
4.	Arkansas.....AR	7,018	5,225			2,744			4,718
5.	California.....CA								
6.	Colorado.....CO	4,733	4,958			1,508			7,541
7.	Connecticut.....CT	1,108	831			382			705
8.	Delaware.....DE	50,655	41,917			20,872			39,315
9.	District of Columbia.....DC								
10.	Florida.....FL		528			209			674
11.	Georgia.....GA	39,996	38,969	1,022,000	2	707,078	38,410	1	37,266
12.	Hawaii.....HI								
13.	Idaho.....ID	48,426	32,832			17,010			26,657
14.	Illinois.....IL	59,361	70,323			23,282	50,353	2	96,020
15.	Indiana.....IN	13,877	14,361			5,028	472,145	4	15,097
16.	Iowa.....IA	8,740	5,532			3,284			4,685
17.	Kansas.....KS	162,822	121,168			107,354	208,499	3	115,279
18.	Kentucky.....KY	57,208	24,273	90	1	11,472			19,668
19.	Louisiana.....LA								
20.	Maine.....ME	(205)	(90)			(25)			123
21.	Maryland.....MD	13,200	10,147			4,573			10,239
22.	Massachusetts.....MA								
23.	Michigan.....MI	68,797	84,690			(52,851)	148,041	3	84,056
24.	Minnesota.....MN	19,496	43,042			16,267			23,892
25.	Mississippi.....MS								
26.	Missouri.....MO	26,001	20,443			9,205			17,954
27.	Montana.....MT	13,826	13,119	60,000		18,671	944	1	10,626
28.	Nebraska.....NE	11,173	8,054			3,936			6,803
29.	Nevada.....NV								
30.	New Hampshire.....NH	7,996	4,230			2,148			3,759
31.	New Jersey.....NJ								
32.	New Mexico.....NM	8,540	4,362			2,387			3,019
33.	New York.....NY					1,126			430
34.	North Carolina.....NC	60,325	53,702			267,678	6,584	2	283,956
35.	North Dakota.....ND								
36.	Ohio.....OH	238,927	169,521			127,223	51,481	3	146,359
37.	Oklahoma.....OK								
38.	Oregon.....OR	8,403	7,240			(11,858)	12,873	1	1,631
39.	Pennsylvania.....PA	84,907	79,585			186,956	191,797	5	82,539
40.	Rhode Island.....RI								
41.	South Carolina.....SC	2,977	2,153			1,002			2,030
42.	South Dakota.....SD	1	1,658			799			1,876
43.	Tennessee.....TN	84,082	66,733	75,326	2	(22,290)	167,281	3	61,317
44.	Texas.....TX	24,884	78,701			11,887	64,568	1	7,973
45.	Utah.....UT	8,256	5,928			2,844			5,651
46.	Vermont.....VT	11,362	7,548			447			518
47.	Virginia.....VA	61,806	34,930			30,863	39,350	1	31,717
48.	Washington.....WA	22,827	22,622			10,479			22,963
49.	West Virginia.....WV	21,966	15,879			7,993			15,775
50.	Wisconsin.....WI	7,956	8,693			7,832			8,978
51.	Wyoming.....WY	3,875	2,598			1,341			2,224
52.	American Samoa.....AS								
53.	Guam.....GU								
54.	Puerto Rico.....PR								
55.	U.S. Virgin Islands.....VI								
56.	Nothern Mariana Islands.....MP								
57.	Canada.....CAN								
58.	Aggregate Other Aliens.....OT								
59.	Totals	1,318,001	1,152,664	1,169,916	5	1,494,529	1,453,983	31	1,247,353
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)								



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

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

		1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
				3	4		6	7	
States, etc.		Direct Premiums Written	Direct Premiums Earned	Amount	No. of Claims	Direct Losses Incurred	Amount Reported	No. of Claims	Direct Losses Incurred But Not Reported
1.	Alabama.....AL	159,083	110,392		1	50,753			110,527
2.	Alaska.....AK								
3.	Arizona.....AZ								
4.	Arkansas.....AR								
5.	California.....CA								
6.	Colorado.....CO								
7.	Connecticut.....CT								
8.	Delaware.....DE								
9.	District of Columbia.....DC								
10.	Florida.....FL								
11.	Georgia.....GA								
12.	Hawaii.....HI								
13.	Idaho.....ID								
14.	Illinois.....IL		17,156			(13,430)			
15.	Indiana.....IN								
16.	Iowa.....IA								
17.	Kansas.....KS								
18.	Kentucky.....KY					2,918	149,125	3	
19.	Louisiana.....LA								
20.	Maine.....ME								
21.	Maryland.....MD								
22.	Massachusetts.....MA								
23.	Michigan.....MI	23,214	17,283			24,050			28,363
24.	Minnesota.....MN								
25.	Mississippi.....MS								
26.	Missouri.....MO								
27.	Montana.....MT	53,519	38,796			20,530			41,131
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		308,197	228,000	4	(124,729)	88,476	2	
35.	North Dakota.....ND								
36.	Ohio.....OH	100,163	210,043	465,000	1	319,991			61,357
37.	Oklahoma.....OK								
38.	Oregon.....OR	105,668	46,277			(332,628)	17,495	3	20,509
39.	Pennsylvania.....PA	51,257	78,858	100,000	2	(39,817)	675,460	5	49,828
40.	Rhode Island.....RI								
41.	South Carolina.....SC								
42.	South Dakota.....SD								
43.	Tennessee.....TN								
44.	Texas.....TX								
45.	Utah.....UT								
46.	Vermont.....VT								
47.	Virginia.....VA								
48.	Washington.....WA								
49.	West Virginia.....WV								
50.	Wisconsin.....WI								
51.	Wyoming.....WY								
52.	American Samoa.....AS								
53.	Guam.....GU								
54.	Puerto Rico.....PR								
55.	U.S. Virgin Islands.....VI								
56.	Nothern Mariana Islands.....MP								
57.	Canada.....CAN								
58.	Aggregate Other Aliens.....OT								
59.	Totals	492,904	827,004	793,000	8	(92,363)	930,556	13	311,715
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 SEPTEMBER 30, 2019 OF THE THE CINCINNATI CASUALTY COMPANY

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended SEPTEMBER 30, 2019

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
\$ 4,815	\$ 5,862	\$ (4,731)

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:

\$ 71,645

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.

\$ 14,876