

STATEMENT AS OF MARCH 31, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	78,696,648		78,696,648	79,471,428
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	26,451,811		26,451,811	33,004,640
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$ 2,129,701), cash equivalents (\$) and short-term investments (\$ 956,234)	3,085,935		3,085,935	2,293,506
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)	108,234,394		108,234,394	114,769,575
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	879,679		879,679	977,977
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	18,594,004		18,594,004	16,067,053
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts	7,396,815		7,396,815	3,077,265
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				174
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	6,213,320		6,213,320	11,628,712
24. Health care (\$) and other amounts receivable				
25. Aggregate write-ins for other than invested assets				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	141,318,212		141,318,212	146,520,755
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	141,318,212		141,318,212	146,520,755
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.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)				

STATEMENT AS OF MARCH 31, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$)		
2. Reinsurance payable on paid losses and loss adjustment expenses		6,413
3. Loss adjustment expenses		
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	4,674	3,831
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1 Current federal and foreign income taxes (including \$ 4 on realized capital gains (losses))	112,418	
7.2 Net deferred tax liability	1,980,164	3,604,493
8. Borrowed money \$ and interest thereon \$		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 211,791,143 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)	31,931,488	30,480,275
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others	1,540,446	1,336,956
15. Remittances and items not allocated		
16. Provision for reinsurance (including \$ certified)		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates		
20. Derivatives		
21. Payable for securities		
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$ and interest thereon \$		
25. Aggregate write-ins for liabilities		
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	35,569,191	35,431,968
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	35,569,191	35,431,968
29. Aggregate write-ins for special surplus funds		
30. Common capital stock	3,600,000	3,600,000
31. Preferred capital stock		
32. Aggregate write-ins for other than special surplus funds		
33. Surplus notes		
34. Gross paid in and contributed surplus	21,600,000	21,600,000
35. Unassigned funds (surplus)	80,549,021	85,888,787
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)	105,749,021	111,088,787
38. Totals (Page 2, Line 28, Col. 3)	141,318,212	146,520,755
DETAILS OF WRITE-INS		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)		
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page		
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)		
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page		
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)		

STATEMENT AS OF MARCH 31, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY
STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 126,244,371)	105,328,982	103,386,506	414,313,321
1.2 Assumed (written \$ 2)	2	1	3
1.3 Ceded (written \$ 126,244,373)	105,328,984	103,386,508	414,313,324
1.4 Net (written \$)			
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	60,810,010	39,778,591	159,075,187
2.2 Assumed	2,289	(6,469)	(16,845)
2.3 Ceded	60,812,299	39,772,123	159,058,342
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	894,746	898,463	3,659,556
10. Net realized capital gains (losses) less capital gains tax of \$ 4	(536,612)		(41,160)
11. Net investment gain (loss) (Lines 9 + 10)	358,133	898,463	3,618,396
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	496	518	518
15. Total other income (Lines 12 through 14)	496	518	518
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	358,629	898,981	3,618,914
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)	358,629	898,981	3,618,914
19. Federal and foreign income taxes incurred	117,065	119,428	498,177
20. Net income (Line 18 minus Line 19)(to Line 22)	241,565	779,553	3,120,737
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	111,088,787	102,118,279	102,118,279
22. Net income (from Line 20)	241,565	779,553	3,120,737
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ (1,513,189)	(5,692,471)	2,983,675	5,852,986
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	111,141	(1,112)	(3,215)
27. Change in nonadmitted assets			
28. Change in provision for reinsurance			
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in			
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			
37. Aggregate write-ins for gains and losses in surplus			
38. Change in surplus as regards policyholders (Lines 22 through 37)	(5,339,766)	3,762,116	8,970,508
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	105,749,021	105,880,395	111,088,787
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	496	518	518
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)	496	518	518
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page			
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)			

STATEMENT AS OF MARCH 31, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY
CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	1,451,213	306,798	371,376
2. Net investment income	1,047,248	961,956	3,838,218
3. Miscellaneous income	496	518	518
4. Total (Lines 1 to 3)	2,498,957	1,269,272	4,210,112
5. Benefit and loss related payments	6,852,915	3,492,980	(6,465,308)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions			
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	4,476	4,092	635,186
10. Total (Lines 5 through 9)	6,857,391	3,497,071	(5,830,122)
11. Net cash from operations (Line 4 minus Line 10)	(4,358,434)	(2,227,799)	10,040,234
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	2,000,000	1,590,949	6,539,949
12.2 Stocks			
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	(152,388)		
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,847,612	1,590,949	6,539,949
13. Cost of investments acquired (long-term only):			
13.1 Bonds	1,815,188	2,684,747	9,944,544
13.2 Stocks	500,443		
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	2,315,631	2,684,747	9,944,544
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)	(468,019)	(1,093,797)	(3,404,595)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	5,618,882	3,516,313	(6,676,177)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	5,618,882	3,516,313	(6,676,177)
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)	792,430	194,716	(40,538)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	2,293,506	2,334,044	2,334,044
19.2 End of period (Line 18 plus Line 19.1)	3,085,935	2,528,760	2,293,506

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

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STATEMENT AS OF MARCH 31, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY
NOTES TO FINANCIAL STATEMENTS

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern**A. Accounting Practices**

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

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

The Company has no prescribed or permitted practices that would result in differences between the NAIC SAP and the state of Ohio basis, as shown below as of March 31, 2020 and December 31, 2019:

	SSAP #	F/S Page	F/S Line #	2020	2019
NET INCOME					
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 241,565	\$ 3,120,737
(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	\$ 241,565	\$ 3,120,737
SURPLUS					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 105,749,021	\$ 111,088,787
(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	\$ 105,749,021	\$ 111,088,787

B. Use of Estimates in the Preparation of the Financial Statements – No significant change**C. Accounting Policies – No significant change****D. Going Concern**

After review of the Company's financial condition, management has no doubts about the Company's ability to continue as a going concern.

2. Accounting Changes and Correction of Errors – No significant change**3. Business Combinations and Goodwill – Not applicable****4. Discontinued Operations – Not applicable****5. Investments – No significant change****6. Joint Ventures, Partnerships and Limited Liability Companies – Not applicable****7. Investment Income – No significant change****8. Derivative Instruments – Not applicable****9. Income Taxes****A. Components of Deferred Tax Assets (DTAs) and Deferred Tax Liabilities (DTLs):**

1.

	March 31, 2020		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 0	\$ 0	\$ 0
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	0	0
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	0	0
(f) Deferred Tax Liabilities	\$ 10,754	\$ 1,969,411	\$ 1,980,165
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (10,754)	\$ (1,969,411)	\$ (1,980,165)

	December 31, 2019		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 0	\$ 0	\$ 0
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	0	0
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	0	0
(f) Deferred Tax Liabilities	\$ 10,399	\$ 3,594,095	\$ 3,604,494
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (10,399)	\$ (3,594,095)	\$ (3,604,494)

	Change		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 0	\$ 0	\$ 0
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	0	0
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	0	0
(f) Deferred Tax Liabilities	\$ 355	\$ (1,624,684)	\$ (1,624,329)
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (355)	\$ 1,624,684	\$ 1,624,329

STATEMENT AS OF MARCH 31, 2020 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

2.

Admission Calculation Components SSAP No. 101	March 31, 2020		
	Ordinary	Capital	Total
	\$	\$	\$
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	0	0	0
(b)Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	0	0	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	0	0	0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	15,862,353
(c)Adjusted Gross Deferred Tax Assets (Excluding the amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	0	0	0
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c)	\$ 0	\$ 0	\$ 0

Admission Calculation Components SSAP No. 101	December 31, 2019		
	Ordinary	Capital	Total
	\$	\$	\$
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	0	0	0
(b)Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	0	0	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	0	0	0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	16,663,318
(c)Adjusted Gross Deferred Tax Assets (Excluding the amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	0	0	0
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c)	\$ 0	\$ 0	\$ 0

Admission Calculation Components SSAP No. 101	Change		
	Ordinary	Capital	Total
	\$	\$	\$
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	0	0	0
(b)Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	0	0	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	0	0	0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	(800,965)
(c)Adjusted Gross Deferred Tax Assets (Excluding the amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	0	0	0
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c)	\$ 0	\$ 0	\$ 0

3.

	2020 Percentage	2019 Percentage
	2315%	2315%
(a)Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount (b)Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	\$ 111,088,787	\$ 111,088,787

4.

Impact of Tax Planning Strategies	March 31, 2020		
	Ordinary	Capital	Total
	\$	\$	\$
(a)Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.			
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 0	\$ 0	\$ 0
2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%	0.00%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 0	\$ 0	\$ 0
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%	0.00%
(b)The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.			

STATEMENT AS OF MARCH 31, 2020 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

Impact of Tax Planning Strategies	December 31, 2019		
	Ordinary	Capital	Total
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 0	\$ 0	\$ 0
2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%	0.00%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 0	\$ 0	\$ 0
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%	0.00%
(b) The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.			

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

B. Unrecognized DTLs – Not applicable

C. Current Tax and Change in Deferred Tax

1. Current income tax:

	March 31, 2020	December 31, 2019	Change
(a) Federal	\$ 112,589	\$ 481,867	\$ (369,278)
(b) Foreign	4,476	16,310	(11,834)
(c) Subtotal	117,065	498,177	(381,112)
(d) Federal income tax on capital gains/(losses)	4	(10,941)	10,945
(e) Utilization of capital loss carryforwards	0	0	0
(f) Other	0	0	0
(g) Federal income taxes incurred	\$ 117,069	\$ 487,236	\$ (370,167)

2. Deferred tax assets:

	March 31, 2020	December 31, 2019	Change
(a) Ordinary			
1. Unearned premium reserve	\$ 0	\$ 0	\$ 0
2. Unpaid loss reserve	0	0	0
3. Contingent commission	0	0	0
4. Nonadmitted assets	0	0	0
5. Other deferred tax assets	0	0	0
99. Subtotal	\$ 0	\$ 0	\$ 0
(b) Statutory valuation allowance adjustment	0	0	0
(c) Nonadmitted	0	0	0
(d) Admitted ordinary deferred tax assets (2(a)99-2(b)-2(c))	\$ 0	\$ 0	\$ 0
(e) Capital			
1. Investments	\$ 0	\$ 0	\$ 0
1. Unrealized (gain)/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))	\$ 0	\$ 0	\$ 0

3. Deferred tax liabilities:

	March 31, 2020	December 31, 2019	Change
(a) Ordinary			
1. Commission expense	\$ 0	\$ 0	\$ 0
2. Other, net	10,754	10,399	355
99. Subtotal	\$ 10,754	\$ 10,399	\$ 355
(b) Capital			
2. Investment	\$ 23,466	\$ 134,961	\$ (111,495)
3. Unrealized (gain)/loss on investments	1,945,945	3,459,134	(1,513,189)
99. Subtotal	\$ 1,969,411	\$ 3,594,095	\$ (1,624,684)
(c) Deferred tax liabilities (3(a)99+3(b)99)	\$ 1,980,165	\$ 3,604,494	\$ (1,624,329)
4. Net deferred tax assets/(liabilities) (2(i)-3(c)):	\$ (1,980,165)	\$ (3,604,494)	\$ 1,624,329

STATEMENT AS OF MARCH 31, 2020 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

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

	March 31, 2020	December 31, 2019	Change
Total deferred tax assets	\$ 0	\$ 0	\$ 0
Total deferred tax liabilities	1,980,165	3,604,494	(1,624,329)
Net deferred tax asset/(liability)	\$ (1,980,165)	\$ (3,604,494)	\$ 1,624,329 (1,513,189)
Tax effect of unrealized (gains)/losses			\$ 111,140
Change in net deferred income tax (charge)/benefit			
	December 31, 2019	December 31, 2018	Change
Total deferred tax assets	\$ 0	\$ 0	\$ 0
Total deferred tax liabilities	3,604,494	2,045,421	1,559,073
Net deferred tax asset/(liability)	\$ (3,604,494)	\$ (2,045,421)	\$ (1,559,073) 1,555,857
Tax effect of unrealized (gains)/losses			\$ (3,216)
Change in net deferred income tax (charge)/benefit			

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

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

Description	As of March 31, 2020		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 358,633	\$ 75,313	21.00 %
Net tax exempt interest	(269,938)	(56,687)	(15.81)%
Net dividends received deduction (DRD)	(59,481)	(12,491)	(3.48)%
Other items permanent, net	33	7	0.00 %
DRD on accrued	(1,014)	(213)	(0.06)%
Total	\$ 28,233	\$ 5,929	1.65 %
Federal income tax expense incurred/(benefit)	\$ 557,452	\$ 117,065	32.64 %
Tax on capital gains/(losses)	19	4	0.00 %
Change in nonadmitted excluding deferred tax asset	0	0	0.00 %
Change in net deferred income tax charge/(benefit)	(529,238)	(111,140)	(30.99)%
Total statutory income taxes incurred/(benefit)	\$ 28,233	\$ 5,929	1.65 %

Description	As of December 31, 2019		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 3,607,971	\$ 757,674	21.00 %
Net tax exempt interest	(1,069,633)	(224,623)	(6.23)%
Net dividends received deduction (DRD)	(200,381)	(42,080)	(1.17)%
Other items permanent, net	28	6	0.00 %
DRD on accrued	(2,500)	(525)	(0.01)%
Total	\$ 2,335,485	\$ 490,452	13.59 %
Federal income tax expense incurred/(benefit)	\$ 2,372,271	\$ 498,177	13.81 %
Tax on capital gains/(losses)	(52,100)	(10,941)	(0.30)%
Change in nonadmitted excluding deferred tax asset	0	0	0.00 %
Change in net deferred income tax charge/(benefit)	15,314	3,216	0.08 %
Total statutory income taxes incurred/(benefit)	\$ 2,335,485	\$ 490,452	13.59 %

E. Operating Loss and Tax Credit Carryforwards

At March 31, 2020 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
2020	\$ 112,589	\$ 4	\$ 112,593
2019	468,413	2,514	470,927
2018	0	542,586	542,586
Total	\$ 581,002	\$ 545,104	\$ 1,126,106

At March 31, 2020 the Company had no protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated Federal Income Tax Return

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

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

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

NOTES TO FINANCIAL STATEMENTS**G. Federal or Foreign Income Tax Loss Contingencies**

The Company did not have tax contingencies under the principles of SSAP No. 5, *Liabilities, Contingencies and Impairment of Assets*. This is subject to change but it is not expected to significantly increase in the 12 month period following the balance sheet date. The Company is primarily subject to examination by U.S. federal and various U.S. state and local tax authorities. The statute of limitations for federal tax purposes have closed for tax years 2015 and earlier. In 2019, the IRS began its examination of the tax year ended December 31, 2017 and has expanded to include tax year ended December 31, 2018. At this time, no adjustments have been proposed. The statute of limitations for state income tax purposes have closed for tax years 2015 and earlier.

H. The Company is not subject to Repatriation Transition Tax as outlined under the Tax Cuts and Jobs Act (TCJA).

- I. There was \$0 of AMT Credit Carryforward as of the beginning of the year. In addition, there were no current year adjustments resulting in \$0 of AMT Credit Carryforward at the end of the year.

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

- A. Nature of Relationships – No significant change
- B. Detail of Transactions Greater than ½% of Admitted Assets – Not applicable
- C. Change in Terms of Intercompany Agreements – Not Applicable
- D. Amounts Due to or from Related Parties

At March 31, 2020, the Company reported \$6,213,320 due from the Parent Company, The Cincinnati Insurance Company. The terms of the settlement require that these amounts be settled within 30 days.

- E. Guarantees or Contingencies for Related Parties – Not applicable
- F. Management, Service Contracts, Cost Sharing Arrangements – No significant change
- G. Nature of Relationships that Could Affect Operations – No significant change
- H. Amount Deducted from Value of an Investment in Upstream Entity – Not applicable
- I. Investment in an SCA that exceeds 10% of Admitted Assets – Not applicable
- J. Impairment Writedowns related to Investments in SCA entities – Not applicable
- K. Investment in Foreign Insurance Subsidiaries – Not applicable
- L. Investment in Downstream Noninsurance Holding Company – Not applicable
- M. All SCA Investments (Except 8bi Entities) – Not applicable
- N. Investment in Insurance SCA Entities Utilizing Permitted or Prescribed Practices – Not applicable
- O. SCA Loss Tracking – Not applicable

11. Debt – Not applicable**12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans – No significant change****13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

1. Shares authorized, issued and outstanding – No significant change
2. Preferred stock issues – Not applicable
3. Dividend restrictions – No significant change
4. Dividends paid – Not applicable
5. Portion of profits that may be paid as ordinary dividends – No significant change
6. Surplus restrictions – Not applicable
7. Mutual Surplus Advances – Not applicable
8. Company Stock Held for Special Purposes – Not applicable
9. Changes in Special Surplus Funds – Not applicable

NOTES TO FINANCIAL STATEMENTS

10. The portion of unassigned funds (surplus) represented or (reduced) by cumulative unrealized gains/(losses) are \$9,266,405 offset by deferred tax of \$1,945,945 for a net balance of \$7,320,460.
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.

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.

NOTES TO FINANCIAL STATEMENTS

- 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 March 31, 2020:

Assets at Fair Value:

	Level 1	Level 2	Level 3	Net Asset Value (NAV) Included in Level 2	Total
Bonds	\$ 0	\$ 956,234	\$ 0	\$ 0	\$ 956,234
Common Stock	26,451,811	0	0	0	26,451,811
Total	\$ 26,451,811	\$ 956,234	\$ 0	\$ 0	\$ 27,408,045

2. Fair Value Measurements in Level 3 of the Fair Value Hierarchy – Not applicable
3. Transfers between levels are assumed to occur at the beginning of the period.
4. Inputs and Techniques Used for Level 2 and Level 3 Fair Values – See narrative in Note 20A1.

B. Other Fair Value Disclosures – Not applicable

C. Fair Values for all Financial Instruments by Level

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV) Included in Level 2	Not Practicable (Carrying Value)
Bonds	\$ 80,586,823	\$ 78,696,648	\$ 1,013,780	\$ 79,573,043	\$ 0	\$ 0	\$ 0
Common Stock	26,451,811	26,451,811	26,451,811	0	0	0	0

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

21. Other Items – No significant change

22. Subsequent Events

The Company has considered subsequent events through May 14, 2020, the date of issuance of these statutory financial statements. The World Health Organization declared the 2019 novel coronavirus (COVID-19) outbreak a Public Health Emergency of International Concern on January 30, 2020 and a pandemic on March 11, 2020. The pandemic has caused an economic downturn on a global scale including temporary closures of many businesses and reduced consumer spending due to shelter-in-place and other governmental regulations, as well as significant market disruption and volatility. The Company continues to monitor the impact of the pandemic as it unfolds. The Company cannot at this time predict the impact the pandemic will have on its future statements of assets, liabilities, surplus and other funds, statement of income, and cash flows. Our future financial results and operation depends in part on the duration and severity of the pandemic and what actions are taken to mitigate the outbreak.

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

NOTES TO FINANCIAL STATEMENTS

33. Asbestos and Environmental Reserves – No significant change

34. Subscriber Savings Accounts – Not applicable

35. Multiple Peril Crop Insurance – Not applicable

36. Financial Guaranty Insurance – Not applicable

37. Other – No significant change

STATEMENT AS OF MARCH 31, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

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

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

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

2.2 If yes, date of change: _____

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

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

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No []

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0000020286

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? If yes, complete and file the merger history data file with the NAIC. Yes [] No [X]

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

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

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

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

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

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

6.4 By what department or departments?
Ohio

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

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

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

7.2 If yes, give full information:

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

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

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

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

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

STATEMENT AS OF MARCH 31, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY
GENERAL INTERROGATORIES

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

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

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

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

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

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

FINANCIAL

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 6,213,320

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No []

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$

13. Amount of real estate and mortgages held in short-term investments: \$

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No []

14.2 If yes, please complete the following:

	1	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 []

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
 If no, attach a description with this statement.

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 MARCH 31, 2020 OF THE THE CINCINNATI INDEMNITY 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 [] No []

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

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

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

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

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

17.4 If yes, give full information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation

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

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

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

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

18.2 If no, list exceptions:

19. By self-designating 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 []

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 []

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No []

STATEMENT AS OF MARCH 31, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY
GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

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

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

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

3.2 If yes, give full and complete information thereto.

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

4.2 If yes, complete the following schedule:

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

5. Operating Percentages:

5.1 A&H loss percent %

5.2 A&H cost containment percent %

5.3 A&H expense percent excluding cost containment expenses %

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

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

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

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

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 MARCH 31, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

STATEMENT AS OF MARCH 31, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama	AL	2,239,990	2,326,446	490,241	309,912	6,047,509	3,841,115
2. Alaska	AK	L	4,227,166	4,204,820	644,922	955,461	13,602,190
3. Arizona	AZ	L	1,316,212	1,417,564	366,456	158,077	5,386,949
4. Arkansas	AR	L	128,366	119,753	17,181	22,279	398,738
5. California	CA	L	5,070,293	5,046,239	1,319,553	3,021,880	14,483,175
6. Colorado	CO	L	333,807	542,546	204,624	41,138	1,362,013
7. Connecticut	CT	L	330,985	489,089	155,584	76,614	1,386,269
8. Delaware	DE	L	22,016	82,019	383,514	50,602	691,027
9. District of Columbia	DC	L	9,062,491	5,998,823	1,776,083	1,865,319	24,669,708
10. Florida	FL	L	4,679,042	4,264,413	1,280,626	901,765	14,733,897
11. Georgia	GA	L	417	3,236			1,798
12. Hawaii	HI	L	1,104,006	1,553,182	642,283	1,920,541	7,351,925
13. Idaho	ID	L	10,501,115	10,104,928	3,516,075	6,236,184	48,406,580
14. Illinois	IL	L	5,955,819	7,201,880	1,257,916	2,521,508	20,493,596
15. Indiana	IN	L	2,457,262	2,614,512	1,094,284	1,154,714	17,659,191
16. Iowa	IA	L	1,765,830	1,389,616	879,136	466,545	8,179,245
17. Kansas	KS	L	2,313,185	2,008,585	419,047	457,682	10,514,465
18. Kentucky	KY	L	115,359	30,384	63,819	5,676	270,465
19. Louisiana	LA	L	295,928	11,657			57,020
20. Maine	ME	L	2,059,891	1,986,795	703,228	1,882,807	10,660,886
21. Maryland	MD	L	273,542	21,084	130,149	2,870	219,830
22. Massachusetts	MA	L	4,785,393	6,061,089	947,352	1,650,006	17,877,800
23. Michigan	MI	L	3,733,224	3,987,465	976,437	1,184,567	9,800,800
24. Minnesota	MN	L	24,319	34,098	2,672	32,929	166,139
25. Mississippi	MS	L	3,515,120	3,349,154	1,648,227	637,167	15,609,482
26. Missouri	MO	L	1,126,154	910,092	146,801	3,677,187	1,322,788
27. Montana	MT	L	1,015,231	998,858	792,105	137,440	7,869,033
28. Nebraska	NE	L	40,006	29,439	(1,443)	6,218	102,700
29. Nevada	NV	L	957,726	803,249	78,019	130,525	1,868,862
30. New Hampshire	NH	L	153,098	78,459	17,150	84,349	307,553
31. New Jersey	NJ	L	2,353,389	1,931,065	1,306,863	860,101	4,473,660
32. New Mexico	NM	L	1,993,627	1,577,836	318,462	140,762	6,839,369
33. New York	NY	L	4,512,215	4,358,578	1,109,894	1,203,436	15,478,624
34. North Carolina	NC	L	225,093	319,496	74,508	143,151	545,115
35. North Dakota	ND	L	8,886,049	8,046,350	3,853,296	2,412,274	18,228,946
36. Ohio	OH	L	38,577	47,955		26,182	112,694
37. Oklahoma	OK	L	1,285,682	1,199,408	53,638	214,519	3,879,567
38. Oregon	OR	L	10,928,269	11,321,242	2,765,489	5,586,768	40,536,143
39. Pennsylvania	PA	L	120,334	(969)	796		22,601
40. Rhode Island	RI	L	1,262,928	1,020,066	659,912	334,639	6,166,757
41. South Carolina	SC	L	673,317	544,395	322,050	30,921	1,992,029
42. South Dakota	SD	L	5,222,102	5,033,436	1,204,560	1,158,177	20,793,736
43. Tennessee	TN	L	5,986,213	4,756,956	1,717,707	1,124,841	17,059,626
44. Texas	TX	L	1,376,743	1,566,226	691,168	345,169	6,245,091
45. Utah	UT	L	1,057,516	1,099,232	360,751	221,761	2,380,092
46. Vermont	VT	L	4,668,461	4,525,822	3,190,537	2,573,481	18,550,875
47. Virginia	VA	L	1,852,467	1,642,544	649,393	413,389	4,653,611
48. Washington	WA	L	1,037,768	1,061,465	78,496	86,547	2,138,924
49. West Virginia	WV	L	2,793,360	2,316,355	1,093,819	797,333	14,045,029
50. Wisconsin	WI	L	367,271	222,578	18,215	15,511	209,460
51. Wyoming	WY	N					134,976
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	126,244,371	120,259,506	39,421,593	47,280,925	447,653,584	437,813,206
DETAILS OF WRITE-INS		XXX					
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX						
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX						

(a) Active Status Counts:

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

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

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

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

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

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

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 Investments I, LLC	OH	61-1936938	
CIC Icon Investments I, LLC	OH	32-0613415	
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	.00.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.10677	31-0542366		000127988		THE CINCINNATI INSURANCE COMPANY	.OH.	.UDP.	CINCINNATI FINANCIAL CORPORATION	Ownership	.100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.76236	31-1213778		000127988		THE CINCINNATI LIFE INSURANCE COMPANY	.OH.	.IA.	THE CINCINNATI INSURANCE COMPANY	Ownership	.100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.28665	31-0826946		000127988		THE CINCINNATI CASUALTY COMPANY	.OH.	.RE.	THE CINCINNATI INSURANCE COMPANY	Ownership	.100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.23280	31-1241230		000127988		THE CINCINNATI INDEMNITY COMPANY	.OH.	.IA.	THE CINCINNATI INSURANCE COMPANY	Ownership	.100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.13037	65-1316588		000142676		THE CINCINNATI SPECIALTY UNDERWRITERS INSURANCE COMPANY	.OH.	.IA.	THE CINCINNATI INSURANCE COMPANY	Ownership	.100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000	31-0790388				CFC INVESTMENT COMPANY	.OH.	.NIA.	CINCINNATI FINANCIAL CORPORATION	Ownership	.100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000	11-3823180		000153446		CSU PRODUCER RESOURCES, INC	.OH.	.NIA.	CINCINNATI FINANCIAL CORPORATION	Ownership	.100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000	81-1908205				CLIC BP INVESTMENTS B, LLC	.OH.	.NIA.	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	.100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000	81-3640769				CLIC DS INVESTMENTS I, LLC	.OH.	.NIA.	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	.100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000	81-4633687				CLIC BP INVESTMENTS H, LLC	.OH.	.NIA.	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	.100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000	82-1587731				CLIC WDS INVESTMENTS I, LLC	.OH.	.NIA.	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	.100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000	82-3254447				CLIC UPTOWN INVESTMENTS I, LLC	.OH.	.NIA.	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	.100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000	82-5173506				CLIC DISTRICT INVESTMENTS I, LLC	.OH.	.NIA.	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	.100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000	83-1627569				CIC UPTOWN INVESTMENTS I, LLC	.OH.	.NIA.	THE CINCINNATI INSURANCE COMPANY	Ownership	.100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000	98-1489371				CINCINNATI GLOBAL UNDERWRITING LIMITED	GBR.	.NIA.	CINCINNATI FINANCIAL CORPORATION	Ownership	.100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 1 LIMITED	GBR.	.IA.	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	.100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 2 LIMITED	GBR.	.IA.	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	.100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 3 LIMITED	GBR.	.IA.	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	.100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 4 LIMITED	GBR.	.IA.	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	.100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 5 LIMITED	GBR.	.IA.	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	.100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 6 LIMITED	GBR.	.IA.	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	.100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL UNDERWRITING AGENCY LIMITED	GBR.	.NIA.	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	.100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL UNDERWRITING SERVICES LIMITED	GBR.	.NIA.	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	.100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000	61-1936938				CIC DAMONTE INVESTMENTS I, LLC	.OH.	.NIA.	THE CINCINNATI INSURANCE COMPANY	Ownership	.100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000	32-0613415				CIC ICON INVESTMENTS I, LLC	.OH.	.NIA.	THE CINCINNATI INSURANCE COMPANY	Ownership	.100.00	CINCINNATI FINANCIAL CORPORATION	N	

NONE

Asterisk		

STATEMENT AS OF MARCH 31, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY
PART 1 - LOSS EXPERIENCE

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire	3,680,942	2,482,576	67.4	42.2
2. Allied Lines	4,558,766	1,375,774	30.2	19.1
3. Farmowners multiple peril				
4. Homeowners multiple peril				
5. Commercial multiple peril	22,783,802	17,906,041	78.6	46.5
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine	1,904,430	320,840	16.8	28.8
10. Financial guaranty				
11.1 Medical professional liability - occurrence	592,975	681,607	114.9	80.5
11.2 Medical professional liability - claims-made	15,113	34,252	226.6	
12. Earthquake	82,071			
13. Group accident and health				
14. Credit accident and health				
15. Other accident and health				
16. Workers' compensation	28,952,155	16,052,376	55.4	36.1
17.1 Other liability - occurrence	15,702,499	6,152,657	39.2	(7.9)
17.2 Other liability - claims-made	328,083	37,314	11.4	45.6
17.3 Excess workers' compensation				
18.1 Products liability - occurrence	1,482,584	577,926	39.0	61.3
18.2 Products liability - claims-made				
19.1,19.2 Private passenger auto liability	5,904	158,747	2,688.7	(2.8)
19.3,19.4 Commercial auto liability	17,260,579	11,873,930	68.8	72.8
21. Auto physical damage	7,248,358	2,975,736	41.1	49.6
22. Aircraft (all perils)				
23. Fidelity				
24. Surety				
26. Burglary and theft	293,691	15,733	5.4	0.7
27. Boiler and machinery	437,030	164,500	37.6	12.2
28. Credit				
29. International				
30. Warranty				
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business				
35. Totals	105,328,982	60,810,010	57.7	38.5
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page				
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)				

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date	
1. Fire	4,110,602	4,110,602	3,769,716	
2. Allied Lines	4,965,415	4,965,415	4,601,881	
3. Farmowners multiple peril				
4. Homeowners multiple peril				
5. Commercial multiple peril	27,860,225	27,860,225	28,034,487	
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine	2,120,003	2,120,003	1,848,919	
10. Financial guaranty				
11.1 Medical professional liability - occurrence	698,140	698,140	653,422	
11.2 Medical professional liability - claims-made	12,135	12,135	3,207	
12. Earthquake	36,879	36,879	(20,088)	
13. Group accident and health				
14. Credit accident and health				
15. Other accident and health				
16. Workers' compensation	35,843,468	35,843,468	34,227,921	
17.1 Other liability - occurrence	18,573,082	18,573,082	17,468,103	
17.2 Other liability - claims-made	368,497	368,497	445,295	
17.3 Excess workers' compensation				
18.1 Products liability - occurrence	1,782,125	1,782,125	1,730,670	
18.2 Products liability - claims-made				
19.1,19.2 Private passenger auto liability	7,449	7,449	2,271	
19.3,19.4 Commercial auto liability	20,245,941	20,245,941	18,658,818	
21. Auto physical damage	8,832,301	8,832,301	8,110,754	
22. Aircraft (all perils)				
23. Fidelity				
24. Surety				
26. Burglary and theft	338,289	338,289	319,504	
27. Boiler and machinery	449,819	449,819	404,627	
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	126,244,371	126,244,371	120,259,506	
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 MARCH 31, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

Years in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	4 2020 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2020 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2020 Loss and LAE Payments (Cols. 4+5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	9 Q.S. Date IBNR Loss and LAE Reserves	10 Total Q.S. Loss and LAE Reserves (Cols.7+8+9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols.4+7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2017 + Prior													
2. 2018													
3. Subtotals 2018 + Prior													
4. 2019													
5. Subtotals 2019 + Prior													
6. 2020	XXX	XXX	XXX	XXX		XXX					XXX	XXX	XXX
7. Totals													
8. Prior Year-End Surplus As Regards Policyholders											Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1.	2.	3.
													Col. 13, Line 7 As a % of Col. 1 Line 8 4.

NONE

STATEMENT AS OF MARCH 31, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanations:

- 1.
- 3.

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]



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



STATEMENT AS OF MARCH 31, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY
OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF MARCH 31, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. 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 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	112,476,069	101,940,105
2. Cost of bonds and stocks acquired	2,315,631	9,944,544
3. Accrual of discount	7,414	28,486
4. Unrealized valuation increase (decrease)	(7,053,272)	7,408,843
5. Total gain (loss) on disposals	6	(52,102)
6. Deduct consideration for bonds and stocks disposed of	2,000,000	6,604,016
7. Deduct amortization of premium	60,774	253,858
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized	536,615	
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		64,066
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7+8-9+10)	105,148,459	112,476,069
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	105,148,459	112,476,069

STATEMENT AS OF MARCH 31, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	50,160,076	1,030,675		(2,045,333)	49,145,418			50,160,076
2. NAIC 2 (a)	27,311,372	1,892,075		347,783	29,551,230			27,311,372
3. NAIC 3 (a)	1,999,981		1,999,994	956,247	956,234			1,999,981
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	79,471,428	2,922,750	1,999,994	(741,304)	79,652,881			79,471,428
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	79,471,428	2,922,750	1,999,994	(741,304)	79,652,881			79,471,428

(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 \$ 956,234 NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year-to-Date	5 Paid for Accrued Interest Year-to-Date
9199999 Totals	956,234	XXX	1,107,563		5,253

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of short-term investments acquired	1,107,563	
3. Accrual of discount	1,059	
4. Unrealized valuation increase (decrease)	(152,388)	
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	956,234	
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	956,234	

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards
NONE

Schedule DB - Part B - Verification - Futures Contracts
NONE

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open
NONE

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open
NONE

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives
NONE

Schedule E - Part 2 - Verification - Cash Equivalents
NONE

Schedule A - Part 2 - Real Estate Acquired and Additions Made
NONE

Schedule A - Part 3 - Real Estate Disposed
NONE

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made
NONE

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid
NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made
NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid
NONE

STATEMENT AS OF MARCH 31, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation and Adminis- trative Symbol
484008-NU-7	KANE CNTY ILL SCH DIST NO 131 AURORA EAS .....		.02/13/2020	LOOP CAPITAL MARKETS LLC		530,675	.510,000		1FE
650818-ES-2	NEWBURGH CITY NY .....		.02/14/2020	BAIRD (ROBERT W.) & CO. INC.		500,000	.500,000		2FE
2499999. Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						1,030,675	1,010,000		XXX
296110-GG-8	ESCAMBIA CNTY FLA HEALTH FAC'S AUTH HEALT .....		.01/29/2020	Merrill Lynch		500,000	.500,000		1FE
915235-EM-3	UNIVERSITY WEST ALA UNIV REV'S .....		.02/14/2020	Stifel Nicolaus & Co.		284,513	.250,000		2FE
3199999. Subtotal - Bonds - U.S. Special Revenues						784,513	.750,000		XXX
8399997. Total - Bonds - Part 3						1,815,188	1,760,000		XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
8399999. Total - Bonds						1,815,188	1,760,000		XXX
8999997. Total - Preferred Stocks - Part 3						XXX	XXX		XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks						XXX	XXX		XXX
518439-10-4	ESTEE LAUDER CL A ORD .....		.02/28/2020	Stifel Nicolaus & Co.		2,775,000	.500,443		
9099999. Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated) Publicly Traded						500,443	XXX		XXX
9799997. Total - Common Stocks - Part 3						500,443	XXX		XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						500,443	XXX		XXX
9899999. Total - Preferred and Common Stocks						500,443	XXX		XXX
9999999 - Totals						2,315,631	XXX		XXX

STATEMENT AS OF MARCH 31, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

SCHEDULE D - PART 4

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

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

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

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

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

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

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

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees
NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
NONE

STATEMENT AS OF MARCH 31, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Fifth Third Bank		0.000			2,358,326	2,433,007	2,129,701	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX			2,358,326	2,433,007	2,129,701	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX						XXX
0399999. Total Cash on Deposit	XXX	XXX			2,358,326	2,433,007	2,129,701	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
.....								
.....								
.....								
.....								
.....								
.....								
.....								
.....								
0599999. Total - Cash	XXX	XXX			2,358,326	2,433,007	2,129,701	XXX

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



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama	AL							
2. Alaska	AK							
3. Arizona	AZ							
4. Arkansas	AR							
5. California	CA							
6. Colorado	CO							
7. Connecticut	CT							
8. Delaware	DE							
9. District of Columbia	DC							
10. Florida	FL							
11. Georgia	GA							
12. Hawaii	HI							
13. Idaho	ID							
14. Illinois	IL							
15. Indiana	IN		2			(5)		
16. Iowa	IA							
17. Kansas	KS							
18. Kentucky	KY							
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD							
22. Massachusetts	MA							
23. Michigan	MI							
24. Minnesota	MN							
25. Mississippi	MS							
26. Missouri	MO							
27. Montana	MT	2,532	601			1,861		3,497
28. Nebraska	NE							
29. Nevada	NV							
30. New Hampshire	NH							
31. New Jersey	NJ							
32. New Mexico	NM							
33. New York	NY							
34. North Carolina	NC	(1)	559			(1,667)		(6)
35. North Dakota	ND							
36. Ohio	OH		2,011			(6,849)		
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		2,531	3,173			(6,660)		3,491
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



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

SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

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

NONE



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

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

Other health care professionals, including dentists, chiropractors, and podiatrists

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama	AL	193,669	52,229		9,466			161,160
2. Alaska	AK							
3. Arizona	AZ	7,043	9,000		2,783	25,000	1	19,899
4. Arkansas	AR	396	1,624		1,091			3,227
5. California	CA							
6. Colorado	CO	3,965	2,690		30	14,475	1	8,561
7. Connecticut	CT		853		(44)	514,801	1	3,177
8. Delaware	DE	(2)	4,763		(320)	7,518	1	13,017
9. District of Columbia	DC							
10. Florida	FL	86,943	69,212		(9,067)	177,873	4	224,461
11. Georgia	GA	12,093	12,432		750,893	750,000	1	42,335
12. Hawaii	HI							
13. Idaho	ID	4,547	8,997		1,841			13,894
14. Illinois	IL	28,564	43,543	1	(10,760)	94,396	1	124,221
15. Indiana	IN	9,259	6,587		(84)			22,257
16. Iowa	IA	14,605	6,493		985			18,012
17. Kansas	KS	8,403	2,415		(31)			9,685
18. Kentucky	KY	1,355	3,511	1	(85,622)	11,475	1	10,754
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD	2,750	1,784		153			5,519
22. Massachusetts	MA							
23. Michigan	MI	44,966	41,270		8,329			125,331
24. Minnesota	MN	25,776	20,063		55,360	51,157	2	45,783
25. Mississippi	MS							
26. Missouri	MO	4,849	3,242		(321)			14,467
27. Montana	MT	25,673	12,528		(2,520)	111,300	3	35,453
28. Nebraska	NE		202		30			593
29. Nevada	NV							
30. New Hampshire	NH	823	3,533		(9,675)	17,963	1	10,204
31. New Jersey	NJ							
32. New Mexico	NM	(2)	4,060		51,487			60,450
33. New York	NY		653		(10,640)	85,000	1	49,997
34. North Carolina	NC	4,897	9,039		7,863	28,210	2	29,559
35. North Dakota	ND							
36. Ohio	OH	85,833	63,642		184,682	31,780	1	356,719
37. Oklahoma	OK							
38. Oregon	OR		1,391		352			3,997
39. Pennsylvania	PA	36,072	32,034		66,416	943,119	4	170,805
40. Rhode Island	RI							
41. South Carolina	SC	(1)	2,492		359			7,518
42. South Dakota	SD	1,266	264		166			166
43. Tennessee	TN	(707)	16,024		1,701			53,238
44. Texas	TX	15,975	9,158		3,812			19,802
45. Utah	UT	(1)	624		(1,267)			5,392
46. Vermont	VT	122	3,473		636			9,949
47. Virginia	VA	28,906	16,345		(58,605)			31,275
48. Washington	WA		136		(41)			726
49. West Virginia	WV	10,736	4,420		(1,191)			16,548
50. Wisconsin	WI	27,175	23,389		23,158	40,000	2	81,040
51. Wyoming	WY	6,341	1,607		130			4,819
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		692,289	495,724	2	981,540	2,904,065	27	1,814,009
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998.	Summary of remaining write-ins for Line 58 from overflow page							
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)							



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported	
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims		
1. Alabama	AL								
2. Alaska	AK								
3. Arizona	AZ								
4. Arkansas	AR								
5. California	CA								
6. Colorado	CO								
7. Connecticut	CT								
8. Delaware	DE								
9. District of Columbia	DC								
10. Florida	FL								
11. Georgia	GA								
12. Hawaii	HI								
13. Idaho	ID								
14. Illinois	IL								
15. Indiana	IN								
16. Iowa	IA								
17. Kansas	KS								
18. Kentucky	KY								
19. Louisiana	LA								
20. Maine	ME								
21. Maryland	MD								
22. Massachusetts	MA								
23. Michigan	MI								
24. Minnesota	MN								
25. Mississippi	MS								
26. Missouri	MO								
27. Montana	MT								
28. Nebraska	NE								
29. Nevada	NV								
30. New Hampshire	NH								
31. New Jersey	NJ								
32. New Mexico	NM		19,890			(43,906)			
33. New York	NY					(4,848)	756,959	3	
34. North Carolina	NC								
35. North Dakota	ND								
36. Ohio	OH	(3,325)	50,065			(158,669)		(13,819)	
37. Oklahoma	OK								
38. Oregon	OR								
39. Pennsylvania	PA		30,486			(80,941)	70,000	1	
40. Rhode Island	RI								
41. South Carolina	SC								
42. South Dakota	SD								
43. Tennessee	TN								
44. Texas	TX								
45. Utah	UT								
46. Vermont	VT								
47. Virginia	VA	18,780	3,913			62,594		20,319	
48. Washington	WA								
49. West Virginia	WV								
50. Wisconsin	WI		4,924		1	(33,251)			
51. Wyoming	WY								
52. American Samoa	AS								
53. Guam	GU								
54. Puerto Rico	PR								
55. U.S. Virgin Islands	VI								
56. Northern Mariana Islands	MP								
57. Canada	CAN								
58. Aggregate Other Aliens	OT								
59. Totals		15,455	109,278		1	(259,021)	826,959	4	6,501
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998. Summary of remaining write-ins for Line 58 from overflow page									
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)									



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended MARCH 31, 2020

NAIC Group Code 0244

NAIC Company Code 23280

Company Name THE CINCINNATI INDEMNITY COMPANY

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

1. Monoline Policies

1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred
\$19,417	\$17,740	\$(42,430)

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: \$21,216

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. \$(28,162)