



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF MARCH 31, 2020

OF THE CONDITION AND AFFAIRS OF THE

THE CINCINNATI CASUALTY COMPANY

NAIC Group Code 0244 (Current) 0244 (Prior) NAIC Company Code 28665 Employer's ID Number 31-0826946

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

Country of Domicile United States of America

Incorporated/Organized 12/27/1972 Commenced Business 03/31/1973

Statutory Home Office 6200 SOUTH GILMORE ROAD (Street and Number) FAIRFIELD, OH, US 45014-5141 (City or Town, State, Country and Zip Code)

Main Administrative Office 6200 SOUTH GILMORE ROAD (Street and Number) FAIRFIELD, OH, US 45014-5141 (City or Town, State, Country and Zip Code) 513-870-2000 (Area Code) (Telephone Number)

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

Primary Location of Books and Records 6200 SOUTH GILMORE ROAD (Street and Number) FAIRFIELD, OH, US 45014-5141 (City or Town, State, Country and Zip Code) 513-870-2000 (Area Code) (Telephone Number)

Internet Website Address WWW.CINFIN.COM

Statutory Statement Contact ANDREW SCHNELL (Name) 513-870-2000 (Area Code) (Telephone Number) andrew_schnell@cinfin.com (E-mail Address) 513-603-5500 (FAX Number)

OFFICERS

CHIEF EXECUTIVE OFFICER, PRESIDENT STEVEN JUSTUS JOHNSTON SENIOR VICE PRESIDENT, TREASURER THERESA ANN HOFFER

CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT MICHAEL JAMES SEWELL

OTHER

TERESA CURRIN CRACAS, SENIOR VICE PRESIDENT ANGELA OSSELLO DELANEY #, SENIOR VICE PRESIDENT DONALD JOSEPH DOYLE JR, SENIOR VICE PRESIDENT

SEAN MICHAEL GIVLER, SENIOR VICE PRESIDENT THOMAS CHRISTOPHER HOGAN #, SENIOR VICE PRESIDENT MARTIN FRANCIS HOLLENBECK, SENIOR VICE PRESIDENT

JOHN SCOTT KELLINGTON, SENIOR VICE PRESIDENT LISA ANNE LOVE, SENIOR VICE PRESIDENT, CORPORATE SECRETARY MARTIN JOSEPH MULLEN, SENIOR VICE PRESIDENT

STEPHEN MICHAEL SPRAY, SENIOR VICE PRESIDENT WILLIAM HAROLD VAN DEN HEUVEL, SENIOR VICE PRESIDENT STEPHEN ANTHONY VENTRE #, SENIOR VICE PRESIDENT

DIRECTORS OR TRUSTEES

THOMAS JEFFREY AARON # WILLIAM FORREST BAHL GREGORY THOMAS BIER

TERESA CURRIN CRACAS ANGELA OSSELLO DELANEY # DONALD JOSEPH DOYLE JR

SEAN MICHAEL GIVLER MARTIN FRANCIS HOLLENBECK STEVEN JUSTUS JOHNSTON

JOHN SCOTT KELLINGTON LISA ANNE LOVE WILLIAM RODNEY MCMULLEN

JILL PRATT MEYER # MARTIN JOSEPH MULLEN DAVID PAUL OSBORN

THOMAS REID SCHIFF MICHAEL JAMES SEWELL STEPHEN MICHAEL SPRAY

KENNETH WILLIAM STECHER JOHN FREDERICK STEELE JR WILLIAM HAROLD VAN DEN HEUVEL

LARRY RUSSEL WEBB

State of OHIO SS:

County of BUTLER

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

STEVEN J. JOHNSTON CHIEF EXECUTIVE OFFICER, PRESIDENT MICHAEL J. SEWELL CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT THERESA A. HOFFER SENIOR VICE PRESIDENT, TREASURER

Subscribed and sworn to before me this 11TH day of MAY 2020

a. Is this an original filing? Yes [X] No []

b. If no, 1. State the amendment number..... 2. Date filed 3. Number of pages attached.....

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

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	314,029,396		314,029,396	307,375,444
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	108,919,940		108,919,940	140,922,452
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 (\$1,705,147), cash equivalents (\$) and short-term investments (\$498,258)	2,203,405		2,203,405	5,411,274
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)	425,152,741		425,152,741	453,709,169
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	3,384,581		3,384,581	3,363,446
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	23,632,108		23,632,108	17,931,040
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts	7,982,706		7,982,706	2,710,554
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	1,878,292	1,878,292		
21. Furniture and equipment, including health care delivery assets (\$)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	4,393,974		4,393,974	8,497,838
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)	466,424,403	1,878,292	464,546,111	486,212,046
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	466,424,403	1,878,292	464,546,111	486,212,046
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501. Equities and Deposits in Pools and Associations				
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 CASUALTY COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$)		
2. Reinsurance payable on paid losses and loss adjustment expenses		88,803
3. Loss adjustment expenses		
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	4,696	5,161
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1 Current federal and foreign income taxes (including \$9,050 on realized capital gains (losses))	447,268	20,578
7.2 Net deferred tax liability	12,244,174	19,072,609
8. Borrowed money \$ and interest thereon \$		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$194,914,287 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)	35,676,980	28,973,665
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others	1,631,986	1,320,598
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	354,557	
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$ and interest thereon \$		
25. Aggregate write-ins for liabilities		
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	50,359,660	49,481,415
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	50,359,660	49,481,415
29. Aggregate write-ins for special surplus funds		
30. Common capital stock	3,750,000	3,750,000
31. Preferred capital stock		
32. Aggregate write-ins for other than special surplus funds		
33. Surplus notes		
34. Gross paid in and contributed surplus	18,000,000	18,000,000
35. Unassigned funds (surplus)	392,436,451	414,980,632
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)	414,186,451	436,730,632
38. Totals (Page 2, Line 28, Col. 3)	464,546,111	486,212,046
DETAILS OF WRITE-INS		
2501. Accounts Payable Other		
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 OF INCOME

	1	2	3
	Current Year to Date	Prior Year to Date	Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$115,929,361)	96,855,291	88,533,267	363,164,100
1.2 Assumed (written \$70)	70	43	116
1.3 Ceded (written \$115,929,431)	96,855,361	88,533,310	363,164,217
1.4 Net (written \$)			
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	59,795,847	48,571,652	203,399,045
2.2 Assumed	70,992	(34,586)	(314,051)
2.3 Ceded	59,866,839	48,537,066	203,084,994
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	3,682,627	3,674,175	14,987,428
10. Net realized capital gains (losses) less capital gains tax of \$225	(150,653)	122,959	(3,548)
11. Net investment gain (loss) (Lines 9 + 10)	3,531,974	3,797,134	14,983,880
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	205	243	243
15. Total other income (Lines 12 through 14)	205	243	243
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	3,532,179	3,797,377	14,984,123
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)	3,532,179	3,797,377	14,984,123
19. Federal and foreign income taxes incurred	454,614	425,614	1,810,047
20. Net income (Line 18 minus Line 19)(to Line 22)	3,077,565	3,371,763	13,174,076
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	436,730,632	398,100,347	398,100,347
22. Net income (from Line 20)	3,077,565	3,371,763	13,174,076
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$(6,795,397)	(25,563,635)	11,118,494	26,334,885
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	33,039	(65,856)	(2,842)
27. Change in nonadmitted assets	(91,150)	(318,559)	(875,834)
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).....	(22,544,181)	14,105,842	38,630,285
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	414,186,451	412,206,189	436,730,632
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	205	243	243
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)	205	243	243
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)			

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	6,703,315	4,518,103	5,030,459
2. Net investment income	3,935,992	3,929,485	16,096,067
3. Miscellaneous income	205	243	243
4. Total (Lines 1 to 3)	10,639,512	8,447,830	21,126,768
5. Benefit and loss related payments	11,062,025	2,214,332	(1,069,947)
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)	28,149	25,733	2,008,151
10. Total (Lines 5 through 9)	11,090,174	2,240,064	938,204
11. Net cash from operations (Line 4 minus Line 10)	(450,663)	6,207,766	20,188,564
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	2,250,000	5,500,000	30,048,000
12.2 Stocks		274,730	350,660
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds	354,557		
12.8 Total investment proceeds (Lines 12.1 to 12.7)	2,604,557	5,774,730	30,398,660
13. Cost of investments acquired (long-term only):			
13.1 Bonds	9,685,864	5,995,920	44,663,003
13.2 Stocks			
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)	9,685,864	5,995,920	44,663,003
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)	(7,081,307)	(221,190)	(14,264,343)
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)	4,324,102	(2,184,452)	(6,727,695)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	4,324,102	(2,184,452)	(6,727,695)
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)	(3,207,868)	3,802,124	(803,474)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	5,411,274	6,214,748	6,214,748
19.2 End of period (Line 18 plus Line 19.1)	2,203,406	10,016,872	5,411,274

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

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NOTES TO FINANCIAL STATEMENTS

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

The Company has no prescribed or permitted practices that would result in differences between the NAIC SAP and the state of Ohio basis, as shown below as of 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	\$ 3,077,565	\$ 13,174,076
(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	\$ 3,077,565	\$ 13,174,076
SURPLUS					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 414,186,451	\$ 436,730,632
(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	\$ 414,186,451	\$ 436,730,632

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	\$ 394,441	\$ 0	\$ 394,441
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	394,441	0	394,441
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	394,441	0	394,441
(f) Deferred Tax Liabilities	\$ 411,804	\$ 12,226,810	\$ 12,638,614
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (17,363)	\$(12,226,810)	\$(12,244,173)

	December 31, 2019		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 375,300	\$ 0	\$ 375,300
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	375,300	0	375,300
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	375,300	0	375,300
(f) Deferred Tax Liabilities	\$ 394,388	\$ 19,053,521	\$ 19,447,909
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (19,088)	\$(19,053,521)	\$(19,072,609)

	Change		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 19,141	\$ 0	\$ 19,141
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	19,141	0	19,141
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	19,141	0	19,141
(f) Deferred Tax Liabilities	\$ 17,416	\$ (6,826,711)	\$ (6,809,295)
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ 1,725	\$ 6,826,711	\$ 6,828,436

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	\$ 157,180	\$ 0	\$ 157,180
(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)	78,589	0	78,589
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	78,589	0	78,589
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	62,127,968
(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	158,672	0	158,672
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	\$ 394,441	\$ 0	\$ 394,441

Admission Calculation Components SSAP No. 101	December 31, 2019		
	Ordinary	Capital	Total
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 144,626	\$ 0	\$ 144,626
(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)	72,313	0	72,313
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	72,313	0	72,313
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	65,509,595
(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	158,361	0	158,361
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	\$ 375,300	\$ 0	\$ 375,300

Admission Calculation Components SSAP No. 101	Change		
	Ordinary	Capital	Total
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 12,554	\$ 0	\$ 12,554
(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)	6,276	0	6,276
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	6,276	0	6,276
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	(3,381,627)
(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	311	0	311
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	\$ 19,141	\$ 0	\$ 19,141

3.

(a)Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	2020 Percentage	2019 Percentage
	2346%	2346%
(b)Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	\$ 436,730,632	\$ 436,730,632

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)	\$ 394,441	\$ 0	\$ 394,441
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)	\$ 394,441	\$ 0	\$ 394,441
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%	0.00%
(b)The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.			

NOTES TO FINANCIAL STATEMENTS

Impact of Tax Planning Strategies (a)Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage. 1. Adjusted Gross DTAs amount from Note 9A1(c) 2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies 3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e) 4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	December 31, 2019		
	Ordinary	Capital	Total
	\$ 375,300	\$ 0	\$ 375,300
	0.00%	0.00%	0.00%
	\$ 375,300	\$ 0	\$ 375,300
	0.00%	0.00%	0.00%
(b)The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.			

Impact of Tax Planning Strategies (a)Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage. 1. Adjusted Gross DTAs amount from Note 9A1(c) 2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies 3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e) 4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	Change		
	Ordinary	Capital	Total
	\$ 19,141	\$ 0	\$ 19,141
	0.00%	0.00%	0.00%
	\$ 19,141	\$ 0	\$ 19,141
	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	\$ 426,465	\$ 1,707,477	\$ (1,281,012)
(b)Foreign	28,149	102,570	(74,421)
(c)Subtotal	454,614	1,810,047	(1,355,433)
(d)Federal income tax on capital gains/(losses)	225	1,002	(777)
(e)Utilization of capital loss carryforwards	0	0	0
(f) Other	0	0	0
(g)Federal income taxes incurred	\$ 454,839	\$ 1,811,049	\$ (1,356,210)

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	394,441	375,300	19,141
5. Other deferred tax assets	0	0	0
99.Subtotal	\$ 394,441	\$ 375,300	\$ 19,141
(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))	\$ 394,441	\$ 375,000	\$ 19,141
(e)Capital			
1. Investments	\$ 0	\$ 0	\$ 0
2. Unrealized loss on investments	0	0	0
99.Subtotal	\$ 0	\$ 0	\$ 0
(f) Statutory valuation allowance adjustment	0	0	0
(g)Nonadmitted	0	0	0
(h)Admitted capital deferred tax assets ((2(e)99- 2(f)-2(g))	\$ 0	\$ 0	\$ 0
(i) Admitted deferred tax assets (2(d)+2(h))	\$ 394,441	\$ 375,300	\$ 19,141

3. Deferred tax liabilities:	March 31, 2020	December 31, 2019	Change
(a)Ordinary			
1. Commission expense	\$ 0	\$ 0	\$ 0
2. Other, net	411,804	394,388	17,416
99.Subtotal	\$ 411,804	\$ 394,388	\$ 17,416
(b)Capital			
1. Investment	\$ 1,592,822	\$ 1,624,136	\$ (31,314)
2. Unrealized gain on investments	10,633,988	17,429,385	(6,795,397)
99.Subtotal	\$ 12,226,810	\$ 19,053,521	\$ (6,826,711)
(c)Deferred tax liabilities (3(a)99+3(b)99)	\$ 12,638,614	\$ 19,447,909	\$ (6,809,295)
4. Net deferred tax assets/(liabilities) (2(i)-3(c)):	\$(12,244,173)	\$(19,072,609)	\$ 6,828,436

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	\$ 394,441	\$ 375,300	\$ 19,141
Total deferred tax liabilities	12,638,614	19,447,909	(6,809,295)
Net deferred tax asset/(liability)	\$(12,244,173)	\$(19,072,609)	\$ 6,828,436
Tax effect of unrealized (gains)/losses			(6,795,397)
Change in net deferred income tax (charge)/benefit			\$ 33,039

	December 31, 2019	December 31, 2018	Change
Total deferred tax assets	\$ 375,300	\$ 191,375	\$ 183,925
Total deferred tax liabilities	19,447,909	12,260,729	7,187,180
Net deferred tax asset/(liability)	\$(19,072,609)	\$(12,069,354)	\$ (7,003,255)
Tax effect of unrealized (gains)/losses			7,000,411
Change in net deferred income tax (charge)/benefit			\$ (2,844)

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	\$ 3,532,405	\$ 741,805	21.00 %
Net tax exempt interest	(1,155,481)	(242,651)	(6.87)%
Net dividends received deduction (DRD)	(282,176)	(59,257)	(1.68)%
Other items permanent, net	43	9	0.00 %
DRD on accrued	4,929	1,035	0.03 %
Total	\$ 2,099,720	\$ 440,941	12.48 %
Federal income tax expense incurred/(benefit)	\$ 2,164,829	\$ 454,614	12.87 %
Tax on capital gains/(losses)	1,071	225	0.01 %
Change in nonadmitted excluding deferred tax asset	91,149	19,141	0.54 %
Change in net deferred income tax charge/(benefit)	(157,329)	(33,039)	(0.94)%
Total statutory income taxes incurred/(benefit)	\$ 2,099,720	\$ 440,941	12.48 %

Description	As of December 31, 2019		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 14,985,124	\$ 3,146,876	21.00 %
Net tax exempt interest	(4,441,976)	(932,815)	(6.22)%
Net dividends received deduction (DRD)	(1,024,500)	(215,145)	(1.44)%
Other items permanent, net	65	14	0.00 %
DRD on accrued	(5,295)	(1,112)	(0.01)%
Total	\$ 9,513,418	\$ 1,997,818	13.33 %
Federal income tax expense incurred/(benefit)	\$ 8,619,271	\$ 1,810,047	12.08 %
Tax on capital gains/(losses)	4,771	1,002	0.01 %
Change in nonadmitted excluding deferred tax asset	875,833	183,925	1.22 %
Change in net deferred income tax charge/(benefit)	13,543	2,844	0.02 %
Total statutory income taxes incurred/(benefit)	\$ 9,513,418	\$ 1,997,818	13.33 %

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	\$ 418,056	\$ 8,634	\$ 426,690
2019	1,618,199	90,279	1,708,478
2018	0	999,631	999,631
Total	\$ 2,036,255	\$ 1,098,544	\$ 3,134,799

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

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

Cincinnati Financial Corporation (Parent)
The Cincinnati Insurance Company
The Cincinnati Life Insurance Company
The Cincinnati Indemnity Company
The Cincinnati Specialty Underwriters Insurance Company
CFC Investment Company
CSU Producer Resources, Inc.
2. The method of allocation between the companies is subject to a written agreement, approved by the Board of Directors, whereby allocation is made primarily on a separate return basis, with the company receiving a current benefit for losses generated to the extent federal taxes are reduced for the consolidated tax group.

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

The Company did not have tax contingencies under the principles of SSAP No. 5, *Liabilities, Contingencies and Impairment of Assets*. This is subject to change but it is not expected to significantly increase in the 12 month period following the balance sheet date. The Company is primarily subject to examination by U.S. federal and various U.S. state and local tax authorities. The statute of limitations for federal tax purposes 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 1% 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 \$4,393,974 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 \$50,638,043 offset by deferred tax of \$10,633,989 for a net balance of \$40,004,054.

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	\$ 3,860,195	\$ 0	\$ 0	\$ 3,860,195
Common Stock	108,919,940	0	0	0	108,919,940
Total	\$108,919,940	\$ 3,860,195	\$ 0	\$ 0	\$ 112,780,135

- 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	\$325,264,220	\$314,029,396	\$ 933,831	\$324,330,389	\$ 0	\$ 0	\$ 0
Common Stock	108,919,940	108,919,940	108,919,940	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

NOTES TO FINANCIAL STATEMENTS

- 32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses** – No significant change
- 33. Asbestos and Environmental Reserves** – No significant change
- 34. Subscriber Savings Accounts** – Not applicable
- 35. Multiple Peril Crop Insurance** – Not applicable
- 36. Financial Guaranty Insurance** – Not applicable
- 37. Other** – No significant change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

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

Yes [☐] No [☒]
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes [☐] No [☐]
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [☐] No [☒]
- 2.2

If yes, date of change:
- 3.1

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

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

Yes [☒] No [☐]
- 3.2

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

Yes [☐] No [☒]
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4

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

Yes [☒] No [☐]
- 3.5

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

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 [☒]
- 4.2

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

1	2	3
Name of Entity	NAIC Company Code	State of Domicile
5.

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

If yes, attach an explanation.

Yes [☐] No [☒] N/A [☐]
- 6.1

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

12/31/2014
- 6.2

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

12/31/2014
- 6.3

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

10/05/2015
- 6.4

By what department or departments?
Ohio
- 6.5

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

Yes [☒] No [☐] N/A [☐]
- 6.6

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

Yes [☒] No [☐] N/A [☐]
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [☐] No [☒]
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [☐] No [☒]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [☐] No [☒]
- 8.4

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

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

GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [X] No []
- 9.11

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

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 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 [X]
- 9.31

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

FINANCIAL

- 10.1

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

Yes [X] No []
- 10.2

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

\$ 4,393,974

INVESTMENT

- 11.1

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

Yes [] No [X]
- 11.2

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

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

\$
13.

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

\$
- 14.1

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

Yes [] No [X]
- 14.2

If yes, please complete the following:
- | | 1 | 2 |
|---|---|--|
| | Prior Year-End
Book/Adjusted
Carrying Value | Current Quarter
Book/Adjusted
Carrying Value |
| 14.21 Bonds | \$ | \$ |
| 14.22 Preferred Stock | \$ | \$ |
| 14.23 Common Stock | \$ | \$ |
| 14.24 Short-Term Investments | \$ | \$ |
| 14.25 Mortgage Loans on Real Estate | \$ | \$ |
| 14.26 All Other | \$ | \$ |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$ | \$ |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$ | \$ |
- 15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]
- 15.2

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

Yes [] No [] N/A []
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 CASUALTY COMPANY

GENERAL INTERROGATORIES

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

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

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]
- 17.4 If yes, give full information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation

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

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

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

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

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

a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

b. Issuer or obligor is current on all contracted interest and principal payments.

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [] No [X]
20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

a. The security was purchased prior to January 1, 2018.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [] No [X]
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 [X]
- 7.2

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.

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

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

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

Yes [] No [X]
- 3.1

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

Yes [] No [X]
- 3.2

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

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

Yes [] No [X]
- 4.2

If yes, complete the following schedule:

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

5.

Operating Percentages:
- 5.1

A&H loss percent

%
- 5.2

A&H cost containment percent

%
- 5.3

A&H expense percent excluding cost containment expenses

%
- 6.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]
- 6.2

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

Do you act as an administrator for health savings accounts?

Yes [] No [X]
- 6.4

If yes, please provide the balance of the funds administered as of the reporting date\$.....
7.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [X] No []
- 7.1

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

Yes [] No []

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

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

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

			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
States, etc.									
1.	Alabama	AL	L	3,082,554	3,286,575	615,743	3,344,982	8,627,578	8,009,817
2.	Alaska	AK	L						
3.	Arizona	AZ	L	3,027,391	2,448,077	896,333	843,745	9,510,684	7,903,208
4.	Arkansas	AR	L	1,624,187	1,205,960	381,715	455,893	5,410,626	6,687,518
5.	California	CA	L	885,925	782,500	76,199	55,925	1,221,885	654,885
6.	Colorado	CO	L	771,610	556,727	1,214,967	60,289	8,636,944	7,796,292
7.	Connecticut	CT	L	731,949	365,756	218,964	47,047	1,791,562	1,510,315
8.	Delaware	DE	L	1,058,425	1,318,404	790,741	219,146	3,919,249	3,274,158
9.	District of Columbia	DC	L	80,799	107,862	30,056	55,684	1,178,448	1,371,162
10.	Florida	FL	L	240,418	277,270	440,795	86,723	3,453,251	3,282,201
11.	Georgia	GA	L	5,061,365	4,714,352	2,138,875	3,561,331	23,900,307	27,761,054
12.	Hawaii	HI	L	183	340			1,829	1,538
13.	Idaho	ID	L	1,611,638	1,032,586	5,417,693	201,739	2,412,385	4,183,032
14.	Illinois	IL	L	10,261,844	8,303,104	3,379,939	4,357,476	96,476,561	101,018,516
15.	Indiana	IN	L	7,193,406	5,820,968	1,503,462	2,424,115	42,714,979	42,241,848
16.	Iowa	IA	L	1,399,110	1,519,585	423,567	2,941,300	13,997,314	16,224,995
17.	Kansas	KS	L	1,899,021	1,748,820	522,497	204,541	6,058,627	6,931,472
18.	Kentucky	KY	L	3,472,393	3,493,290	802,701	640,813	9,648,755	9,440,193
19.	Louisiana	LA	L	22,373	29,494	815	37,239	115,348	117,187
20.	Maine	ME	L	23,749	7,745	11,668	125,738	75,934	32,429
21.	Maryland	MD	L	1,068,890	1,506,149	522,087	870,792	14,834,619	15,987,963
22.	Massachusetts	MA	L	264,605	30,574	36,603		276,923	101,284
23.	Michigan	MI	L	5,413,665	5,804,554	7,067,127	2,467,494	35,100,682	35,160,563
24.	Minnesota	MN	L	2,941,804	2,289,423	1,325,062	580,350	10,970,795	10,268,806
25.	Mississippi	MS	L	160,759	140,538	9,313	978	300,587	309,132
26.	Missouri	MO	L	4,718,534	3,713,474	1,553,405	1,286,231	26,667,566	24,384,774
27.	Montana	MT	L	628,892	690,404	56,154	271,730	1,922,243	1,408,627
28.	Nebraska	NE	L	1,361,035	1,301,790	388,978	286,167	8,852,195	9,390,665
29.	Nevada	NV	L	116,804	84,168	1,034		73,736	47,316
30.	New Hampshire	NH	L	653,881	387,332	71,284	289,743	2,910,133	3,250,299
31.	New Jersey	NJ	L	481,952	153,900	159,565	225,956	1,925,286	918,088
32.	New Mexico	NM	L	867,807	784,935	122,217	191,122	6,356,175	1,995,950
33.	New York	NY	L	1,662,469	1,188,735	417,314	285,722	5,953,146	6,400,373
34.	North Carolina	NC	L	4,994,909	5,170,157	4,014,814	2,926,984	30,142,328	29,381,959
35.	North Dakota	ND	L	144,256	555,985	572,365	19,949	704,981	402,454
36.	Ohio	OH	L	15,473,264	9,699,354	6,988,656	4,816,404	33,511,641	23,204,974
37.	Oklahoma	OK	L	208,383	223,011	22,092	105	598,069	482,144
38.	Oregon	OR	L	2,904,117	2,451,989	601,071	598,727	11,913,871	6,321,534
39.	Pennsylvania	PA	L	9,835,132	9,890,749	4,509,261	3,791,879	49,327,864	51,239,354
40.	Rhode Island	RI	L	119,986	11,120	18,372	2,855	172,390	156,108
41.	South Carolina	SC	L	669,782	706,547	756,842	890,768	6,165,763	6,834,712
42.	South Dakota	SD	L	389,953	495,475	153,122	37,508	2,663,344	2,337,490
43.	Tennessee	TN	L	3,403,295	3,381,348	1,606,368	761,971	16,100,167	17,800,077
44.	Texas	TX	L	2,389,854	2,254,830	1,010,228	567,936	11,188,746	11,101,508
45.	Utah	UT	L	1,517,517	1,616,220	865,519	49,640	5,324,569	6,109,081
46.	Vermont	VT	L	945,319	783,010	220,158	313,091	6,674,935	6,162,966
47.	Virginia	VA	L	3,821,759	3,970,684	2,606,976	1,221,704	27,956,780	23,734,180
48.	Washington	WA	L	1,328,337	773,296	106,416	73,726	1,370,881	1,053,591
49.	West Virginia	WV	L	866,543	786,168	484,515	310,137	2,322,617	2,681,211
50.	Wisconsin	WI	L	3,940,022	3,545,448	1,429,191	539,182	18,070,734	14,347,782
51.	Wyoming	WY	L	187,498	126,057			223,710	261,090
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	115,929,361	101,536,839	56,562,840	43,342,577	579,729,744	561,677,869
DETAILS OF WRITE-INS									
58001.			XXX						
58002.			XXX						
58003.			XXX						
58998.	Summary of remaining write-ins for Line 58 from overflow page		XXX						
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX						

(a) Active Status Counts:

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

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

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

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

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

N - None of the above - Not allowed to write business in the state6

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

	Domiciliary Location	FEIN	NAIC Co. Code
Cincinnati Financial Group (Parent)	OH	31-0746871	
CFC Investment Company	OH	31-0790388	
The Cincinnati Insurance Company (Insurer)	OH	31-0542366	10677
The Cincinnati Casualty Company (Insurer)	OH	31-0826946	28665
The Cincinnati Indemnity Company (Insurer)	OH	31-1241230	23280
The Cincinnati Life Insurance Company (Insurer)	OH	31-1213778	76236
CLIC District Investments I, LLC	OH	82-5173506	
CLIC BP Investments B, LLC	OH	81-1908205	
CLIC BP Investments H, LLC	OH	81-4633687	
CLIC WSD Investments I, LLC	OH	82-1587731	
CLIC Uptown Investments I, LLC	OH	82-3254447	
CLIC DS Investments I, LLC	OH	81-3640769	
The Cincinnati Specialty Underwriters Insurance Company (Insurer)	DE	65-1316588	13037
CIC Uptown Investments I, LLC	OH	83-1627569	
CIC Danamont Invesments I, LLC	OH	61-1936938	
CIC Icon Investments I, LLC	OH	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	0.000		.N	
.0244	CINCINNATI INS GRP	.10677	31-0542366		000127988		THE CINCINNATI INSURANCE COMPANY	.OH	UDP	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.76236	31-1213778		000127988		THE CINCINNATI LIFE INSURANCE COMPANY	.OH	IA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.28665	31-0826946		000127988		THE CINCINNATI CASUALTY COMPANY	.OH	RE	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.23280	31-1241230		000127988		THE CINCINNATI INDEMNITY COMPANY	.OH	IA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
							THE CINCINNATI SPECIALTY UNDERWRITERS INSURANCE COMPANY	.OH	IA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.13037	65-1316588		000142676		CFC INVESTMENT COMPANY	.OH	NIA	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000	31-0790388				CSU PRODUCER RESOURCES, INC	.OH	NIA	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000	11-3823180		000153446		CLIC BP INVESTMENTS B, LLC	.OH	NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000	81-1908205				CLIC DS INVESTMENTS I, LLC	.OH	NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000	81-3640769				CLIC BP INVESTMENTS H, LLC	.OH	NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000	81-4633687				CLIC WDS INVESTMENTS I, LLC	.OH	NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000	82-1587731				CLIC UPTOWN INVESTMENTS I, LLC	.OH	NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000	82-3254447				CLIC DISTRICT INVESTMENTS I, LLC	.OH	NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000	83-5173506				CIC UPTOWN INVESTMENTS I, LLC	.OH	NIA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000	83-1627569				CINCINNATI GLOBAL UNDERWRITING LIMITED	.GBR	NIA	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 1 LIMITED	.GBR	IA	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 2 LIMITED	.GBR	IA	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 3 LIMITED	.GBR	IA	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 4 LIMITED	.GBR	IA	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 5 LIMITED	.GBR	IA	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 6 LIMITED	.GBR	IA	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
							CINCINNATI GLOBAL UNDERWRITING AGENCY LIMITED								
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL UNDERWRITING SERVICES LIMITED	.GBR	NIA	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000	61-1936938				CIC DANAMONT INVESTMENTS I, LLC	.OH	NIA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000	32-0613415				CIC ICON INVESTMENTS I, LLC	.OH	NIA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	

Asterisk	

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

PART 1 - LOSS EXPERIENCE

Line of Business		Current Year to Date			4 Prior Year to Date Direct Loss Percentage
		1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1.	Fire	1,169,759	39,105	3.3	(92.0)
2.	Allied Lines	1,295,584	(129,993)	(10.0)	(0.4)
3.	Farmowners multiple peril				
4.	Homeowners multiple peril	1,796,819	508,715	28.3	84.0
5.	Commercial multiple peril	34,482,790	20,479,994	59.4	52.0
6.	Mortgage guaranty				
8.	Ocean marine				
9.	Inland marine	698,132	727,481	104.2	49.0
10.	Financial guaranty				
11.1	Medical professional liability - occurrence	769,759	150,372	19.5	294.3
11.2	Medical professional liability - claims-made	87,400	252,648	289.1	59.3
12.	Earthquake	86,192			
13.	Group accident and health				
14.	Credit accident and health				
15.	Other accident and health				
16.	Workers' compensation	27,674,110	16,959,811	61.3	60.0
17.1	Other liability - occurrence	10,057,707	5,657,032	56.2	29.3
17.2	Other liability - claims-made	514,686	27,754	5.4	6.7
17.3	Excess workers' compensation				
18.1	Products liability - occurrence	2,494,464	1,388,127	55.6	28.4
18.2	Products liability - claims-made				
19.1,19.2	Private passenger auto liability	753,364	2,006,196	266.3	108.2
19.3,19.4	Commercial auto liability	9,788,181	9,144,579	93.4	91.9
21.	Auto physical damage	4,735,797	2,544,786	53.7	57.3
22.	Aircraft (all perils)				
23.	Fidelity				
24.	Surety	201,806			
26.	Burglary and theft	63,218	1,000	1.6	0.6
27.	Boiler and machinery	185,525	38,242	20.6	
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	96,855,291	59,795,847	61.7	54.9
DETAILS OF WRITE-INS					
3401.				
3402.				
3403.				
3498.	Summary of remaining write-ins for Line 34 from overflow page				
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)				

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1	2	3
		Current Quarter	Current Year to Date	Prior Year Year to Date
1.	Fire	1,149,691	1,149,691	974,318
2.	Allied Lines	1,278,729	1,278,729	996,080
3.	Farmowners multiple peril			
4.	Homeowners multiple peril	5,082,921	5,082,921	221,863
5.	Commercial multiple peril	37,633,037	37,633,037	34,639,261
6.	Mortgage guaranty			
8.	Ocean marine			
9.	Inland marine	1,086,816	1,086,816	496,893
10.	Financial guaranty			
11.1	Medical professional liability - occurrence	576,019	576,019	439,257
11.2	Medical professional liability - claims-made	54,033	54,033	75,945
12.	Earthquake	180,229	180,229	27,968
13.	Group accident and health			
14.	Credit accident and health			
15.	Other accident and health			
16.	Workers' compensation	32,019,018	32,019,018	36,119,417
17.1	Other liability - occurrence	12,521,091	12,521,091	9,197,751
17.2	Other liability - claims-made	612,022	612,022	523,194
17.3	Excess workers' compensation			
18.1	Products liability - occurrence	3,198,473	3,198,473	3,171,115
18.2	Products liability - claims-made			
19.1,19.2	Private passenger auto liability	2,398,336	2,398,336	90,230
19.3,19.4	Commercial auto liability	10,942,483	10,942,483	9,782,349
21.	Auto physical damage	6,692,306	6,692,306	4,282,969
22.	Aircraft (all perils)			
23.	Fidelity			
24.	Surety	222,513	222,513	269,908
26.	Burglary and theft	78,501	78,501	65,605
27.	Boiler and machinery	203,143	203,143	162,717
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	115,929,361	115,929,361	101,536,839
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 CASUALTY COMPANY

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanations:

1.
3.

Bar Codes:

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



SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	448,297,896	401,843,334
2. Cost of bonds and stocks acquired	9,685,864	45,665,750
3. Accrual of discount	21,683	87,354
4. Unrealized valuation increase (decrease)	(32,359,032)	33,335,298
5. Total gain (loss) on disposals	818	(2,545)
6. Deduct consideration for bonds and stocks disposed of	2,290,040	31,826,535
7. Deduct amortization of premium	296,647	1,229,887
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized	151,245	
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	40,040	425,128
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	422,949,337	448,297,896
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	422,949,337	448,297,896

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)	204,156,704	9,318,292	250,000	(248,808)	212,976,188			204,156,704
2. NAIC 2 (a)	98,866,859	865,725	1,999,182	(2,206,222)	95,527,180			98,866,859
3. NAIC 3 (a)	4,351,880			1,672,406	6,024,286			4,351,880
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	307,375,444	10,184,017	2,249,182	(782,623)	314,527,655			307,375,444
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	307,375,444	10,184,017	2,249,182	(782,623)	314,527,655			307,375,444

(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 \$ 498,258 ; NAIC 2 \$; NAIC 3 \$ NAIC 4 \$; NAIC 5 \$; NAIC 6 \$.

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
9199999 Totals	498,258	XXX	498,153		

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of short-term investments acquired	498,153	
3. Accrual of discount	106	
4. Unrealized valuation increase (decrease)		
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)	498,258	
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	498,258	

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

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule E - Part 2 - Verification - Cash Equivalents

N O N E

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

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation and Administrative Symbol
912828-SR-7	UNITED STATES TREASURY		.02/11/2020	DEUTSCHE BANK SECURITIES, INC.		25,537	25,000	106	1
0599999. Subtotal - Bonds - U.S. Governments						25,537	25,000	106	XXX
318063-KY-9	FINNEYTOWN OHIO LOC SCH DIST		.03/19/2020	RBC DAIN RAUSCHER		550,045	500,000		1FE
409468-KD-6	HAMPTON TOWNSHIP PENNSYLVANIA		.02/05/2020	Piper Jaffray & CO/ALGO		1,445,000	1,445,000		1FE
611305-ND-1	MONROE TWP MIDDLESEX CNTY N J BRD ED		.02/07/2020	RBC CAPITAL MARKETS		500,000	500,000		1FE
972150-EB-8	WILSON CNTY KANS UNI SCH DIST NO 461		.02/05/2020	Stifel Nicolaus & Co.		500,000	500,000		1FE
2499999. Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						2,995,045	2,945,000		XXX
04052B-LM-4	ARIZONA INDL DEV AUTH REV		.02/07/2020	RBC CAPITAL MARKETS		500,000	500,000		1FE
387001-CJ-7	GRANDVILLE MICH SAN SWIR SYS REV		.03/27/2020	Piper Jaffray & CO/ALGO		354,557	350,000		1FE
480639-CM-3	JOPLIN MO INDL DEV AUTH HEALTH FACS REV		.01/17/2020	HILLTOP SECURITIES		680,000	680,000		1FE
604204-WIE-3	MINNETONKA MINN INDPY SCH DIST NO 276 CT		.01/30/2020	BAIRD (ROBERT W.) & CO. INC.		1,265,000	1,265,000		1FE
67760H-NA-5	OHIO ST TPK COMMN TPK REV		.01/29/2020	CITIGROUP GLOBAL MARKETS INC.		1,000,000	1,000,000		1FE
914437-US-5	UNIVERSITY MASS BLDG AUTH REV		.01/09/2020	CITIGROUP GLOBAL MARKETS INC.		1,500,000	1,500,000		1FE
975680-FH-7	WINSTON-SALEM N C LTD OBLIG		.01/10/2020	BAIRD (ROBERT W.) & CO. INC.		500,000	500,000		1FE
3199999. Subtotal - Bonds - U.S. Special Revenues						5,799,557	5,795,000		XXX
674599-CZ-6	OCCIDENTAL PETROLEUM CORP		.03/10/2020	SEAPORT GROUP SECURITIES, LLC		865,725	875,000	20,865	2FE
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						865,725	875,000	20,865	XXX
8399997. Total - Bonds - Part 3						9,685,864	9,640,000	20,971	XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
8399999. Total - Bonds						9,685,864	9,640,000	20,971	XXX
8999997. Total - Preferred Stocks - Part 3							XXX		XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks							XXX		XXX
9799997. Total - Common Stocks - Part 3							XXX		XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
9799999. Total - Common Stocks							XXX		XXX
9899999. Total - Preferred and Common Stocks							XXX		XXX
9999999 - Totals						9,685,864	XXX	20,971	XXX

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

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Ident- ification	Description	For- eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid- eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other Than Temporary Impairment Recogn- ized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con- tractual Maturity Date	NAIC Desig- nation and Admini- strative Symbol
912828-UQ-1	UNITED STATES TREASURY		02/29/2020	Maturity @ 100.00		250,000	250,000	241,104	249,748		252		252		250,000				1,563	02/29/2020	1
0599999	Subtotal - Bonds - U.S. Governments					250,000	250,000	241,104	249,748		252		252		250,000				1,563	XXX	XXX
960410-AC-2	WESTJET AIRLINES LTD	C	01/10/2020	Call @ 100.00		2,040,040	2,000,000	1,997,280	1,999,169		14		14		1,999,182		818	818	44,707	06/16/2021	2FE
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					2,040,040	2,000,000	1,997,280	1,999,169		14		14		1,999,182		818	818	44,707	XXX	XXX
8399997	Total - Bonds - Part 4					2,290,040	2,250,000	2,238,384	2,248,917		265		265		2,249,182		818	818	46,269	XXX	XXX
8399998	Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999	Total - Bonds					2,290,040	2,250,000	2,238,384	2,248,917		265		265		2,249,182		818	818	46,269	XXX	XXX
8999997	Total - Preferred Stocks - Part 4						XXX													XXX	XXX
8999998	Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999	Total - Preferred Stocks						XXX													XXX	XXX
9799997	Total - Common Stocks - Part 4						XXX													XXX	XXX
9799998	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999	Total - Common Stocks						XXX													XXX	XXX
9899999	Total - Preferred and Common Stocks						XXX													XXX	XXX
9999999	Totals					2,290,040	XXX	2,238,384	2,248,917		265		265		2,249,182		818	818	46,269	XXX	XXX

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6	7	8	
					First Month	Second Month	Third Month	
Fifth Third Bank		.0.000			6,326,129	2,349,644	1,705,147	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			6,326,130	2,349,645	1,705,147	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			6,326,130	2,349,645	1,705,147	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX			6,326,130	2,349,645	1,705,147	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 CASUALTY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama	AL							
2. Alaska	AK							
3. Arizona	AZ							
4. Arkansas	AR							
5. California	CA							
6. Colorado	CO							
7. Connecticut	CT							
8. Delaware	DE							
9. District of Columbia	DC							
10. Florida	FL							
11. Georgia	GA	7,370	1,788		8,677			11,902
12. Hawaii	HI							
13. Idaho	ID							
14. Illinois	IL							
15. Indiana	IN	26	7		66			72
16. Iowa	IA							
17. Kansas	KS							
18. Kentucky	KY		4,557		(3,876)			
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD		1,381		(4,707)			
22. Massachusetts	MA							
23. Michigan	MI							
24. Minnesota	MN	952	539		4,688			6,536
25. Mississippi	MS							
26. Missouri	MO							
27. Montana	MT							
28. Nebraska	NE							
29. Nevada	NV							
30. New Hampshire	NH							
31. New Jersey	NJ							
32. New Mexico	NM							
33. New York	NY							
34. North Carolina	NC	7,044	2,445		61,996			68,335
35. North Dakota	ND							
36. Ohio	OH	8,632	2,528		16,926			21,512
37. Oklahoma	OK							
38. Oregon	OR							
39. Pennsylvania	PA		176		(446)			
40. Rhode Island	RI							
41. South Carolina	SC							
42. South Dakota	SD							
43. Tennessee	TN							
44. Texas	TX	3,539	1,516		1,357			1,987
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	27,563	14,937			84,683			110,345
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 CASUALTY COMPANY

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

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

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



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

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

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

		1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
				3	4		6	7	
States, etc.		Direct Premiums Written	Direct Premiums Earned	Amount	No. of Claims	Direct Losses Incurred	Amount Reported	No. of Claims	Direct Losses Incurred But Not Reported
1.	Alabama.....AL	2,291	4,243			130,348	90	1	141,848
2.	Alaska.....AK								
3.	Arizona.....AZ	21,341	12,760			729			39,334
4.	Arkansas.....AR	3,082	2,250			338			6,088
5.	California.....CA								
6.	Colorado.....CO	4,119	1,696			39,231	40,000	1	7,406
7.	Connecticut.....CT		277			(11)			742
8.	Delaware.....DE	21,556	14,853			2,558			44,369
9.	District of Columbia.....DC								
10.	Florida.....FL					(119)			474
11.	Georgia.....GA	22,224	14,098			19,890	153,198	3	35,891
12.	Hawaii.....HI								
13.	Idaho.....ID	5,648	11,491			2,318			33,267
14.	Illinois.....IL	29,968	23,063			(52,263)			52,038
15.	Indiana.....IN	6,621	6,696		1	(38,351)	270,740	1	18,451
16.	Iowa.....IA	2,404	2,184			441			6,258
17.	Kansas.....KS	25,857	45,282			41,178	243,499	4	133,775
18.	Kentucky.....KY	5,211	29,301			12,177			37,205
19.	Louisiana.....LA								
20.	Maine.....ME					(23)			73
21.	Maryland.....MD	1	3,300			4,620			15,865
22.	Massachusetts.....MA								
23.	Michigan.....MI	40,045	32,338			(100,962)	77,110	3	76,406
24.	Minnesota.....MN	4,334	13,142			(1,241)	5,000	1	29,756
25.	Mississippi.....MS								
26.	Missouri.....MO	13,004	8,627			1,344			21,091
27.	Montana.....MT	7,609	3,669			43,833	25,260	1	56,008
28.	Nebraska.....NE	3,662	3,080			600			8,290
29.	Nevada.....NV								
30.	New Hampshire.....NH	3,656	2,574			812			5,555
31.	New Jersey.....NJ								
32.	New Mexico.....NM	2,130	2,164			777			4,655
33.	New York.....NY					146			527
34.	North Carolina.....NC	32,634	21,252			262,542	5,000	1	316,588
35.	North Dakota.....ND								
36.	Ohio.....OH	123,716	101,664			195,985	69,780	3	308,315
37.	Oklahoma.....OK								
38.	Oregon.....OR	(3)	2,720			83,641	160,758	5	(17)
39.	Pennsylvania.....PA	28,302	34,645	15,000		27,473	59,396	4	175,105
40.	Rhode Island.....RI								
41.	South Carolina.....SC	1,469	986			193			2,390
42.	South Dakota.....SD					(246)			1,331
43.	Tennessee.....TN	43,530	32,193			31,499	184,486	3	74,269
44.	Texas.....TX	17,183	26,090			23,013	74,476	2	9,648
45.	Utah.....UT	1,388	2,116			248			6,401
46.	Vermont.....VT	(3)	2,837			431			1,484
47.	Virginia.....VA	4,253	15,883		1	(61,426)			36,698
48.	Washington.....WA	17,304	8,282			(6,692)	67,753	1	25,229
49.	West Virginia.....WV	6,411	2,789			(1,154)			16,313
50.	Wisconsin.....WI	2,200	2,199			900			9,727
51.	Wyoming.....WY	6,577	1,449			462			3,041
52.	American Samoa.....AS								
53.	Guam.....GU								
54.	Puerto Rico.....PR								
55.	U.S. Virgin Islands.....VI								
56.	Nothern Mariana Islands.....MP								
57.	Canada.....CAN								
58.	Aggregate Other Aliens.....OT								
59.	Totals	509,724	492,191	15,000	2	665,238	1,436,546	34	1,761,894
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 CASUALTY COMPANY

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

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

		1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
				3	4		6	7	
States, etc.		Direct Premiums Written	Direct Premiums Earned	Amount	No. of Claims	Direct Losses Incurred	Amount Reported	No. of Claims	Direct Losses Incurred But Not Reported
1.	Alabama.....AL		39,771			(123,975)			
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	30,317	8,843			52,644			52,644
15.	Indiana.....IN								
16.	Iowa.....IA								
17.	Kansas.....KS								
18.	Kentucky.....KY					(29,701)	114,974	2	
19.	Louisiana.....LA								
20.	Maine.....ME								
21.	Maryland.....MD								
22.	Massachusetts.....MA								
23.	Michigan.....MI	29,002	7,009			32,102			55,336
24.	Minnesota.....MN								
25.	Mississippi.....MS								
26.	Missouri.....MO								
27.	Montana.....MT		13,380			(42,367)			
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		107,964	25,000		(300,825)	161,441	3	
35.	North Dakota.....ND								
36.	Ohio.....OH	27,920	114,320			(106,053)			69,580
37.	Oklahoma.....OK								
38.	Oregon.....OR	5,526	30,139			254,555	326,339	2	31,202
39.	Pennsylvania.....PA		28,605			(83,280)	677,542	6	
40.	Rhode Island.....RI								
41.	South Carolina.....SC								
42.	South Dakota.....SD								
43.	Tennessee.....TN								
44.	Texas.....TX								
45.	Utah.....UT								
46.	Vermont.....VT								
47.	Virginia.....VA								
48.	Washington.....WA								
49.	West Virginia.....WV								
50.	Wisconsin.....WI								
51.	Wyoming.....WY								
52.	American Samoa.....AS								
53.	Guam.....GU								
54.	Puerto Rico.....PR								
55.	U.S. Virgin Islands.....VI								
56.	Nothern Mariana Islands.....MP								
57.	Canada.....CAN								
58.	Aggregate Other Aliens.....OT								
59.	Totals	92,765	350,030	25,000		(346,900)	1,280,296	13	208,761
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 CASUALTY COMPANY

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended MARCH 31, 2020

NAIC Group Code 0244 NAIC Company Code 28665

Company Name THE CINCINNATI CASUALTY COMPANY

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

1. Monoline Policies

1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred
\$ 1,025	\$ 1,824	

2. Commercial Multiple Peril (CMP) Packaged Policies

- 2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy?

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

Yes [X] No []
- 2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified:

\$ 22,643

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.

\$ 10,078