



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2020

OF THE CONDITION AND AFFAIRS OF THE

THE CINCINNATI INDEMNITY COMPANY

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

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

Country of Domicile United States of America

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

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

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

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

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

Internet Website Address WWW.CINFIN.COM

Statutory Statement Contact ANDREW SCHNELL, 513-870-2000

OFFICERS

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

OTHER

TERESA CURRIN CRACAS, SENIOR VICE PRESIDENT
ANGELA OSSELLO DELANEY #, SENIOR VICE PRESIDENT
DONALD JOSEPH DOYLE JR, SENIOR VICE PRESIDENT
SEAN MICHAEL GIVLER, SENIOR VICE PRESIDENT
CHRISTOPHER THOMAS 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 #
TERESA CURRIN CRACAS
SEAN MICHAEL GIVLER
JOHN SCOTT KELLINGTON
MARTIN JOSEPH MULLEN
THOMAS REID SCHIFF
JOHN FREDRICK STEELE JR
WILLIAM FOREST BAHL
ANGELA OSSELLO DELANEY #
MARTIN FRANCIS HOLLENBECK
LISA ANNE LOVE
DAVID PAUL OSBORN
MICHAEL JAMES SEWELL
WILLIAM HAROLD VAN DEN HEUVEL
NANCY CUNNINGHAM BENACCI #
DONALD JOSEPH DOYLE JR
STEVEN JUSTUS JOHNSTON
JILL PRATT MEYER #
CHARLES ODELL SCHIFF #
STEPHEN MICHAEL SPRAY
LARRY RUSSEL WEBB

State of OHIO
County of BUTLER SS:

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

STEVEN J. JOHNSTON
CHIEF EXECUTIVE OFFICER, PRESIDENT

MICHAEL J. SEWELL
CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT

THERESA A. HOFFER
SENIOR VICE PRESIDENT, TREASURER

Subscribed and sworn to before me this 2ND day of NOVEMBER 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 SEPTEMBER 30, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	79,177,109		79,177,109	79,471,428
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....	30,991,947		30,991,947	33,004,640
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances) .....				
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....				
4.3 Properties held for sale (less \$ encumbrances) .....				
5. Cash (\$ .....2,375,633 ), cash equivalents (\$ ..... ) and short-term investments (\$ ..... 1,114,313 ) .....	3,489,946		3,489,946	2,293,506
6. Contract loans (including \$ ..... premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	113,659,001		113,659,001	114,769,575
13. Title plants less \$ ..... charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	894,113		894,113	977,977
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	16,703,810		16,703,810	16,067,053
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....	3,231,474		3,231,474	3,077,265
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....				174
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....				
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	5,422,508		5,422,508	11,628,712
24. Health care (\$ ..... ) and other amounts receivable .....				
25. Aggregate write-ins for other than invested assets .....	108,501	108,501		
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	140,019,406	108,501	139,910,905	146,520,755
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Total (Lines 26 and 27)	140,019,406	108,501	139,910,905	146,520,755
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501. Miscellaneous Receivables .....	108,501	108,501		
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)	108,501	108,501		

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ ..... )		
2. Reinsurance payable on paid losses and loss adjustment expenses		6,413
3. Loss adjustment expenses		
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	4,061	3,831
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1 Current federal and foreign income taxes (including \$ ..... (14) on realized capital gains (losses))	3,663	
7.2 Net deferred tax liability	2,854,569	3,604,493
8. Borrowed money \$ ..... and interest thereon \$ .....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ .....200,191,437 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)	24,981,713	30,480,275
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others	1,448,464	1,336,956
15. Remittances and items not allocated		
16. Provision for reinsurance (including \$ ..... certified)		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates		
20. Derivatives		
21. Payable for securities		
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$ ..... and interest thereon \$ .....		
25. Aggregate write-ins for liabilities	150	
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	29,292,621	35,431,968
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	29,292,621	35,431,968
29. Aggregate write-ins for special surplus funds		
30. Common capital stock	3,600,000	3,600,000
31. Preferred capital stock		
32. Aggregate write-ins for other than special surplus funds		
33. Surplus notes		
34. Gross paid in and contributed surplus	21,600,000	21,600,000
35. Unassigned funds (surplus)	85,418,284	85,888,787
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 30 \$ ..... )		
36.2 ..... shares preferred (value included in Line 31 \$ ..... )		
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	110,618,284	111,088,787
38. Totals (Page 2, Line 28, Col. 3)	139,910,905	146,520,755
<b>DETAILS OF WRITE-INS</b>		
2501. Accounts Payable Other	150	
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)	150	
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 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$ 325,603,008 )	315,444,782	309,594,349	414,313,321
1.2 Assumed (written \$ .....4 )	4	3	3
1.3 Ceded (written \$ 325,603,012 )	315,444,786	309,594,351	414,313,324
1.4 Net (written \$ ..... )			
<b>DEDUCTIONS:</b>			
2. Losses incurred (current accident year \$ ..... ):			
2.1 Direct	165,974,124	122,778,309	159,075,187
2.2 Assumed	(4,222)	(8,561)	(16,845)
2.3 Ceded	165,969,903	122,769,748	159,058,342
2.4 Net			
3. Loss adjustment expenses incurred			
4. Other underwriting expenses incurred			
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)			
7. Net income of protected cells			
8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)			
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	2,745,485	2,752,932	3,659,556
10. Net realized capital gains (losses) less capital gains tax of \$ (1,346)	(541,671)	(41,160)	(41,160)
11. Net investment gain (loss) (Lines 9 + 10)	2,203,814	2,711,771	3,618,396
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ ..... amount charged off \$ ..... )			
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income	646	518	518
15. Total other income (Lines 12 through 14)	646	518	518
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	2,204,460	2,712,289	3,618,914
17. Dividends to policyholders			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	2,204,460	2,712,289	3,618,914
19. Federal and foreign income taxes incurred	362,654	373,424	498,177
20. Net income (Line 18 minus Line 19)(to Line 22)	1,841,806	2,338,865	3,120,737
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	111,088,787	102,118,279	102,118,279
22. Net income (from Line 20)	1,841,806	2,338,865	3,120,737
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ (620,284)	(2,333,449)	4,332,850	5,852,986
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	129,641	21,334	(3,215)
27. Change in nonadmitted assets	(108,501)	(108,104)	
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)	(470,503)	6,584,945	8,970,508
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	110,618,284	108,703,223	111,088,787
<b>DETAILS OF WRITE-INS</b>			
0501. ....			
0502. ....			
0503. ....			
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)			
1401. Miscellaneous Income	646	518	518
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	646	518	518
3701. ....			
3702. ....			
3703. ....			
3798. Summary of remaining write-ins for Line 37 from overflow page			
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)			

## STATEMENT AS OF SEPTEMBER 30, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	(5,498,562)	(4,767,718)	371,376
2. Net investment income .....	2,995,756	2,961,918	3,838,218
3. Miscellaneous income .....	646	518	518
4. Total (Lines 1 to 3) .....	(2,502,160)	(1,805,283)	4,210,112
5. Benefit and loss related payments .....	797,379	(4,038,238)	(6,465,308)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....			
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	357,471	508,094	635,186
10. Total (Lines 5 through 9) .....	1,154,850	(3,530,144)	(5,830,122)
11. Net cash from operations (Line 4 minus Line 10) .....	(3,657,010)	1,724,861	10,040,234
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	4,080,000	6,539,949	6,539,949
12.2 Stocks .....	492,925		
12.3 Mortgage loans .....			
12.4 Real estate .....			
12.5 Other invested assets .....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7 Miscellaneous proceeds .....			
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	4,572,925	6,539,949	6,539,949
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	4,944,553	9,049,544	9,944,544
13.2 Stocks .....	984,284		
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) .....	5,928,836	9,049,544	9,944,544
14. Net increase (or decrease) in contract loans and premium notes .....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(1,355,912)	(2,509,595)	(3,404,595)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....			
16.2 Capital and paid in surplus, less treasury stock .....			
16.3 Borrowed funds .....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5 Dividends to stockholders .....			
16.6 Other cash provided (applied) .....	6,209,362	786,133	(6,676,177)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	6,209,362	786,133	(6,676,177)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	1,196,440	1,398	(40,538)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	2,293,506	2,334,044	2,334,044
19.2 End of period (Line 18 plus Line 19.1) .....	3,489,946	2,335,442	2,293,506

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

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**NOTES TO FINANCIAL STATEMENTS**

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## NOTES TO FINANCIAL STATEMENTS

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

## A. Accounting Practices

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

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

The Company has no prescribed or permitted practices that would result in differences between the NAIC SAP and the state of Ohio basis, as shown below as of September 30, 2020 and December 31, 2019:

	SSAP #	F/S Page	F/S Line #	2020	2019
<b>NET INCOME</b>					
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 1,841,806	\$ 3,120,737
(2) State Prescribed Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(3) State Permitted Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 1,841,806	\$ 3,120,737
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 110,618,284	\$ 111,088,787
(6) State Prescribed Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(7) State Permitted Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 110,618,284	\$ 111,088,787

## B. Use of Estimates in the Preparation of the Financial Statements – No significant change

## C. Accounting Policies – No significant change

## D. Going Concern

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

## 2. Accounting Changes and Correction of Errors – No significant change

## 3. Business Combinations and Goodwill – Not applicable

## 4. Discontinued Operations – Not applicable

## 5. Investments – No significant change

## 6. Joint Ventures, Partnerships and Limited Liability Companies – Not applicable

## 7. Investment Income – No significant change

## 8. Derivative Instruments – Not applicable

## 9. Income Taxes

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

## 1.

	September 30, 2020		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 22,785	\$ 0	\$ 22,785
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	22,785	0	22,785
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	22,785	0	22,785
(f) Deferred Tax Liabilities	\$ 11,252	\$ 2,866,103	\$ 2,877,355
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ 11,533	\$ (2,866,103)	\$ (2,854,570)

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

	Change		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 22,785	\$ 0	\$ 22,785
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	22,785	0	22,785
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	22,785	0	22,785
(f) Deferred Tax Liabilities	\$ 853	\$ (727,992)	\$ (727,139)
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ 21,932	\$ (727,992)	\$ (706,060)

## NOTES TO FINANCIAL STATEMENTS

2.

	September 30, 2020		
	Ordinary	Capital	Total
Admission Calculation Components SSAP No. 101			
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 22,785	\$ 0	\$ 22,785
(b) Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	0	0	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	0	0	0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	16,592,743
(c) Adjusted Gross Deferred Tax Assets (Excluding the amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	0	0	0
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	\$ 22,785	\$ 0	\$ 22,785

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

	Change		
	Ordinary	Capital	Total
Admission Calculation Components SSAP No. 101			
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 22,785	\$ 0	\$ 22,785
(b) Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	0	0	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	0	0	0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	(70,575)
(c) Adjusted Gross Deferred Tax Assets (Excluding the amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	0	0	0
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	\$ 22,785	\$ 0	\$ 22,785

3.

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

4.

	September 30, 2020		
	Ordinary	Capital	Total
Impact of Tax Planning Strategies			
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.			
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 22,785	\$ 0	\$ 22,785
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)	\$ 22,785	\$ 0	\$ 22,785
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	December 31, 2019		
	Ordinary	Capital	Total
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.			
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 0	\$ 0	\$ 0
2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%	0.00%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 0	\$ 0	\$ 0
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%	0.00%
(b) The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.			

Impact of Tax Planning Strategies	Change		
	Ordinary	Capital	Total
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.			
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 22,785	\$ 0	\$ 22,785
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)	\$ 22,785	\$ 0	\$ 22,785
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%	0.00%
(b) The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.			

## B. Unrecognized DTLs – Not applicable

## C. Current Tax and Change in Deferred Tax

## 1. Current income tax:

	September 30, 2020	December 31, 2019	Change
(a) Federal	\$ 349,210	\$ 481,867	\$ (132,657)
(b) Foreign	13,444	16,310	(2,866)
(c) Subtotal	362,654	498,177	(135,523)
(d) Federal income tax on capital gains/(losses)	(1,346)	(10,941)	9,595
(e) Utilization of capital loss carryforwards	0	0	0
(f) Other	0	0	0
(g) Federal income taxes incurred	\$ 361,308	\$ 487,236	\$ (125,928)

## 2. Deferred tax assets:

	September 30, 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	22,785	0	22,785
5. Other deferred tax assets	0	0	0
99. Subtotal	\$ 22,785	\$ 0	\$ 22,785
(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))	\$ 22,785	\$ 0	\$ 22,785
(e) Capital			
1. Investments	\$ 0	\$ 0	\$ 0
1. Unrealized (gain)/loss on investments	0	0	0
99. Subtotal	\$ 0	\$ 0	\$ 0
(f) Statutory valuation allowance adjustment	0	0	0
(g) Nonadmitted	0	0	0
(h) Admitted capital deferred tax assets (2(e)99- 2(f)-2(g))	\$ 0	\$ 0	\$ 0
(i) Admitted deferred tax assets (2(d)+2(h))	\$ 22,785	\$ 0	\$ 22,785

## 3. Deferred tax liabilities:

	September 30, 2020	December 31, 2019	Change
(a) Ordinary			
1. Commission expense	\$ 0	\$ 0	\$ 0
2. Other, net	11,252	10,399	853
99. Subtotal	\$ 11,252	\$ 10,399	\$ 853
(b) Capital			
2. Investment	\$ 27,253	\$ 134,961	\$ (107,708)
3. Unrealized (gain)/loss on investments	2,838,850	3,459,134	(620,284)
99. Subtotal	\$ 2,866,103	\$ 3,594,095	\$ (727,992)
(c) Deferred tax liabilities (3(a)99+3(b)99)	\$ 2,877,355	\$ 3,604,494	\$ (727,139)
4. Net deferred tax assets/(liabilities) (2(i)-3(c)):	\$ (2,854,570)	\$ (3,604,494)	\$ 749,924

## NOTES TO FINANCIAL STATEMENTS

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

	September 30, 2020	December 31, 2019	Change
Total deferred tax assets	\$ 22,785	\$ 0	\$ 22,785
Total deferred tax liabilities	2,877,355	3,604,494	(727,139)
Net deferred tax asset/(liability)	\$ (2,854,570)	\$ (3,604,494)	\$ 749,924
Tax effect of unrealized (gains)/losses			(620,284)
Change in net deferred income tax (charge)/benefit			\$ 129,640
	December 31, 2019	December 31, 2018	Change
Total deferred tax assets	\$ 0	\$ 0	\$ 0
Total deferred tax liabilities	3,604,494	2,045,421	1,559,073
Net deferred tax asset/(liability)	\$ (3,604,494)	\$ (2,045,421)	\$ (1,559,073)
Tax effect of unrealized (gains)/losses			1,555,857
Change in net deferred income tax (charge)/benefit			\$ (3,216)

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

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

Description	As of September 30, 2020		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 2,203,114	\$ 462,654	21.00 %
Net tax exempt interest	(811,352)	(170,384)	(7.73)%
Net dividends received deduction (DRD)	(177,948)	(37,369)	(1.70)%
Other items permanent, net	34	7	0.00 %
DRD on accrued	(2,167)	(455)	(0.02)%
Total	\$ 1,211,681	\$ 254,453	11.55 %
Federal income tax expense incurred/(benefit)	\$ 1,726,924	\$ 362,654	16.46 %
Tax on capital gains/(losses)	(6,410)	(1,346)	(0.06)%
Change in nonadmitted excluding deferred tax asset	108,500	22,785	1.03 %
Change in net deferred income tax charge/(benefit)	(617,333)	(129,640)	(5.88)%
Total statutory income taxes incurred/(benefit)	\$ 1,211,681	\$ 254,453	11.55 %

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

## E. Operating Loss and Tax Credit Carryforwards

At September 30, 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	\$ 349,209	\$ 0	\$ 349,209
2019	468,414	2,514	470,928
2018	0	542,586	542,586
Total	\$ 817,623	\$ 545,100	\$ 1,362,723

At September 30, 2020 the Company had no protective tax deposits under Section 6603 of the Internal Revenue Code.

## F. Consolidated Federal Income Tax Return

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

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

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

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

The Company did not have tax contingencies under the principles of SSAP No. 5, *Liabilities, Contingencies and Impairment of Assets*. This is subject to change but it is not expected to significantly increase in the 12 month period following the balance sheet date. The Company is primarily subject to examination by U.S. federal and various U.S. state and local tax authorities. The statute of limitations for federal tax purposes have closed for tax years 2016 and earlier. In 2019, the IRS began its examination of the tax year ended December 31, 2017 and has been 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 2016 and earlier.

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

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

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

A. Nature of Relationships – No significant change

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

C. Change in Terms of Intercompany Agreements – Not Applicable

D. Amounts Due to or from Related Parties

At September 30, 2020, the Company reported \$5,422,508 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 \$13,518,332 offset by deferred tax of \$2,838,850 for a net balance of \$10,679,482.

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 September 30, 2020:

## Assets at Fair Value:

	Level 1	Level 2	Level 3	Net Asset Value (NAV) Included in Level 2	Total
Bonds	\$ 0	\$ 2,660,098	\$ 0	\$ 0	\$ 2,660,098
Common Stock	30,991,947	0	0	0	30,991,947
Total	\$ 30,991,947	\$ 2,660,098	\$ 0	\$ 0	\$ 33,652,045

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV) Included in Level 2	Not Practicable (Carrying Value)
Bonds	\$ 85,280,299	\$ 79,177,109	\$ 1,005,096	\$ 84,275,203	\$ 0	\$ 0	\$ 0
Common Stock	30,991,947	30,991,947	30,991,947	0	0	0	0

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

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

**22. Subsequent Events**

The Company has considered subsequent events through November 11, 2020, the date of issuance of these statutory financial statements. The World Health Organization declared the 2019 novel coronavirus (SARS-CoV-2 or COVID-19) outbreak a Public Health Emergency of International Concern on January 30, 2020, and a pandemic on March 11, 2020. The pandemic outbreak has caused an economic downturn on a global scale and uncertainty surrounding future government and private company restrictions as many businesses resume operations. The pandemic, and unprecedented actions taken to contain the virus, has also continued to cause significant market disruption and volatility. Through the first nine months of 2020, the Company had no net pandemic-related incurred losses and expenses as the Company cedes 100% of its business to the Parent Company, The Cincinnati Insurance Company. The Company continues to monitor the impact of the pandemic as it unfolds. The Company cannot predict the impact the pandemic will have on its future consolidated financial position, cash flows or results of operations, however the impact could be material.

**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 [ X ]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [ X ]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ X ] No [ ]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. .... 0000020286
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]  
If yes, complete and file the merger history data file with the NAIC.
- 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [ X ] N/A [ ]  
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2014
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2014
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 10/05/2015
- 6.4 By what department or departments?  
Ohio
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ X ] No [ ] N/A [ ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ X ] No [ ] N/A [ ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

**GENERAL INTERROGATORIES**

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [ X ] No [ ]  
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [ 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: ..... \$ 5,422,508

**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<br>Prior Year-End<br>Book/Adjusted<br>Carrying Value | 2<br>Current Quarter<br>Book/Adjusted<br>Carrying Value |
|---|--|---|
| 14.21 Bonds   | \$   | \$  |
| 14.22 Preferred Stock   | \$   | \$  |
| 14.23 Common Stock  | \$   | \$  |
| 14.24 Short-Term Investments  | \$   | \$  |
| 14.25 Mortgage Loans on Real Estate   | \$   | \$  |
| 14.26 All Other   | \$   | \$  |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$   | \$  |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above                       | \$   | \$  |
- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [ ] No [ X ]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] N/A [ ]  
 If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$
- 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$
- 16.3 Total payable for securities lending reported on the liability page. .... \$

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY  
**GENERAL INTERROGATORIES**

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

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

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation

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

**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

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

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

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

3.2 If yes, give full and complete information thereto.

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

4.2 If yes, complete the following schedule:

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

5. Operating Percentages:

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

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

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

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

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

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

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

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

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

**SCHEDULE F - CEDED REINSURANCE**

Showing All New Reinsurers - Current Year to Date

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

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid		
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date	
1. Alabama	AL	L	7,089,345	7,075,763	1,701,124	969,576	6,640,160	4,123,726
2. Alaska	AK	L						
3. Arizona	AZ	L	9,220,454	9,390,414	3,255,130	4,065,783	13,449,172	11,135,835
4. Arkansas	AR	L	2,553,830	2,690,960	1,712,364	619,131	6,030,206	4,175,433
5. California	CA	L	395,525	386,698	44,624	126,934	440,300	440,974
6. Colorado	CO	L	12,626,674	13,185,786	4,145,953	6,425,693	12,217,612	16,732,963
7. Connecticut	CT	L	808,344	1,065,661	230,399	245,789	1,514,016	1,220,537
8. Delaware	DE	L	730,003	793,137	499,734	241,780	1,836,970	1,589,799
9. District of Columbia	DC	L	199,345	247,597	395,332	118,755	586,929	939,759
10. Florida	FL	L	26,826,653	22,690,111	7,535,896	6,328,775	25,653,092	22,332,021
11. Georgia	GA	L	10,305,879	9,670,465	3,351,303	3,948,279	15,838,950	15,140,102
12. Hawaii	HI	L	9,953	1,847			2,750	1,725
13. Idaho	ID	L	4,851,943	4,919,569	1,788,203	3,144,048	6,614,747	7,269,958
14. Illinois	IL	L	25,361,685	24,054,428	9,143,765	13,402,179	53,659,977	49,003,158
15. Indiana	IN	L	11,645,558	13,918,401	4,370,122	8,725,496	23,207,233	20,091,449
16. Iowa	IA	L	6,235,017	6,700,581	3,542,947	4,187,426	21,146,299	18,625,908
17. Kansas	KS	L	4,422,011	3,927,802	2,076,969	1,664,863	7,401,856	7,129,249
18. Kentucky	KY	L	6,479,994	6,083,882	1,374,407	1,421,802	10,548,980	12,073,585
19. Louisiana	LA	L	71,419	64,827	109,642	42,368	244,928	180,890
20. Maine	ME	L	338,501	24,526	8,921		149,031	7,442
21. Maryland	MD	L	7,188,768	7,755,158	1,581,010	3,716,752	10,528,200	10,668,476
22. Massachusetts	MA	L	737,669	112,420	205,582	32,127	248,288	108,486
23. Michigan	MI	L	11,522,986	13,201,117	2,964,652	5,496,591	18,267,420	17,619,164
24. Minnesota	MN	L	8,105,180	8,506,706	4,750,885	3,115,789	12,257,721	9,275,303
25. Mississippi	MS	L	261,700	224,656	104,659	144,644	111,396	181,575
26. Missouri	MO	L	10,445,246	9,303,614	3,908,622	2,586,775	18,077,824	14,301,932
27. Montana	MT	L	2,000,821	1,953,965	257,383	3,880,612	2,555,929	6,481,920
28. Nebraska	NE	L	2,586,154	2,548,923	1,138,349	856,148	7,427,398	7,750,138
29. Nevada	NV	L	273,816	182,942	3,210	27,306	128,403	93,914
30. New Hampshire	NH	L	2,568,356	2,244,088	265,361	415,245	2,005,048	1,559,313
31. New Jersey	NJ	L	1,143,114	430,596	29,145	193,611	400,927	201,386
32. New Mexico	NM	L	6,904,207	5,068,994	2,148,085	4,877,572	5,756,631	4,821,605
33. New York	NY	L	5,600,633	4,127,255	1,215,852	1,800,144	7,456,070	6,331,607
34. North Carolina	NC	L	12,996,412	11,883,512	4,966,046	3,881,803	17,876,301	15,108,576
35. North Dakota	ND	L	549,020	665,404	142,143	264,346	628,511	543,360
36. Ohio	OH	L	24,535,353	23,787,565	8,726,609	8,526,355	18,860,227	15,606,437
37. Oklahoma	OK	L	129,751	102,197	770	30,655	152,106	140,136
38. Oregon	OR	L	3,384,094	2,972,667	1,966,320	737,849	2,154,296	2,986,927
39. Pennsylvania	PA	L	26,507,311	29,073,116	7,382,395	11,969,181	43,241,628	42,964,798
40. Rhode Island	RI	L	131,153	18,264	12,484		77,088	13,447
41. South Carolina	SC	L	2,683,930	2,620,202	1,749,134	1,905,374	6,127,001	6,095,213
42. South Dakota	SD	L	1,470,768	1,320,430	781,122	171,000	2,512,888	2,248,703
43. Tennessee	TN	L	12,162,658	12,659,907	3,990,976	3,871,776	21,829,775	19,743,099
44. Texas	TX	L	16,072,253	14,923,129	7,022,832	5,900,611	20,608,145	13,213,097
45. Utah	UT	L	4,482,068	4,604,575	1,530,196	852,382	6,181,223	4,706,113
46. Vermont	VT	L	3,049,541	2,728,778	768,056	689,628	2,725,353	2,960,050
47. Virginia	VA	L	12,588,691	13,098,945	6,849,821	9,282,138	20,579,481	17,580,922
48. Washington	WA	L	5,507,480	4,424,535	1,286,535	1,646,569	5,193,740	4,115,324
49. West Virginia	WV	L	2,820,426	2,463,127	302,850	610,022	3,195,051	1,985,222
50. Wisconsin	WI	L	5,997,712	5,573,431	3,707,134	2,015,724	12,523,288	10,787,811
51. Wyoming	WY	L	1,023,605	711,982	47,957	125,413	275,717	382,466
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		325,603,008	316,184,654	115,093,009	135,302,818	477,146,282	432,791,031
DETAILS OF WRITE-INS								
58001.	XXX							
58002.	XXX							
58003.	XXX							
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX							
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX							

(a) Active Status Counts:

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

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

	Domiciliary Location	FEIN	NAIC Co. Code
Cincinnati Financial Group (Parent)	OH	31-0746871	
CFC Investment Company	OH	31-0790388	
The Cincinnati Insurance Company (Insurer)	OH	31-0542366	10677
The Cincinnati Casualty Company (Insurer)	OH	31-0826946	28665
The Cincinnati Indemnity Company (Insurer)	OH	31-1241230	23280
The Cincinnati Life Insurance Company (Insurer)	OH	31-1213778	76236
CLIC District Investments I, LLC	OH	82-5173506	
CLIC BP Investments B, LLC	OH	81-1908205	
CLIC BP Investments H, LLC	OH	81-4633687	
CLIC WSD Investments I, LLC	OH	82-1587731	
CLIC Uptown Investments I, LLC	OH	82-3254447	
CLIC DS Investments I, LLC	OH	81-3640769	
The Cincinnati Specialty Underwriters Insurance Company (Insurer)	DE	65-1316588	13037
CIC Uptown Investments I, LLC	OH	83-1627569	
CIC Danamont Investments I, LLC	OH	61-1936938	
CIC Icon Investments I, LLC	OH	32-0613415	
CSU Producer Resources, Inc	OH	11-3823180	
Cincinnati Global Underwriting LTD.	GBR	98-1489371	
Cincinnati Global Dedicated No 1 Limited (Insurer)	GBR		
Cincinnati Global Dedicated No 2 Limited (Insurer)*	GBR		
Cincinnati Global Dedicated No 3 Limited (Insurer)	GBR		
Cincinnati Global Dedicated No 4 Limited (Insurer)	GBR		
Cincinnati Global Dedicated No 5 Limited (Insurer)	GBR		
Cincinnati Global Dedicated No 6 Limited (Insurer)	GBR		
Cincinnati Global Underwriting Agency Limited	GBR		
Cincinnati Global Underwriting Services Limited	GBR		

\* Participant in Lloyd's Syndicate 0318

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0244	CINCINNATI INS GRP	.00000	31-0746871		0000020286	NASDAQ	CINCINNATI FINANCIAL CORPORATION	OH	UIP	CINCINNATI FINANCIAL CORPORATION	Board of Directors	0.000		N	
.0244	CINCINNATI INS GRP	.10677	31-0542366		0001279885		THE CINCINNATI INSURANCE COMPANY	OH	UDP	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.76236	31-1213778		0001279887		THE CINCINNATI LIFE INSURANCE COMPANY	OH	IA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.28665	31-0826946		0001279888		THE CINCINNATI CASUALTY COMPANY	OH	RE	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.23280	31-1241230		0001279886		THE CINCINNATI INDEMNITY COMPANY	OH	IA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.13037	65-1316588		0001426763		THE CINCINNATI SPECIALTY UNDERWRITERS INSURANCE COMPANY	OH	IA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000	31-0790388				CFC INVESTMENT COMPANY	OH	NIA	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000	11-3823180		0001534469		CSU PRODUCER RESOURCES, INC	OH	NIA	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000	81-1908205				CLIC BP INVESTMENTS B, LLC	OH	NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000	81-3640769				CLIC DS INVESTMENTS I, LLC	OH	NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000	81-4633687				CLIC BP INVESTMENTS H, LLC	OH	NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000	82-1587731				CLIC WDS INVESTMENTS I, LLC	OH	NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000	82-3254447				CLIC UPTOWN INVESTMENTS I, LLC	OH	NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000	82-5173506				CLIC DISTRICT INVESTMENTS I, LLC	OH	NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000	83-1627569				CIC UPTOWN INVESTMENTS I, LLC	OH	NIA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	.00000	98-1489371				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	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL UNDERWRITING AGENCY LIMITED	GBR	NIA	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	N	
.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	

NONE

Asterisk	
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STATEMENT AS OF SEPTEMBER 30, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

**PART 1 - LOSS EXPERIENCE**

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire	11,240,386	3,112,562	27.7	41.9
2. Allied Lines	13,918,225	5,188,449	37.3	38.0
3. Farmowners multiple peril				
4. Homeowners multiple peril				
5. Commercial multiple peril	69,431,679	52,278,620	75.3	37.2
6. Mortgage guaranty				
8. Ocean marine				
9. Inland marine	5,731,496	2,042,253	35.6	27.9
10. Financial guaranty				
11.1 Medical professional liability - occurrence	1,735,604	1,169,041	67.4	179.4
11.2 Medical professional liability - claims-made	93,979	88,051	93.7	14.5
12. Earthquake	221,286			
13. Group accident and health				
14. Credit accident and health				
15. Other accident and health				
16. Workers' compensation	83,372,934	42,887,396	51.4	36.4
17.1 Other liability - occurrence	47,521,524	22,611,964	47.6	13.6
17.2 Other liability - claims-made	1,008,608	(8,201)	(0.8)	34.5
17.3 Excess workers' compensation				
18.1 Products liability - occurrence	4,677,185	1,224,656	26.2	20.2
18.2 Products liability - claims-made				
19.1,19.2 Private passenger auto liability	17,524	57,172	326.3	(2.7)
19.3,19.4 Commercial auto liability	52,205,330	26,249,497	50.3	71.2
21. Auto physical damage	22,052,956	8,941,581	40.5	43.4
22. Aircraft (all perils)				
23. Fidelity				
24. Surety				
26. Burglary and theft	891,708	(36,645)	(4.1)	7.4
27. Boiler and machinery	1,324,357	167,728	12.7	3.4
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	315,444,782	165,974,124	52.6	39.7
<b>DETAILS OF WRITE-INS</b>				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page				
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)				

**PART 2 - DIRECT PREMIUMS WRITTEN**

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire	3,295,190	11,076,857	10,565,302
2. Allied Lines	4,452,391	14,086,647	13,212,848
3. Farmowners multiple peril			
4. Homeowners multiple peril			
5. Commercial multiple peril	18,813,141	69,399,394	70,055,380
6. Mortgage guaranty			
8. Ocean marine			
9. Inland marine	1,633,804	5,823,974	5,488,057
10. Financial guaranty			
11.1 Medical professional liability - occurrence	708,502	1,893,605	1,888,131
11.2 Medical professional liability - claims-made	45,881	162,432	35,209
12. Earthquake	63,201	178,804	228,655
13. Group accident and health			
14. Credit accident and health			
15. Other accident and health			
16. Workers' compensation	22,996,498	86,635,590	84,533,794
17.1 Other liability - occurrence	13,502,456	48,390,268	46,673,599
17.2 Other liability - claims-made	420,532	1,077,029	1,081,434
17.3 Excess workers' compensation			
18.1 Products liability - occurrence	1,236,668	4,751,498	4,752,286
18.2 Products liability - claims-made			
19.1,19.2 Private passenger auto liability	6,654	16,455	13,441
19.3,19.4 Commercial auto liability	14,976,069	55,753,109	53,134,021
21. Auto physical damage	6,235,671	24,138,165	22,413,238
22. Aircraft (all perils)			
23. Fidelity			
24. Surety			
26. Burglary and theft	285,309	922,243	879,365
27. Boiler and machinery	412,081	1,296,937	1,229,895
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	89,084,047	325,603,008	316,184,654
<b>DETAILS OF WRITE-INS</b>			
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page			
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)			

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

**PART 3 (000 omitted)**

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	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.

**NONE**

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

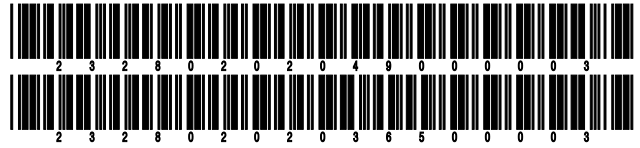
	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? .....	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement? .....	YES
3. Will the Medicare Part D Coverage Supplement be filed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

Explanations:

- 1.
- 3.

Bar Codes:

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



**OVERFLOW PAGE FOR WRITE-INS**

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE A - VERIFICATION**

Real Estate

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

**NONE**

**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

**NONE**

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

**NONE**

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	112,476,069	101,940,105
2. Cost of bonds and stocks acquired	5,928,836	9,944,544
3. Accrual of discount	20,195	28,486
4. Unrealized valuation increase (decrease)	(2,949,674)	7,408,843
5. Total gain (loss) on disposals	(6,401)	(52,102)
6. Deduct consideration for bonds and stocks disposed of	4,572,925	6,604,016
7. Deduct amortization of premium	190,430	253,858
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized	536,615	
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		64,066
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	110,169,055	112,476,069
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	110,169,055	112,476,069

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE D - PART 1B**

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	48,441,583	2,705,491	1,000,000	(328,852)	49,145,418	48,441,583	49,818,223	50,160,076
2. NAIC 2 (a) .....	24,131,223			267,330	29,551,230	24,131,223	24,398,554	27,311,372
3. NAIC 3 (a) .....	6,037,722			36,923	956,234	6,037,722	6,074,645	1,999,981
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds	78,610,528	2,705,491	1,000,000	(24,598)	79,652,881	78,610,528	80,291,421	79,471,428
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....								
9. NAIC 2 .....								
10. NAIC 3 .....								
11. NAIC 4 .....								
12. NAIC 5 .....								
13. NAIC 6 .....								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock	78,610,528	2,705,491	1,000,000	(24,598)	79,652,881	78,610,528	80,291,421	79,471,428

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

NAIC 1 \$ ..... ; NAIC 2 \$ ..... ; NAIC 3 \$ ..... 1,114,313 ; NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

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**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	1,114,313	xxx	1,107,563	23,063	5,253

**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 .....	1,107,563	
3. Accrual of discount .....	10,809	
4. Unrealized valuation increase (decrease) .....	(4,059)	
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) .....	1,114,313	
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11)	1,114,313	

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

**NONE**

Schedule DB - Part B - Verification - Futures Contracts

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

Schedule E - Part 2 - Verification - Cash Equivalents

**NONE**

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

**NONE**

Schedule A - Part 3 - Real Estate Disposed

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE D - PART 3**

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation and Administrative Symbol
406792-8L-8	HAMDEN CONN		.07/22/2020	RAYMOND JAMES/FI		275,295	250,000		1FE
773160-K2-4	ROCKFORD ILL		.07/01/2020	BAIRD (ROBERT W.) & CO. INC.		414,176	360,000		1FE
800783-FP-2	SANGAMON LOGAN & MENARD CNTYS ILL CNTY		.07/09/2020	Stifel Nicolaus & Co.		381,018	340,000		1FE
800783-F0-0	SANGAMON LOGAN & MENARD CNTYS ILL CNTY		.07/09/2020	Stifel Nicolaus & Co.		418,916	375,000		1FE
2499999. Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						1,489,405	1,325,000		XXX
318283-AT-5	FIRESTONE COLO WTR ENTERPRISE REV		.07/15/2020	Stifel Nicolaus & Co.		384,446	325,000		1FE
402630-AS-9	GULFGATE REDEV AUTH TEX TAX INCREMENT CO		.07/01/2020	Stifel Nicolaus & Co.		601,640	530,000		1FE
50710R-BZ-8	LAGRANGE CNTY IND REGL UTIL DIST SEW WKS		.09/03/2020	Piper Jaffray & CO/ALGO		230,000	230,000		1FE
3199999. Subtotal - Bonds - U.S. Special Revenues						1,216,086	1,085,000		XXX
8399997. Total - Bonds - Part 3						2,705,491	2,410,000		XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
8399999. Total - Bonds						2,705,491	2,410,000		XXX
8999997. Total - Preferred Stocks - Part 3							XXX		XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks							XXX		XXX
9799997. Total - Common Stocks - Part 3							XXX		XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
9799999. Total - Common Stocks							XXX		XXX
9899999. Total - Preferred and Common Stocks							XXX		XXX
9999999 - Totals						2,705,491	XXX		XXX

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE D - PART 4**

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

1 CUSIP Identification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Desig- nation and Admini- strative Symbol	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Other Than Temporary Impairment Recogn- ized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book /Adjusted Carrying Value								
639557-QX-8	NEBO UTAH SCH DIST		07/01/2020	Call @ 100.00		1,000,000	1,000,000	1,025,410	1,001,475		(1,475)		(1,475)	1,000,000				32,500	07/01/2023	1FE		
2499999	Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						1,000,000	1,000,000	1,025,410	1,001,475		(1,475)		(1,475)	1,000,000				32,500	XXX	XXX	
8399997	Total - Bonds - Part 4						1,000,000	1,000,000	1,025,410	1,001,475		(1,475)		(1,475)	1,000,000				32,500	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						1,000,000	1,000,000	1,025,410	1,001,475		(1,475)		(1,475)	1,000,000				32,500	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						1,000,000	XXX	1,025,410	1,001,475		(1,475)		(1,475)	1,000,000				32,500	XXX	XXX	

E05

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 2 - Cash Equivalents - Investments Owned End of Current Quarter

**N O N E**



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama ..... AL								
2. Alaska ..... AK								
3. Arizona ..... AZ								
4. Arkansas ..... AR								
5. California ..... CA								
6. Colorado ..... CO								
7. Connecticut ..... CT								
8. Delaware ..... DE								
9. District of Columbia ..... DC								
10. Florida ..... FL								
11. Georgia ..... GA								
12. Hawaii ..... HI								
13. Idaho ..... ID								
14. Illinois ..... IL								
15. Indiana ..... IN	6	5			3			8
16. Iowa ..... IA								
17. Kansas ..... KS								
18. Kentucky ..... KY								
19. Louisiana ..... LA								
20. Maine ..... ME								
21. Maryland ..... MD								
22. Massachusetts ..... MA								
23. Michigan ..... MI								
24. Minnesota ..... MN								
25. Mississippi ..... MS								
26. Missouri ..... MO								
27. Montana ..... MT	2,532	1,867			800			2,435
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	(2)	1,677			(1,663)			(1)
35. North Dakota ..... ND								
36. Ohio ..... OH	9,652	7,239			2,191			9,040
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	12,188	10,788			1,331			11,482
DETAILS OF WRITE-INS								
58001. ....								
58002. ....								
58003. ....								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



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

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

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



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama AL	208,120	158,642			49,834			201,528
2. Alaska AK								
3. Arizona AZ	14,750	23,046			(17,039)			25,077
4. Arkansas AR	2,124	5,082			2,939			5,076
5. California CA								
6. Colorado CO	4,200	5,644		1	(13,454)			9,552
7. Connecticut CT		2,562			370,021	884,093	1	3,950
8. Delaware DE	12,653	14,464			3,119	7,338	1	16,635
9. District of Columbia DC								
10. Florida FL	234,862	206,495			3,302	137,807	5	276,895
11. Georgia GA	36,434	37,124			754,814	744,786	1	51,470
12. Hawaii HI								
13. Idaho ID	24,468	26,676			21,337	15,000	1	18,390
14. Illinois IL	120,257	126,808		1	14,196	88,627	1	154,947
15. Indiana IN	20,178	20,064			4,811			27,153
16. Iowa IA	19,340	18,297			5,694			22,722
17. Kansas KS	6,773	6,150			1,412			11,129
18. Kentucky KY	8,077	10,087		1	(91,828)	11,475	1	4,548
19. Louisiana LA								
20. Maine ME								
21. Maryland MD	4,285	4,200			868			6,234
22. Massachusetts MA								
23. Michigan MI	106,440	112,815			60,028	23,466	1	153,565
24. Minnesota MN	98,439	66,347			91,179	72,870	1	59,888
25. Mississippi MS								
26. Missouri MO	12,043	9,220			2,014			16,801
27. Montana MT	49,091	38,377			(1,880)	100,174	3	47,219
28. Nebraska NE	310	607			328			891
29. Nevada NV								
30. New Hampshire NH	12,507	9,660			(25,399)			12,443
31. New Jersey NJ								
32. New Mexico NM	17,002	12,612			5,593			14,556
33. New York NY	3,251	2,251			(16,385)	82,569	1	46,682
34. North Carolina NC	29,748	26,658			(28,175)			21,731
35. North Dakota ND								
36. Ohio OH	222,468	190,528			27,250	22,710	2	208,358
37. Oklahoma OK								
38. Oregon OR	5,564	4,173			1,365			5,010
39. Pennsylvania PA	76,625	100,632			(265,404)	686,088	4	96,016
40. Rhode Island RI								
41. South Carolina SC	4,879	6,846			1,847			9,006
42. South Dakota SD	4,855	2,542			1,333			1,333
43. Tennessee TN	29,909	44,789			11,793			63,329
44. Texas TX	44,815	29,065			13,285			29,275
45. Utah UT	5,005	2,396			(656)			6,004
46. Vermont VT	1,613	10,084			8,121	5,093	1	12,341
47. Virginia VA	60,891	51,784			(37,249)			52,632
48. Washington WA		136			(110)			656
49. West Virginia WV	17,058	12,999			910			18,648
50. Wisconsin WI	68,753	69,478	12,000	1	31,920	20,000	2	97,802
51. Wyoming WY	6,354	4,827			1,303			5,992
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	1,594,141	1,474,170	12,000	4	993,040	2,902,094	26	1,815,481
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama AL								
2. Alaska AK								
3. Arizona AZ								
4. Arkansas AR								
5. California CA								
6. Colorado CO								
7. Connecticut CT								
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL								
11. Georgia GA								
12. Hawaii HI								
13. Idaho ID								
14. Illinois IL								
15. Indiana IN								
16. Iowa IA								
17. Kansas KS								
18. Kentucky KY	16,464	2,058			9,270			9,270
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	73,528	57,408			19,045			62,951
33. New York NY					(408,643)	353,164	3	
34. North Carolina NC	30,108	13,800			21,994			21,994
35. North Dakota ND								
36. Ohio OH	204,085	152,138			46,290			191,141
37. Oklahoma OK								
38. Oregon OR								
39. Pennsylvania PA	101,781	93,186			541,890	565,000	1	127,830
40. Rhode Island RI								
41. South Carolina SC								
42. South Dakota SD								
43. Tennessee TN								
44. Texas TX								
45. Utah UT								
46. Vermont VT								
47. Virginia VA	18,780	13,303			58,508			16,233
48. Washington WA								
49. West Virginia WV								
50. Wisconsin WI	5,356	12,967		1	(25,632)			7,619
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	450,102	344,859		1	262,721	918,164	4	437,037
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)								



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SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2020 OF THE THE CINCINNATI INDEMNITY COMPANY

# DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended SEPTEMBER 30, 2020

NAIC Group Code 0244

NAIC Company Code 23280

Company Name THE CINCINNATI INDEMNITY COMPANY .....

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

1. Monoline Policies

1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred
\$ .....55,730	\$ .....54,270	\$ .....(42,430)

2. Commercial Multiple Peril (CMP) Packaged Policies

- 2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? ..... Yes [ 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:.....\$ .....62,387
  - 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. ....\$ .....151,744