



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

# ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2020  
OF THE CONDITION AND AFFAIRS OF THE

# THE CINCINNATI CASUALTY COMPANY

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

Organized under the Laws of OHIO, State of Domicile or Port of Entry OH  
Country of Domicile United States of America

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

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

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

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

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

Internet Website Address [WWW.CINFIN.COM](http://WWW.CINFIN.COM)

Statutory Statement Contact ANDREW SCHNELL, 513-870-2000

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(Area Code) (Telephone Number)  
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(FAX Number)

## OFFICERS

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

<b>OTHER</b>		
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 HOLLOWBECK, SENIOR VICE PRESIDENT
JOHN SCOTT KELLINGTON, SENIOR VICE PRESIDENT	LISA ANNE LOVE, SENIOR VICE PRESIDENT, CORPORATE SECRETARY	MARC JON SCHAMBOW #, VICE PRESIDENT
STEPHEN MICHAEL SPRAY, SENIOR VICE PRESIDENT	WILLIAM HAROLD VAN DEN HEUVEL, SENIOR VICE PRESIDENT	STEPHEN ANTHONY VENTRE #, SENIOR VICE PRESIDENT

## DIRECTORS OR TRUSTEES

THOMAS JEFFREY AARON #	WILLIAM FOREST BAHL	NANCY CUNNINGHAM BENACCI #
TERESA CURRIN CRACAS	ANGELA OSSELLO DELANEY #	DONALD JOSEPH DOYLE JR
SEAN MICHAEL GIVLER	MARTIN FRANCIS HOLLENBECK	STEVEN JUSTUS JOHNSTON
JOHN SCOTT KELLINGTON	LISA ANNE LOVE	JILL PRATT MEYER #
DAVID PAUL OSBORN	CHARLES ODELL SCHIFF #	THOMAS REID SCHIFF
MICHAEL JAMES SEWELL	STEPHEN MICHAEL SPRAY	JOHN FREDRICK STEELE JR
WILLIAM HAROLD VAN DEN HEUVEL	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  
22ND day of FEBRUARY 2021

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

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	323,097,954		323,097,954	307,375,444
2. Stocks (Schedule D):				
2.1 Preferred stocks .....				
2.2 Common stocks .....	146,119,892		146,119,892	140,922,452
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate (Schedule A):				
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 (\$ .....4,130,075 , Schedule E - Part 1), cash equivalents (\$ ..... , Schedule E - Part 2) and short-term investments (\$ .....499,710 , Schedule DA) .....	4,629,785		4,629,785	5,411,274
6. Contract loans (including \$ ..... premium notes) .....				
7. Derivatives (Schedule DB) .....				
8. Other invested assets (Schedule BA) .....				
9. Receivable for securities .....				
10. Securities lending reinvested collateral assets (Schedule DL) .....				
11. Aggregate write-ins for invested assets .....	473,847,630		473,847,630	453,709,169
12. Subtotals, cash and invested assets (Lines 1 to 11) .....				
13. Title plants less \$ ..... charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	3,718,945		3,718,945	3,363,446
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....				
15.2 Deferred premiums and 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 .....	19,293,960		19,293,960	17,931,040
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....	5,064,681		5,064,681	2,710,554
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....	64,591		64,591	
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....	2,134,722	2,134,722		
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 .....	13,042,380		13,042,380	8,497,838
24. Health care (\$ ..... ) and other amounts receivable .....				
25. Aggregate write-ins for other than invested assets .....	71,571		71,571	
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	517,238,479	2,134,722	515,103,757	486,212,046
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Total (Lines 26 and 27) .....	517,238,479	2,134,722	515,103,757	486,212,046
<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 thru 1103 plus 1198)(Line 11 above) .....				
2501. Equities and Deposits in Pools and Associations .....	71,571		71,571	
2502. .....				
2503. .....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	71,571		71,571	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE THE CINCINNATI CASUALTY COMPANY  
**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8) .....		
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6) .....		88,803
3. Loss adjustment expenses (Part 2A, Line 35, Column 9) .....		
4. Commissions payable, contingent commissions and other similar charges .....		
5. Other expenses (excluding taxes, licenses and fees) .....	4,285	5,161
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....		
7.1 Current federal and foreign income taxes (including \$ ..... on realized capital gains (losses)) .....		20,578
7.2 Net deferred tax liability .....	20,539,902	19,072,609
8. Borrowed money \$ ..... and interest thereon \$ .....		
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ ..... 214,488,216 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) .....	36,932,419	28,973,665
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20) .....		
14. Amounts withheld or retained by company for account of others .....	1,635,764	1,320,598
15. Remittances and items not allocated .....		
16. Provision for reinsurance (including \$ ..... certified) (Schedule F, Part 3, Column 78) .....		
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 .....	315	
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	59,112,685	49,481,415
27. Protected cell liabilities .....		
28. Total liabilities (Lines 26 and 27) .....	59,112,685	49,481,415
29. Aggregate write-ins for special surplus funds .....		
30. Common capital stock .....	3,750,000	3,750,000
31. Preferred capital stock .....		
32. Aggregate write-ins for other than special surplus funds .....		
33. Surplus notes .....		
34. Gross paid in and contributed surplus .....	18,000,000	18,000,000
35. Unassigned funds (surplus) .....	434,241,072	414,980,632
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 30 \$ ..... ) .....		
36.2 ..... shares preferred (value included in Line 31 \$ ..... ) .....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) .....	455,991,072	436,730,632
38. <b>TOTALS (Page 2, Line 28, Col. 3)</b> .....	515,103,757	486,212,046
<b>DETAILS OF WRITE-INS</b>		
2501. Accounts Payable Other .....	315	
2502. .....		
2503. .....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....		
2599. <b>Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)</b> .....	315	
2901. .....		
2902. .....		
2903. .....		
2998. Summary of remaining write-ins for Line 29 from overflow page .....		
2999. <b>Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)</b> .....		
3201. .....		
3202. .....		
3203. .....		
3298. Summary of remaining write-ins for Line 32 from overflow page .....		
3299. <b>Totals (Lines 3201 thru 3203 plus 3298)(Line 32 above)</b> .....		

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE THE CINCINNATI CASUALTY COMPANY**  
**STATEMENT OF INCOME**

	1 Current Year	2 Prior Year
<b>UNDERWRITING INCOME</b>		
1. Premiums earned (Part 1, Line 35, Column 4).....		
<b>DEDUCTIONS:</b>		
2. Losses incurred (Part 2, Line 35, Column 7).....		
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....		
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2).....		
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 plus Line 7).....		
<b>INVESTMENT INCOME</b>		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	14,904,267	14,987,428
10. Net realized capital gains or (losses) less capital gains tax of \$ 263,015 (Exhibit of Capital Gains (Losses) ).....	876,600	(3,548)
11. Net investment gain (loss) (Lines 9 + 10).....	15,780,867	14,983,880
<b>OTHER INCOME</b>		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ ..... amount charged off \$ ..... ).....		
13. Finance and service charges not included in premiums.....	205	243
14. Aggregate write-ins for miscellaneous income.....	205	243
15. Total other income (Lines 12 through 14).....		
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	15,781,072	14,984,123
17. Dividends to policyholders.....		
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17).....	15,781,072	14,984,123
19. Federal and foreign income taxes incurred.....	1,857,377	1,810,047
20. Net income (Line 18 minus Line 19)(to Line 22).....	13,923,695	13,174,076
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....	436,730,632	398,100,347
22. Net income (from Line 20).....	13,923,695	13,174,076
23. Net transfers (to) from Protected Cell accounts.....		
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ 1,501,841 ..... 5,649,779	5,649,779	26,334,885
25. Change in net unrealized foreign exchange capital gain (loss).....		
26. Change in net deferred income tax.....	34,547	(2,842)
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3).....	(347,580)	(875,834)
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1).....		
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 (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1).....		
37. Aggregate write-ins for gains and losses in surplus.....		
38. Change in surplus as regards policyholders for the year (Lines 22 through 37).....	19,260,440	38,630,285
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....	455,991,072	436,730,632
<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 thru 0503 plus 0598)(Line 5 above).....		
1401. Miscellaneous Income .....	205	243
1402. ....		
1403. ....		
1498. Summary of remaining write-ins for Line 14 from overflow page .....		
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above).....	205	243
3701. ....		
3702. ....		
3703. ....		
3798. Summary of remaining write-ins for Line 37 from overflow page .....		
3799. Totals (Lines 3701 thru 3703 plus 3798)(Line 37 above).....		

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE THE CINCINNATI CASUALTY COMPANY**  
**CASH FLOW**

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	7,958,754	5,030,459
2. Net investment income .....	15,714,634	16,096,067
3. Miscellaneous income .....	205	243
4. Total (Lines 1 through 3) .....	23,673,592	21,126,768
5. Benefit and loss related payments .....	3,877,422	(1,069,947)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....		
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$ 226,915 tax on capital gains (losses) .....	2,205,560	2,008,151
10. Total (Lines 5 through 9) .....	6,082,982	938,204
11. Net cash from operations (Line 4 minus Line 10) .....	17,590,611	20,188,564
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	17,814,275	30,048,000
12.2 Stocks .....	4,501,883	350,660
12.3 Mortgage loans .....		
12.4 Real estate .....		
12.5 Other invested assets .....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....		
12.7 Miscellaneous proceeds .....		
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	22,316,158	30,398,660
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	34,968,325	44,663,003
13.2 Stocks .....	1,143,291	
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) .....	36,111,616	44,663,003
14. Net increase (decrease) in contract loans and premium notes .....		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(13,795,459)	(14,264,343)
<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) .....	(4,576,641)	(6,727,695)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(4,576,641)	(6,727,695)
<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) .....	(781,489)	(803,474)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	5,411,274	6,214,748
19.2 End of period (Line 18 plus Line 19.1) .....	4,629,785	5,411,274

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

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Underwriting and Investment Exhibit - Part 1 - Premiums Earned

**N O N E**

Underwriting and Investment Exhibit - Part 1A - Recapitulation of all Premiums

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE THE CINCINNATI CASUALTY COMPANY  
**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 1B - PREMIUMS WRITTEN

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Cols. 1+2+3-4-5
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire .....	4,887,934			4,887,934		
2. Allied lines .....	5,678,460			5,678,460		
3. Farmowners multiple peril .....						
4. Homeowners multiple peril .....	38,166,501			38,166,501		
5. Commercial multiple peril .....	142,606,286			142,606,286		
6. Mortgage guaranty .....						
8. Ocean marine .....						
9. Inland marine .....	6,195,534			6,195,534		
10. Financial guaranty .....						
11.1 Medical professional liability - occurrence .....	3,083,436			3,083,436		
11.2 Medical professional liability - claims-made .....	679,451			679,451		
12. Earthquake .....	1,365,690			1,365,690		
13. Group accident and health .....						
14. Credit accident and health (group and individual) .....						
15. Other accident and health .....						
16. Workers' compensation .....	90,803,082		141	90,803,223		
17.1 Other liability - occurrence .....	48,147,851			48,147,851		
17.2 Other liability - claims-made .....	2,098,691			2,098,691		
17.3 Excess workers' compensation .....						
18.1 Products liability - occurrence .....	9,648,143			9,648,143		
18.2 Products liability - claims-made .....						
19.1, 19.2 Private passenger auto liability .....	15,335,001			15,335,001		
19.3, 19.4 Commercial auto liability .....	41,687,132			41,687,132		
21. Auto physical damage .....	30,152,153			30,152,153		
22. Aircraft (all perils) .....						
23. Fidelity .....						
24. Surety .....	1,270,567			1,270,567		
26. Burglary and theft .....	262,790			262,790		
27. Boiler and machinery .....	755,175			755,175		
28. Credit .....						
29. International .....						
30. Warranty .....						
31. Reinsurance - nonproportional assumed property .....	XXX					
32. Reinsurance - nonproportional assumed liability .....	XXX					
33. Reinsurance - nonproportional assumed financial lines .....	XXX					
34. Aggregate write-ins for other lines of business .....						
35. TOTALS .....	442,823,878		141	442,824,019		
<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 thru 3403 plus 3498)(Line 34 above) .....						

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [ ] No [ X ]

If yes: 1. The amount of such installment premiums \$ .....

2. Amount at which such installment premiums would have been reported had they been reported on an annualized basis \$ .....

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE THE CINCINNATI CASUALTY COMPANY

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5	6	7	8
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3 )				
1. Fire .....	2,115,307		2,115,307					
2. Allied lines .....	2,683,929		2,683,929					
3. Farmowners multiple peril .....								
4. Homeowners multiple peril .....	8,009,497		8,009,497					
5. Commercial multiple peril .....	.82,867,311		.82,867,311					
6. Mortgage guaranty .....								
8. Ocean marine .....								
9. Inland marine .....	2,297,643		2,297,643					
10. Financial guaranty .....								
11.1 Medical professional liability - occurrence .....	681,500		681,500					
11.2 Medical professional liability - claims-made .....	.20,000		.20,000					
12. Earthquake .....								
13. Group accident and health .....								
14. Credit accident and health (group and individual) .....								
15. Other accident and health .....								
16. Workers' compensation .....	.53,391,371	293,761	.53,685,132					
17.1 Other liability - occurrence .....	.12,340,971		.12,340,971					
17.2 Other liability - claims-made .....	.353,560		.353,560					
17.3 Excess workers' compensation .....								
18.1 Products liability - occurrence .....	903,198		903,198					
18.2 Products liability - claims-made .....								
19.1, 19.2 Private passenger auto liability .....	1,432,188		1,432,188					
19.3, 19.4 Commercial auto liability .....	28,294,093		28,294,093					
21. Auto physical damage .....	11,658,569		11,658,569					
22. Aircraft (all perils) .....								
23. Fidelity .....								
24. Surety .....								
26. Burglary and theft .....	31,872		31,872					
27. Boiler and machinery .....	.108,035		.108,035					
28. Credit .....								
29. International .....								
30. Warranty .....								
31. Reinsurance - nonproportional assumed property .....	XXX							
32. Reinsurance - nonproportional assumed liability .....	XXX							
33. Reinsurance - nonproportional assumed financial lines .....	XXX							
34. Aggregate write-ins for other lines of business .....								
35. TOTALS .....	207,189,046	293,761	207,482,807					
<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 thru 3403 plus 3498)(Line 34 above) .....								

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE THE CINCINNATI CASUALTY COMPANY

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire .....	2,348,873			.2,348,873					
2. Allied lines .....	1,476,231			1,476,231					
3. Farmowners multiple peril .....									
4. Homeowners multiple peril .....	3,450,542			3,450,542					
5. Commercial multiple peril .....	88,733,469			88,733,469					
6. Mortgage guaranty .....					23,692,000				
8. Ocean marine .....									
9. Inland marine .....	549,891			549,891					
10. Financial guaranty .....									
11.1 Medical professional liability - occurrence .....	1,843,512			1,843,512		2,638,000		.2,638,000	
11.2 Medical professional liability - claims-made .....	680,106			680,106					
12. Earthquake .....									
13. Group accident and health .....								(a)	
14. Credit accident and health (group and individual) .....								(a)	
15. Other accident and health .....									
16. Workers' compensation .....	146,498,774	4,320,355	.150,819,129		230,903,000	2,608,834		233,511,834	
17.1 Other liability - occurrence .....	15,439,585		15,439,585		30,458,000			30,458,000	
17.2 Other liability - claims-made .....	744,675		744,675						
17.3 Excess workers' compensation .....									
18.1 Products liability - occurrence .....	6,546,701		6,546,701		6,463,000			.6,463,000	
18.2 Products liability - claims-made .....									
19.1, 19.2 Private passenger auto liability .....	3,039,334		3,039,334						
19.3, 19.4 Commercial auto liability .....	30,743,925		30,743,925		14,795,000			14,795,000	
21. Auto physical damage .....	825,169		825,169		234,000			.234,000	
22. Aircraft (all perils) .....									
23. Fidelity .....									
24. Surety .....									
26. Burglary and theft .....	580		580						
27. Boiler and machinery .....	5,062		5,062						
28. Credit .....									
29. International .....									
30. Warranty .....									
31. Reinsurance - nonproportional assumed property .....	XXX				XXX				
32. Reinsurance - nonproportional assumed liability .....	XXX				XXX				
33. Reinsurance - nonproportional assumed financial lines .....	XXX				XXX				
34. Aggregate write-ins for other lines of business .....									
35. TOTALS .....	302,926,429	4,320,355	307,246,784		309,183,000	2,608,834	311,791,834		
<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 thru 3403 plus 3498)(Line 34 above)									

(a) Including \$ ..... for present value of life indemnity claims.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE THE CINCINNATI CASUALTY COMPANY  
**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 3 - EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct .....	24,057,538			24,057,538
1.2 Reinsurance assumed .....				
1.3 Reinsurance ceded .....	24,057,538			24,057,538
1.4 Net claim adjustment service (1.1 + 1.2 - 1.3) .....				
2. Commission and brokerage:				
2.1 Direct excluding contingent .....		57,827,063		57,827,063
2.2 Reinsurance assumed, excluding contingent .....		19,988		19,988
2.3 Reinsurance ceded, excluding contingent .....		57,847,050		57,847,050
2.4 Contingent - direct .....		10,844,000		10,844,000
2.5 Contingent - reinsurance assumed .....				
2.6 Contingent - reinsurance ceded .....		10,844,000		10,844,000
2.7 Policy and membership fees .....				
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7) .....				
3. Allowances to managers and agents .....				
4. Advertising .....			5	5
5. Boards, bureaus and associations .....			31	31
6. Surveys and underwriting reports .....				
7. Audit of assureds' records .....				
8. Salary and related items:				
8.1 Salaries .....			126,011	126,011
8.2 Payroll taxes .....			5,156	5,156
9. Employee relations and welfare .....			40,717	40,717
10. Insurance .....				
11. Directors' fees .....				
12. Travel and travel items .....			(1,351)	(1,351)
13. Rent and rent items .....			3,779	3,779
14. Equipment .....			125,485	125,485
15. Cost or depreciation of EDP equipment and software .....			167	167
16. Printing and stationery .....			235	235
17. Postage, telephone and telegraph, exchange and express .....			89	89
18. Legal and auditing .....			38,890	38,890
19. Totals (Lines 3 to 18) .....			339,214	339,214
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$ .....				
20.2 Insurance department licenses and fees .....				
20.3 Gross guaranty association assessments .....				
20.4 All other (excluding federal and foreign income and real estate) .....				
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4) .....				
21. Real estate expenses .....				
22. Real estate taxes .....				
23. Reimbursements by uninsured plans .....				
24. Aggregate write-ins for miscellaneous expenses .....				
25. Total expenses incurred .....			339,214	(a) 339,214
26. Less unpaid expenses - current year .....			4,285	4,285
27. Add unpaid expenses - prior year .....			5,161	5,161
28. Amounts receivable relating to uninsured plans, prior year .....				
29. Amounts receivable relating to uninsured plans, current year .....				
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29) .....			340,090	340,090
<b>DETAILS OF WRITE-INS</b>				
2401. .....				
2402. .....				
2403. .....				
2498. Summary of remaining write-ins for Line 24 from overflow page .....				
2499. Totals (Lines 2401 thru 2403 plus 2498)(Line 24 above) .....				

(a) Includes management fees of \$ ..... to affiliates and \$ ..... to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE THE CINCINNATI CASUALTY COMPANY  
**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a) ..... 25,617	24,609
1.1 Bonds exempt from U.S. tax .....	(a) ..... 6,087,644	6,209,810
1.2 Other bonds (unaffiliated) .....	(a) ..... 4,928,611	5,174,657
1.3 Bonds of affiliates .....	(a) ..... (b) ..... (b) .....	
2.1 Preferred stocks (unaffiliated) .....	(b) .....	
2.11 Preferred stocks of affiliates .....	3,844,553	3,832,848
2.2 Common stocks (unaffiliated) .....		
2.21 Common stocks of affiliates .....		
3. Mortgage loans .....	(c) .....	
4. Real estate .....	(d) .....	
5. Contract loans .....		
6. Cash, cash equivalents and short-term investments .....	(e) ..... 1,557	1,557
7. Derivative instruments .....	(f) .....	
8. Other invested assets .....		
9. Aggregate write-ins for investment income .....		
10. Total gross investment income .....	14,887,982	15,243,481
11. Investment expenses .....	(g) ..... 339,214	
12. Investment taxes, licenses and fees, excluding federal income taxes .....	(g) .....	
13. Interest expense .....	(h) .....	
14. Depreciation on real estate and other invested assets .....	(i) .....	
15. Aggregate write-ins for deductions from investment income .....		
16. Total deductions (Lines 11 through 15) .....		339,214
17. Net investment income (Line 10 minus Line 16) .....		14,904,267
<b>DETAILS OF WRITE-INS</b>		
0901. ....		
0902. ....		
0903. ....		
0998. Summary of remaining write-ins for Line 9 from overflow page .....		
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....		
1501. ....		
1502. ....		
1503. ....		
1598. Summary of remaining write-ins for Line 15 from overflow page .....		
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) .....		

(a) Includes \$ ..... 90,800 accrual of discount less \$ ..... 1,257,541 amortization of premium and less \$ ..... 142,883 paid for accrued interest on purchases.  
 (b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued dividends on purchases.  
 (c) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.  
 (d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.  
 (e) Includes \$ ..... 1,557 accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.  
 (f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.  
 (g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.  
 (i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....					
1.1 Bonds exempt from U.S. tax .....	48,232		48,232	(19,328)	
1.2 Other bonds (unaffiliated) .....	10,227	(151,245)	(141,018)	(152,685)	
1.3 Bonds of affiliates .....					
2.1 Preferred stocks (unaffiliated) .....					
2.11 Preferred stocks of affiliates .....					
2.2 Common stocks (unaffiliated) .....	1,232,401		1,232,401	7,323,631	
2.21 Common stocks of affiliates .....					
3. Mortgage loans .....					
4. Real estate .....					
5. Contract loans .....					
6. Cash, cash equivalents and short-term investments .....					
7. Derivative instruments .....					
8. Other invested assets .....					
9. Aggregate write-ins for capital gains (losses) .....					
10. Total capital gains (losses) .....	1,290,859	(151,245)	1,139,614	7,151,619	
<b>DETAILS OF WRITE-INS</b>					
0901. ....					
0902. ....					
0903. ....					
0998. Summary of remaining write-ins for Line 9 from overflow page .....					
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....					

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE THE CINCINNATI CASUALTY COMPANY**  
**EXHIBIT OF NON-ADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			
2.2 Common stocks .....			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			
3.2 Other than first liens .....			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			
4.2 Properties held for the production of income .....			
4.3 Properties held for sale .....			
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....			
6. Contract loans .....			
7. Derivatives (Schedule DB) .....			
8. Other invested assets (Schedule BA) .....			
9. Receivables for securities .....			
10. Securities lending reinvested collateral assets (Schedule DL) .....			
11. Aggregate write-ins for invested assets .....			
12. Subtotals, cash and invested assets (Lines 1 to 11) .....			
13. Title plants (for Title insurers only) .....			
14. Investment income due and accrued .....			
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 .....			
15.3 Accrued retrospective premiums and contracts subject to redetermination .....			
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			
16.2 Funds held by or deposited with reinsured companies .....			
16.3 Other amounts receivable under reinsurance contracts .....			
17. Amounts receivable relating to uninsured plans .....			
18.1 Current federal and foreign income tax recoverable and interest thereon .....			
18.2 Net deferred tax asset .....			
19. Guaranty funds receivable or on deposit .....			
20. Electronic data processing equipment and software .....	2,134,722	1,787,142	(347,580)
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 .....			
24. Health care and other amounts receivable .....			
25. Aggregate write-ins for other than invested assets .....			
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	2,134,722	1,787,142	(347,580)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
28. Total (Lines 26 and 27) .....	2,134,722	1,787,142	(347,580)
<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 thru 1103 plus 1198)(Line 11 above) .....			
2501. .....			
2502. .....			
2503. .....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....			
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....			

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE THE CINCINNATI CASUALTY COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

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# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CINCINNATI CASUALTY COMPANY

## NOTES TO FINANCIAL STATEMENTS

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

#### A. Accounting Practices

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

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

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

	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	\$ 13,923,695	\$ 13,174,076
(2) State Prescribed Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(3) State Permitted Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 13,923,695	\$ 13,174,076
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 455,991,072	\$ 436,730,632
(6) State Prescribed Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(7) State Permitted Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 455,991,072	\$ 436,730,632

#### B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

#### C. Accounting Policies

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. These reserves are computed by pro rata methods for direct business and are based on reports received from ceding companies for reinsurance.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the Company uses the following accounting policies:

1. Cash equivalents, highly liquid debt instruments with original maturities of 90 days or less, and short term investments are carried at amortized cost, which approximates fair value.
2. Fixed maturities (bonds and notes) with an NAIC designation of 1 or 2 are valued and reported in accordance with the *NAIC Purposes and Procedures Manual of the NAIC Investment Analysis Office*, generally at amortized cost using the scientific interest method. Fixed maturities with an NAIC designation 3 through 6 are carried at the lower of amortized cost or fair value, with the difference reflected in assigned surplus.
3. Common stocks of non-affiliates are stated at fair values.
4. The Company does not have any investments in preferred stocks.
5. The Company does not have any investments in mortgage loans.
6. The Company does not have any investments in loan-backed and structured securities.
7. The Company does not have any investments in non-insurance subsidiaries, controlled or affiliated companies.
8. The Company does not have any investments in joint ventures, partnerships, and limited liability entities.
9. The Company does not have any investments in derivatives.
10. In the event that a first-order approximation (excluding anticipated investment income) of estimated future costs related to unearned premium as of a particular evaluation date exceeds the unearned premium as of that date, the Company would incorporate consideration of the related investment income it would expect to earn. However, to date the Company has not had to proceed to this step in order to demonstrate that no premium deficiency exists.
11. Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CINCINNATI CASUALTY COMPANY

## NOTES TO FINANCIAL STATEMENTS

determined.

12. The Company has not modified its capitalization policy from a prior period.
13. The Company has no pharmaceutical rebate receivables.

### 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

The Company had no material changes in accounting principles and/or corrections of errors.

### 3. Business Combinations and Goodwill – Not applicable

### 4. Discontinued Operations – Not applicable

### 5. Investments

- A. Mortgage Loans - Not applicable
- B. Debt Restructuring – Not applicable
- C. Reverse Mortgages - Not applicable
- D. Loan-Backed Securities – Not applicable
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions - Not applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – Not applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – Not applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale – Not applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – Not applicable
- J. Real Estate - Not applicable
- K. Investments in Low-Income Housing Tax Credits (LIHTC) – Not applicable
- L. Restricted Assets

#### 1. Restricted Assets (Including Pledged)

Restricted Asset Category	Gross (Admitted and Nonadmitted) Restricted Current Year						8	9	Percentage		
	1	2	3	4	5	6			10	11	
	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total from Prior Year	Increase/(Decrease) (5 minus 6)	Total Nonadmitted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)
a. Subject to contractual obligation for which liability is not shown	\$ 0	5	0	\$ 0	0	\$ 0	0	\$ 0	0	0.00%	0.00%
b. Collateral held under security lending agreements	0	0	0	0	0	0	0	0	0	0.00%	0.00%
c. Subject to repurchase agreements	0	0	0	0	0	0	0	0	0	0.00%	0.00%
d. Subject to reverse repurchase agreements	0	0	0	0	0	0	0	0	0	0.00%	0.00%
e. Subject to dollar repurchase agreements	0	0	0	0	0	0	0	0	0	0.00%	0.00%
f. Subject to dollar reverse repurchase agreements	0	0	0	0	0	0	0	0	0	0.00%	0.00%
g. Placed under option contracts	0	0	0	0	0	0	0	0	0	0.00%	0.00%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	0	0	0	0	0	0	0	0	0	0.00%	0.00%
i. FHLB capital stock	0	0	0	0	0	0	0	0	0	0.00%	0.00%
j. On deposit with states	9,005,167	0	0	0	9,005,167	8,811,178	193,989	0	9,005,167	1.74%	1.75%
k. On deposit with other regulatory bodies	0	0	0	0	0	0	0	0	0	0.00%	0.00%
l. Pledged collateral to FHLB (including assets backing funding agreements)	0	0	0	0	0	0	0	0	0	0.00%	0.00%
m. Pledged as collateral not captured in other categories	0	0	0	0	0	0	0	0	0	0.00%	0.00%
n. Other restricted assets	0	0	0	0	0	0	0	0	0	0.00%	0.00%
o. Total Restricted Assets	\$ 9,005,167	\$ 0	\$ 0	\$ 0	\$ 9,005,167	\$ 8,811,178	\$ 193,989	\$ 0	\$ 9,005,167	1.74%	1.75%

- (a) Subset of column 1
- (b) Subset of column 3
- (c) Column 5 divided by Asset Page, Column 1, Line 28
- (d) Column 9 divided by Asset Page, Column 3, Line 28

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories – Not applicable
3. Detail of Other Restricted Assets – Not applicable
4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements – Not applicable

### M. Working Capital Finance Investments – Not applicable

### N. Offsetting and Netting of Assets and Liabilities – Not applicable

### O. 5GI Securities – Not applicable

### P. Short Sales – Not applicable

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CINCINNATI CASUALTY COMPANY**

**NOTES TO FINANCIAL STATEMENTS**

**Q. Prepayment Penalties and Acceleration Fees**

	General Account	Protected Cell
(1) Number of CUSIPs	2	0
(2) Aggregate Amount of Investment Income	\$ 44,978	\$ 0

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

**7. Investment Income**

A. The Company does not admit investment income due and accrued if amounts are over 90 days past due.  
 B. No amount of investment income was excluded.

**8. Derivative Instruments – Not applicable**

**9. Income Taxes**

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

1.

	2020		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 448,292	\$ 0	\$ 448,292
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	448,292	0	448,292
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	448,292	0	448,292
(f) Deferred Tax Liabilities	\$ 465,843	\$ 20,522,351	\$ 20,988,194
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (17,551)	\$ (20,522,351)	\$ (20,539,902)

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

	Change		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 72,992	\$ 0	\$ 72,992
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	72,992	0	72,992
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	72,992	0	72,992
(f) Deferred Tax Liabilities	\$ 71,455	\$ 1,468,830	\$ 1,540,285
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ 1,537	\$ (1,468,830)	\$ (1,467,293)

2.

	2020		
	Ordinary	Capital	Total
Admission Calculation Components SSAP No. 101			
(a) Federal Income Taxes Paid in Prior Years			
Recoverable Through Loss Carrybacks	\$ 177,514	\$ 0	\$ 177,514
(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)			
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	88,757	0	88,757
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	88,757	0	88,757
	XXX	XXX	68,398,661
(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	182,021	0	182,021
(d) Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	\$ 448,292	\$ 0	\$ 448,292

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

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CINCINNATI CASUALTY COMPANY**

**NOTES TO FINANCIAL STATEMENTS**

Admission Calculation Components SSAP No. 101	Change			
	Ordinary	Capital	Total	
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 32,888	\$ 0	\$ 32,888	
(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)	16,444	0	16,444	
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	16,444	0	16,444	
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	2,889,066	
(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	23,660	0	23,660	
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	\$ 72,992	\$ 0	\$ 72,992	

3.

	2020 Percentage	2019 Percentage
(a)Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	2318%	2346%
(b)Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	\$ 455,991,072	\$ 436,730,632

4.

Impact of Tax Planning Strategies	2020			
	Ordinary	Capital	Total	
(a)Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.				
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 448,292	\$ 0	\$ 448,292	
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)	\$ 448,292	\$ 0	\$ 448,292	
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	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)	\$ 375,300	\$ 0	\$ 375,300	
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)	\$ 375,300	\$ 0	\$ 375,300	
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)	\$ 72,992	\$ 0	\$ 72,992	
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)	\$ 72,992	\$ 0	\$ 72,992	
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

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CINCINNATI CASUALTY COMPANY

## NOTES TO FINANCIAL STATEMENTS

### C. Current Tax and Change in Deferred Tax

#### 1. Current income tax:

	2020	2019	Change
(a) Federal	\$ 1,743,800	\$ 1,707,477	\$ 36,323
(b) Foreign	113,577	102,570	11,007
(c) Subtotal	1,857,377	1,810,047	47,330
(d) Federal income tax on capital gains/(losses)	263,015	1,002	262,013
(e) Utilization of capital loss carryforwards	0	0	0
(f) Other	0	0	0
(g) Federal income taxes incurred	\$ 2,120,392	\$ 1,811,049	\$ 309,343

#### 2. Deferred tax assets:

	2020	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	448,292	375,300	72,992
5. Other deferred tax assets	0	0	0
99. Subtotal	\$ 448,292	\$ 375,300	\$ 72,992
(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))	\$ 448,292	\$ 375,000	\$ 72,992
(e) Capital			
1. Investments	\$ 0	\$ 0	\$ 0
2. Unrealized loss on investments	0	0	0
99. Subtotal	\$ 0	\$ 0	\$ 0
(f) Statutory valuation allowance	0	0	0
(g) Nonadmitted	0	0	0
(h) Admitted capital deferred tax assets ((2(e)99- 2(f)-2(g))	\$ 0	\$ 0	\$ 0
(i) Admitted deferred tax assets (2(d)+2(h))	\$ 448,292	\$ 375,300	\$ 72,992

#### 3. Deferred tax liabilities:

	2020	2019	Change
(a) Ordinary			
1. Commission expense	\$ 0	\$ 0	\$ 0
2. Other, net	465,843	394,388	71,455
99. Subtotal	\$ 465,843	\$ 394,388	\$ 71,455
(b) Capital			
1. Investment	\$ 1,591,125	\$ 1,624,136	\$ (33,011)
2. Unrealized gain on investments	18,931,226	17,429,385	1,501,841
99. Subtotal	\$ 20,522,351	\$ 19,053,521	\$ 1,468,830
(c) Deferred tax liabilities (3(a)99+3(b)99)	\$ 20,988,194	\$ 19,447,909	\$ 1,540,285
4. Net deferred tax assets/(liabilities) (2(i)-3(c)):	\$(20,539,902)	\$(19,072,609)	\$ (1,467,293)

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):

	December 31, 2020	December 31, 2019	Change
Total deferred tax assets	\$ 448,292	\$ 375,300	\$ 72,992
Total deferred tax liabilities	20,988,194	19,447,909	1,540,285
Net deferred tax asset/(liability)	\$(20,539,902)	\$(19,072,609)	\$ (1,467,293)
Tax effect of unrealized (gains)/losses			1,501,841
Change in net deferred income tax (charge)/benefit			\$ 34,548
	December 31, 2019	December 31, 2018	Change
Total deferred tax assets	\$ 375,300	\$ 191,375	\$ 183,925
Total deferred tax liabilities	19,447,909	12,260,729	7,187,180
Net deferred tax asset/(liability)	\$(19,072,609)	\$(12,069,354)	\$ (7,003,255)
Tax effect of unrealized (gains)/losses			7,000,411
Change in net deferred income tax (charge)/benefit			\$ (2,844)

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

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

Description	As of December 31, 2020		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 16,044,086	\$ 3,369,258	21.00 %
Net tax exempt interest	(4,656,905)	(977,950)	(6.10)%
Net dividends received deduction (DRD)	(1,111,467)	(233,408)	(1.45)%
Other items permanent, net	65	14	0.00 %
DRD on accrued	4,390	922	0.01 %
Total	\$ 10,280,169	\$ 2,158,836	13.46 %
Federal income tax expense incurred/(benefit)	\$ 8,844,652	\$ 1,857,377	11.58 %
Tax on capital gains/(losses)	1,252,452	263,015	1.64 %
Change in nonadmitted excluding deferred tax asset	347,579	72,992	0.45 %
Change in net deferred income tax charge/(benefit)	(164,514)	(34,548)	(0.21)%
Total statutory income taxes incurred/(benefit)	\$ 10,280,169	\$ 2,158,836	13.46 %

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

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CINCINNATI CASUALTY COMPANY

### NOTES TO FINANCIAL STATEMENTS

#### E. Operating Loss and Tax Credit Carryforwards

At December 31, 2020 the Company had no net operating loss carryforwards or capital loss carryforwards.

The following is income tax expense for the current and prior years that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2020	\$ 1,734,349	\$ 272,460	\$ 2,006,809
2019	1,618,205	90,279	1,708,484
2018	0	999,631	999,631
Total	\$ 3,352,554	\$ 1,362,370	\$ 4,714,924

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

#### F. Consolidated Federal Income Tax Return

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

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

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

#### G. Federal or Foreign Income Tax Loss Contingencies

For the years ended December 31, 2020 and 2019, 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. During 2020, the examination has been expanded to also 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

The Company is a wholly-owned subsidiary of The Cincinnati Insurance Company (See Schedule Y, Part 1, Organizational Chart).

#### B. Detail of Transactions Greater than 1/2% of Admitted Assets – Not applicable

#### C. Transactions with Related Party Who Are Not Reported on Schedule Y – Not Applicable

#### D. Amounts Due to or from Related Parties

At December 31, 2020, the Company reported \$13,042,380 due from the Parent Company, The Cincinnati Insurance Company. The terms of the settlement require that these amounts be settled within 30 days.

#### E. Management, Service Contracts, Cost Sharing Arrangements

The Company has the following management agreements with related parties:

1. Inter-company Benefits and Expense Allocation Agreement.
2. Inter-company Cost Sharing and Expense Allocation Agreement.
3. Inter-company Tax Sharing Agreement.
4. Inter-company Reinsurance Agreement.

#### F. Guarantees or Contingencies for Related Parties – Not applicable

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CINCINNATI CASUALTY COMPANY**

**NOTES TO FINANCIAL STATEMENTS**

**G. Nature of Relationships that Could Affect Operations**

All outstanding shares of the Company are owned by the Parent Company, The Cincinnati Insurance Company, an insurance company domiciled in the state of Ohio.

**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 or SSAP No. 48 Entity Loss Tracking – Not applicable**

**11. Debt – Not applicable**

**12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

**A. Defined Benefit Plan – Not applicable**

**B. Defined Benefit Plan Assets – Not applicable**

**C. Fair Value Measurement of Defined Benefit Plan Assets – Not Applicable**

**D. Defined Benefit Plan Rate of Return on Assets Assumptions – Not applicable**

**E. Defined Contribution Plans – Not applicable**

**F. Multiemployer Plans – Not applicable**

**G. Consolidated/Holding Company Plans**

1. Defined Benefit Pension Plan – The Company participates in a qualified, noncontributory defined benefit pension plan sponsored by Cincinnati Financial Corporation, the Ultimate Parent. The Company has no legal obligations for benefits under the plan.

2. Defined Contribution Plan - The Company participates in a qualified, defined contribution plan sponsored by Cincinnati Financial Corporation, the Ultimate Parent. The Company has no legal obligation for benefits under the plan. Cincinnati Financial Corporation allocates amounts to the Company based on an inter-company management fee. The Company's share of net expense for the defined contribution plan was \$2,992 and \$2,819 for 2020 and 2019, respectively.

**H. Postemployment Benefits and Compensated Absences – Not applicable**

**I. Impact of Medicare Modernization Act on Postretirement Benefits – Not applicable**

**13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

**A. The Company has 2,000 shares authorized, 1,875 shares issued and 1,875 shares outstanding. All shares are Class A shares.**

**B. Preferred stock issues – Not applicable**

C. The maximum amount of dividends or distributions which may be paid to stockholders by property and casualty companies domiciled in the state of Ohio without prior approval or expiration of a 30 day waiting period without disapproval of the Director of Insurance is the greater of net income or 10% of policyholders' surplus as of the preceding December 31, but only to the extent of earned surplus as of the preceding December 31. The maximum amount of ordinary dividends or distributions the Company may pay in 2021 based upon surplus is \$45,599,107.

**D. The Company did not pay any dividends during 2020.**

E. Within the limitations of item 3 above, there are no specific restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

**F. Surplus restrictions – Not applicable**

**G. Mutual Surplus Advances – Not applicable**

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CINCINNATI CASUALTY COMPANY

### NOTES TO FINANCIAL STATEMENTS

- H. Company Stock Held for Special Purposes – Not applicable
- I. Changes in Special Surplus Funds – Not applicable
- J. The portion of unassigned funds (surplus) represented or (reduced) by cumulative unrealized gains/(losses) are \$90,148,693 offset by deferred tax of \$18,931,226 for a net balance of \$71,217,467.
- K. Surplus Notes – Not applicable
- L. Restatement of Quasi-Reorganization – Not applicable
- M. Date of Quasi-Reorganization – Not applicable

#### **14. Liabilities, Contingencies and Assessments**

- A. Contingent Commitments – Not applicable
- B. Assessments
  - The Company was not aware of any material assessments as of December 31, 2020.
- C. Gain Contingencies – Not applicable
- D. Claims Related to Extra Contractual Obligations or Bad Faith Claims Stemming from Lawsuits – Not applicable
- E. Product Warranties – Not applicable
- F. Joint and Several Liabilities – Not applicable
- G. All Other Contingencies

Various lawsuits against the Company have arisen in the course of the Company's business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company. The Company has no assets it considers impaired.

#### **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

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CINCINNATI CASUALTY COMPANY

### NOTES TO FINANCIAL STATEMENTS

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

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

- Level 1—Financial assets and liabilities for which inputs are observable and are obtained from reliable quoted prices for identical assets or liabilities in active markets. This is the most reliable fair value measurement and includes, for example, active exchange-traded equity securities.
- Level 2 – Financial assets and liabilities for which values are based on quoted prices in markets that are not active or for which values are based on similar assets and liabilities that are actively traded. This also includes pricing models for which the inputs are corroborated by market data. The technique used for the Level 2 fixed-maturity securities is the application of market based modeling. The inputs used for all classes of fixed-maturity securities listed in the table below include relevant market information by asset class, trade activity of like securities, marketplace quotes, benchmark yields, spreads off benchmark yields, interest rates, U.S. Treasury or swap curves, yield to maturity and economic events. Level 2 fixed-maturity securities are primarily priced by a nationally recognized pricing vendor.
- Level 3—Financial assets and liabilities for which values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. Level 3 inputs include the following:
  - Quotes from brokers or other external sources that are not considered binding;
  - Quotes from brokers or other external sources where it cannot be determined that market participants would in fact transact for the asset or liability at the quoted price; or
  - Quotes from brokers or other external sources where the inputs are not deemed observable.

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

The following table presents the Company's assets measured and reported at fair value by level within the fair value hierarchy as of December 31, 2020:

**Assets at Fair Value:**

	Level 1	Level 2	Level 3	Net Asset Value (NAV) Included in Level 2	Total
Bonds	\$ 0	\$ 2,179,180	\$ 0	\$ 0	\$ 2,179,180
Common Stock	146,119,892	0	0	0	146,119,892
<b>Total</b>	<b>\$ 146,119,892</b>	<b>\$ 2,179,180</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 148,299,072</b>

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	\$ 349,266,222	\$ 323,097,954	\$ 917,888	\$ 348,348,334	\$ 0	\$ 0	\$ 0
Common Stock	146,119,892	146,119,892	146,119,892	0	0	0	0

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

**21. Other Items**

- A. Unusual or Infrequent Items – Not applicable
- B. Troubled Debt Restructuring – Not applicable
- C. Other Disclosures

# ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CINCINNATI CASUALTY COMPANY

## NOTES TO FINANCIAL STATEMENTS

Assets in the amount of \$9,005,167 and \$8,811,178 at December 31, 2020 and 2019, respectively, were on deposit with government authorities or trustees as required by law.

- D. Business Interruption Insurance Recoveries – Not applicable
- E. State Transferable and Non-Transferable Tax Credits – Not applicable
- F. Subprime-Mortgage-Related Risk Exposure

The Company has no investments in subprime or related areas. This includes direct investments in subprime mortgage loans, RMBS, CMBS, CDO's, hedge funds, credit default swaps or SIVs. Additionally, the Company has no equity investments in SCA entities with subprime exposure nor does it underwrite any form of mortgage guaranty or financial guaranty insurance.

- G. Insurance-Linked Securities (ILS) Contracts – Not applicable

- H. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy – Not applicable

## 22. Subsequent Events

The Company has considered subsequent events through February 28, 2021, 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 although many businesses have resumed operations at some capacity, there is still uncertainty surrounding future government and private company restrictions. The pandemic, and unprecedented actions taken to contain the virus, has also continued to cause significant market disruption and volatility. For 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

- A. Unsecured Reinsurance Recoverable

The Company does not have an unsecured aggregate recoverable for paid and unpaid losses, loss adjustment expenses and unearned premiums from any individual reinsurer that exceeds 3% of policyholders' surplus.

- B. Reinsurance Recoverable in Dispute – Not applicable

- C. Reinsurance Assumed and Ceded

1.

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium	Commission	Premium	Commission	Premium	Commission
	Reserve	Equity	Reserve	Equity	Reserve	Equity
a. Affiliates	\$ 0	\$ 0	\$ 214,488,216	\$ 27,839,534	\$ (214,488,216)	\$ (27,839,534)
b. All Other	0	0	0	0	0	0
c. Total	\$ 0	\$ 0	\$ 214,488,216	\$ 27,839,534	\$ (214,488,216)	\$ (27,839,534)
d. Direct Unearned Premium Reserve			\$ 214,488,216			

2.

REINSURANCE				
	Direct	Assumed	Ceded	Net
a. Contingent Commission	\$ 10,844,000	\$ 0	\$ 10,844,000	\$ 0
b. Sliding Scale Adjustments	0	0	0	0
c. Other Profit Commission Arrangements	0	0	0	0
d. Total	\$ 10,844,000	\$ 0	\$ 10,844,000	\$ 0

3. Protected Cell – Not applicable

- D. Uncollectible Reinsurance – Not applicable
- E. Commutation of Ceded Reinsurance – Not applicable
- F. Retroactive Reinsurance – Not applicable
- G. Reinsurance Accounted for as a Deposit – Not applicable
- H. Disclosure for the Transfer of Property and Casualty Run-off Agreements – Not applicable
- I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – Not applicable

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CINCINNATI CASUALTY COMPANY**

**NOTES TO FINANCIAL STATEMENTS**

J. Reinsurance Agreement Qualifying for Reinsurer Aggregation – Not applicable

K. Reinsurance Credit – Not applicable

**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**

1. Liability carried for premium deficiency reserves	\$0
2. Date of most recent evaluation of this liability	01/15/2021
3. Was anticipated investment income utilized in the calculation	No

**31. High Deductibles** – Not applicable

**32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses**

The Company does not discount unpaid losses or loss adjustment expenses except for income tax purposes.

**33. Asbestos and Environmental Reserves**

A. Does the company have on the books, or has it ever written an insured for which you have identified a potential for the existence of, a liability due to asbestos losses? Yes (X) No ( )

The Company's exposure arose from the sale of commercial liability products. The Company tries to estimate the full impact of the asbestos exposures by establishing full case basis reserves on all known losses and computing IBNR based on generally accepted actuarial methodologies.

<b>ASBESTOS LOSSES</b>		<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
1.	Direct	Direct	Direct	Direct	Direct	Direct
Beginning Reserves	\$ 0	\$ 0	\$ 23,578	\$ 163,726	\$ 358,463	
Incurred Loss & LAE	0	25,000	196,000	350,000	230,000	
Calendar year payments for Loss and LAE	0	1,422	55,852	155,263	194,488	
Ending Reserves	\$ 0	\$ 23,578	\$ 163,726	\$ 358,463	\$ 393,975	
2.	Assumed	Assumed	Assumed	Assumed	Assumed	
Beginning Reserves	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
Incurred Loss & LAE	0	0	0	0	0	
Calendar year payments for Loss and LAE	0	0	0	0	0	
Ending Reserves	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
3.	Net	Net	Net	Net	Net	
Beginning Reserves	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
Incurred Loss & LAE	0	0	0	0	0	
Calendar year payments for Loss and LAE	0	0	0	0	0	
Ending Reserves	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	

B. Ending Reserves for Asbestos Claims for Bulk and IBNR Losses Included in A above:

<b>IBNR Reserves</b>		<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Direct	Assumed	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
0	0	0	0	0	0	0
Net	0	0	0	0	0	0

C. Ending Reserves for Asbestos Claims for LAE Included in A above (Case, Bulk and IBNR):

<b>LAE Reserves</b>		<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Direct	Assumed	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
0	0	0	0	0	0	0
Net	0	0	0	0	0	0

D. Does the company have on the books, or has it ever written an insured for which you have identified a potential for the existence of, a liability due to environmental losses? Yes (X) No ( )

The Company's exposure arose from the sale of commercial liability products. The Company tries to estimate the full impact of the environmental exposures by establishing full case basis reserves on all known losses and computing IBNR based on generally accepted actuarial methodologies. The Company's environmental losses for each of the five most

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CINCINNATI CASUALTY COMPANY**

**NOTES TO FINANCIAL STATEMENTS**

recent calendar years were as follows:

	<b>ENVIRONMENTAL LOSSES</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
1.	<b>Direct</b>	<b>Direct</b>	<b>Direct</b>	<b>Direct</b>	<b>Direct</b>	<b>Direct</b>
Beginning Reserves	\$ 0	\$ 42,166	\$ 86,493	\$ 78,023	\$ 125,499	
Incurred Loss & LAE	695,632	103,456	27,729	374,395	312,656	
Calendar year payments	653,466	59,129	36,199	326,919	150,231	
Ending Reserves	\$ 42,166	\$ 86,493	\$ 78,023	\$ 125,499	\$ 287,924	
2.	<b>Assumed</b>	<b>Assumed</b>	<b>Assumed</b>	<b>Assumed</b>	<b>Assumed</b>	<b>Assumed</b>
Beginning Reserves	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
Incurred Loss & LAE	0	0	0	0	0	
Calendar year payments	0	0	0	0	0	
Ending Reserves	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
3.	<b>Net</b>	<b>Net</b>	<b>Net</b>	<b>Net</b>	<b>Net</b>	<b>Net</b>
Beginning Reserves	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
Incurred Loss & LAE	0	0	0	0	0	
Calendar year payments	0	0	0	0	0	
Ending Reserves	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	

E. Ending Reserves for Environmental Claims for Bulk and IBNR Losses Included in D above:

	<b>IBNR Reserves</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Direct	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
Assumed	0	0	0	0	0	
Net	0	0	0	0	0	

F. Ending Reserves for Environmental Claims for LAE included in D above (Case, Bulk and IBNR):

	<b>LAE Reserves</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Direct	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
Assumed	0	0	0	0	0	
Net	0	0	0	0	0	

**34. Subscriber Savings Accounts** – Not applicable

**35. Multiple Peril Crop Insurance** – Not applicable

**36. Financial Guaranty Insurance** – Not applicable

**37. Other**

Prior year data included in Schedule P is calculated as follows:

Part 1-Payments made in the current year and current reserves for AY's 2010 & prior.

Parts 2&3-The prior line on last year's statement is combined with the year 2010 total. Paid amounts prior to 2011 are then subtracted from this sum to arrive at the prior figure.

Part 4-The sum of the prior year line and the 2010 line from the prior year's Schedule P compose the prior figures for this section.

Part 5 Section 1&3-The prior line is combined with year 2009 from the prior schedule P. Counts for accident year 2010 in the preceding year are then subtracted from this sum to arrive at the prior figure, removing the cumulative effect.

Part 5 Section 2 - The prior line is combined with the 2010 AY of the prior year's Schedule P to arrive at the new prior number.

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE THE CINCINNATI CASUALTY COMPANY  
**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES  
 GENERAL**

1.1 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, 1A and 2

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? .....  Yes [ X ]  No [ ]  N/A [ ]

1.3 State Regulating? .....  Ohio

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

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. .....  0000020286

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

3.2 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

3.3 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

3.4 By what department or departments?  
 Ohio .....

3.5 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 [ ]

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

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
 4.11 sales of new business? .....  Yes [ ]  No [ X ]  
 4.12 renewals? .....  Yes [ ]  No [ X ]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
 4.21 sales of new business? .....  Yes [ ]  No [ X ]  
 4.22 renewals? .....  Yes [ ]  No [ X ]

5.1 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.

5.2 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
---------------------	------------------------	------------------------

6.1 Has the 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 ]

6.2 If yes, give full information:  
 .....

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? .....  Yes [ ]  No [ X ]

7.2 If yes,  
 7.21 State the percentage of foreign control; .....  %  
 7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity
------------------	---------------------

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE THE CINCINNATI CASUALTY COMPANY**  
**GENERAL INTERROGATORIES**

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
.....	.....	.....	.....	.....	.....

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
 Deloitte & Touche; Suite 1900; 250 E. 5th St; PO Box 5340; Cincinnati, OH 45201-5340

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [ X ]  
 10.2 If the response to 10.1 is yes, provide information related to this exemption: .....  
 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]  
 10.4 If the response to 10.3 is yes, provide information related to this exemption: .....  
 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ X ] No [ ] N/A [ ]  
 10.6 If the response to 10.5 is no or n/a, please explain .....  
 11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
 Greg Chrin; Deloitte Consulting LLP; City Place I, 33rd Floor; 185 Asylum Street; Hartford, CT 06103-3402

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]  
 12.11 Name of real estate holding company .....  
 12.12 Number of parcels involved .....  
 12.13 Total book/adjusted carrying value ..... \$ .....

12.2 If, yes provide explanation: .....

**13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? .....  
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]  
 13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]  
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]  
 14.1 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.  
 14.11 If the response to 14.1 is No, please explain: .....

14.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [ X ]  
 14.21 If the response to 14.2 is yes, provide information related to amendment(s). .....

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]  
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). .....

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE THE CINCINNATI CASUALTY COMPANY  
**GENERAL INTERROGATORIES**

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [ X ]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
.....	.....	.....	.....

## BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... Yes [  ] No [  ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... Yes [  ] No [  ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? ..... Yes [  ] No [  ]

## **FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [ X ]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers.....	\$ .....
20.12 To stockholders not officers.....	\$ .....
20.13 Trustees, supreme or grand (Fraternal Only) .....	\$ .....

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers.....	\$ .....
20.22 To stockholders not officers.....	\$ .....
20.23 Trustees, supreme or grand (Fraternal Only) .....	\$ .....

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... Yes [ ] No [ X ]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others.....	\$ .....
21.22 Borrowed from others.....	\$ .....
21.23 Leased from others .....	\$ .....
21.24 Other .....	\$ .....

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? ..... Yes [ ] No [ X ]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$ .....	
22.22 Amount paid as expenses .....	\$ .....
22.23 Other amounts paid .....	\$ .....

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

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ ..... 13,042,380

## INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)..... Yes [  ] No [  ]

24.02 If no, give full and complete information relating thereto  
.....

24.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)  
.....

24.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. .... \$ .....

24.05 For the reporting entity's securities lending program, report amount of collateral for other programs. .... \$ .....

24.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... Yes [  ] No [  ] N/A [  ]

24.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... Yes [  ] No [  ] N/A [  ]

24.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? ..... Yes [  ] No [  ] N/A [  ]

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE THE CINCINNATI CASUALTY COMPANY**  
**GENERAL INTERROGATORIES**

24.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

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

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). ....  Yes [ X ]  No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements .....	\$ .....
25.22 Subject to reverse repurchase agreements .....	\$ .....
25.23 Subject to dollar repurchase agreements .....	\$ .....
25.24 Subject to reverse dollar repurchase agreements .....	\$ .....
25.25 Placed under option agreements .....	\$ .....
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock .....	\$ .....
25.27 FHLB Capital Stock .....	\$ .....
25.28 On deposit with states .....	\$ .....
25.29 On deposit with other regulatory bodies .....	\$ .....
25.30 Pledged as collateral - excluding collateral pledged to an FHLB .....	\$ .....
25.31 Pledged as collateral to FHLB - including assets backing funding agreements .....	\$ .....
25.32 Other .....	\$ .....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? ....  Yes [ ]  No [ X ]

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

LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? ..  Yes [ ]  No [ ]

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

26.41 Special accounting provision of SSAP No. 108 .....	Yes [ ] <input type="checkbox"/> No [ ]
26.42 Permitted accounting practice .....	Yes [ ] <input type="checkbox"/> No [ ]
26.43 Other accounting guidance .....	Yes [ ] <input type="checkbox"/> No [ ]

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: ....  Yes [ ]  No [ ]

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? ....  Yes [ ]  No [ X ]

27.2 If yes, state the amount thereof at December 31 of the current year. ....  \$ .....

28. 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 [ ]

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

1 Name of Custodian(s)	2 Custodian's Address
Fifth Third Bank .....	Fifth Third Center; Cincinnati, Ohio 45263 .....

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE THE CINCINNATI CASUALTY COMPANY**  
**GENERAL INTERROGATORIES**

28.02 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)
.....	.....	.....

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?..... Yes [ ] No [ X ]

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

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

28.05 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
.....	.....

28.0597 For those firms/individuals listed in the table for Question 28.05, 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 ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ ] No [ X ]

28.06 For those firms or individuals listed in the table for 28.05 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
.....	.....	.....	.....	.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])?..... Yes [ ] No [ X ]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total	.....	.....

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....	.....	.....	.....

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE THE CINCINNATI CASUALTY COMPANY**  
**GENERAL INTERROGATORIES**

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	323,097,954	349,266,222	26,168,268
30.2 Preferred stocks .....			
30.3 Totals .....	323,097,954	349,266,222	26,168,268

30.4 Describe the sources or methods utilized in determining the fair values:

The majority of fair market values are obtained from Interactive Data Corporation (IDC). For securities IDC is unable to price, the company looks to Bloomberg and uses a recent historical price method. If this cannot be determined the company uses outside brokers to analytically determine the price. ....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [  ] No [  ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [  ] No [  ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
For our private placement securities, the company receives the fair value price from an outside private placement manager's firm. For all other securities not priced by IDC the company looks to outside security brokers who are market makers in that type of security. ....

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

32.2 If no, list exceptions:  
.....

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of 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 [  ]

34. 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 [  ]

35. 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 [  ]

36. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:  
a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.  
b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.  
c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.  
d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 36.a - 36.c are reported as long-term investments.  
Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? ..... Yes [  ] No [  ] N/A [  ]

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE THE CINCINNATI CASUALTY COMPANY  
**GENERAL INTERROGATORIES**

**OTHER**

37.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....\$ .....561,119

37.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
NCCI HOLDINGS INC .....	157,387

38.1 Amount of payments for legal expenses, if any? .....\$ .....49

38.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
WILLIAMS MULLEN .....	250

39.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? .....\$ .....

39.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE THE CINCINNATI CASUALTY COMPANY  
**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force? .....	Yes [ ] No [ X ]
1.2	If yes, indicate premium earned on U. S. business only. ....	\$ .....
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .....	\$ .....
1.31	Reason for excluding .....	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. ....	\$ .....
1.5	Indicate total incurred claims on all Medicare Supplement Insurance. ....	\$ .....
1.6	Individual policies:	Most current three years: 1.61 Total premium earned ..... \$ ..... 1.62 Total incurred claims ..... \$ ..... 1.63 Number of covered lives .....
		All years prior to most current three years 1.64 Total premium earned ..... \$ ..... 1.65 Total incurred claims ..... \$ ..... 1.66 Number of covered lives .....
1.7	Group policies:	Most current three years: 1.71 Total premium earned ..... \$ ..... 1.72 Total incurred claims ..... \$ ..... 1.73 Number of covered lives .....
		All years prior to most current three years 1.74 Total premium earned ..... \$ ..... 1.75 Total incurred claims ..... \$ ..... 1.76 Number of covered lives .....
2.	Health Test:	1 Current Year 2 Prior Year
2.1	Premium Numerator .....	
2.2	Premium Denominator .....	
2.3	Premium Ratio (2.1/2.2) .....	0.000 0.000
2.4	Reserve Numerator .....	
2.5	Reserve Denominator .....	88,803
2.6	Reserve Ratio (2.4/2.5) .....	0.000 0.000
3.1	Did the reporting entity issue participating policies during the calendar year? .....	Yes [ ] No [ X ]
3.2	If yes, provide the amount of premium written for participating and/or non-participating policies during the calendar year: 3.21 Participating policies ..... \$ ..... 3.22 Non-participating policies ..... \$ .....	
4.	For mutual reporting Entities and Reciprocal Exchanges Only:	
4.1	Does the reporting entity issue assessable policies? .....	Yes [ ] No [ ]
4.2	Does the reporting entity issue non-assessable policies? .....	Yes [ ] No [ ]
4.3	If assessable policies are issued, what is the extent of the contingent liability of the policyholders? .....	% .....
4.4	Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. ....	\$ .....
5.	For Reciprocal Exchanges Only:	
5.1	Does the Exchange appoint local agents? .....	Yes [ ] No [ ]
5.2	If yes, is the commission paid: 5.21 Out of Attorney's-in-fact compensation ..... Yes [ ] No [ ] N/A [ ] 5.22 As a direct expense of the exchange ..... Yes [ ] No [ ] N/A [ ]	
5.3	What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact? .....	
5.4	Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred? .....	Yes [ ] No [ ]
5.5	If yes, give full information .....	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE THE CINCINNATI CASUALTY COMPANY  
**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss?  
Protection is provided through several excess reinsurance contracts for workers' compensation coverage. ....

6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process.  
The company licenses Risk Management Solutions and Applied Insurance Research to run our exposure data internally through these catastrophe models to analyze our PML's in addition the company has engaged with Guy Carpenter who uses the catastrophe models from RMS and AIR to model potential maximum loss exposure. ....

6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?  
The company has a catastrophic reinsurance program insuring losses \$700 million excess \$100 million, plus co-participation by layer. ....

6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? .... Yes [ X ] No [ ]

6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss.  
.....

7.1 Has this reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss ratio cap, an aggregate limit or any similar provisions)? .... Yes [ ] No [ X ]

7.2 If yes, indicate the number of reinsurance contracts containing such provisions: .....

7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)? .... Yes [ ] No [ ]

8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? .... Yes [ ] No [ X ]

8.2 If yes, give full information  
.....

9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:  
(a) A contract term longer than two years and the contract is noncancelable by the reporting entity during the contract term;  
(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;  
(c) Aggregate stop loss reinsurance coverage;  
(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;  
(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or  
(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity. .... Yes [ ] No [ X ]

9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:  
(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or  
(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract. .... Yes [ ] No [ X ]

9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:  
(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;  
(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and  
(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.

9.4 Except for transactions meeting the requirements of paragraph 36 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:  
(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or  
(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? .... Yes [ ] No [ X ]

9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.

9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:  
(a) The entity does not utilize reinsurance; or, .... Yes [ ] No [ X ]  
(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or .... Yes [ X ] No [ ]  
(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement. .... Yes [ ] No [ X ]

10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurance a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? .... Yes [ X ] No [ ] N/A [ ]

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE THE CINCINNATI CASUALTY COMPANY  
**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force? ..... Yes [ ] No [ X ]

11.2 If yes, give full information  
.....

12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:  
12.11 Unpaid losses ..... \$  
12.12 Unpaid underwriting expenses (including loss adjustment expenses) ..... \$

12.2 Of the amount on Line 15.3, Page 2, state the amount which is secured by letters of credit, collateral, and other funds ..... \$

12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? ..... Yes [ ] No [ X ] N/A [ ]

12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:  
12.41 From ..... %  
12.42 To ..... %

12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? ..... Yes [ ] No [ X ]

12.6 If yes, state the amount thereof at December 31 of the current year:  
12.61 Letters of credit ..... \$  
12.62 Collateral and other funds ..... \$

13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): ..... \$

13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? ..... Yes [ ] No [ X ]

13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.

14.1 Is the company a cedant in a multiple cedant reinsurance contract? ..... Yes [ ] No [ X ]

14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:  
.....

14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? ..... Yes [ ] No [ ]

14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? ..... Yes [ ] No [ ]

14.5 If the answer to 14.4 is no, please explain:  
.....

15.1 Has the reporting entity guaranteed any financed premium accounts? ..... Yes [ ] No [ X ]

15.2 If yes, give full information  
.....

16.1 Does the reporting entity write any warranty business? ..... Yes [ ] No [ X ]  
If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home .....					
16.12 Products .....					
16.13 Automobile .....					
16.14 Other* .....					

\* Disclose type of coverage:  
.....

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE THE CINCINNATI CASUALTY COMPANY  
**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F - Part 3 that is exempt from the statutory provision for unauthorized reinsurance? ..... Yes [ ] No [ X ]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from the statutory provision for unauthorized reinsurance. Provide the following information for this exemption:

17.11 Gross amount of unauthorized reinsurance in Schedule F - Part 3 exempt from the statutory provision for unauthorized reinsurance .....	\$ .....
17.12 Unfunded portion of Interrogatory 17.11 .....	\$ .....
17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11 .....	\$ .....
17.14 Case reserves portion of Interrogatory 17.11 .....	\$ .....
17.15 Incurred but not reported portion of Interrogatory 17.11 .....	\$ .....
17.16 Unearned premium portion of Interrogatory 17.11 .....	\$ .....
17.17 Contingent commission portion of Interrogatory 17.11 .....	\$ .....

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

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

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

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

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

19.1 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 [ ]

**ANNUAL STATEMENT FOR THE YEAR 2020 OF THE THE CINCINNATI CASUALTY COMPANY**  
**FIVE-YEAR HISTORICAL DATA**

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	1 2020	2 2019	3 2018	4 2017	5 2016
<b>Gross Premiums Written (Page 8, Part 1B Cols. 1, 2 &amp; 3)</b>					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	211,482,929	205,336,220	202,835,982	216,600,602	220,097,059
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	48,542,561	30,498,659	23,774,767	23,293,615	20,707,669
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	181,527,962	142,459,673	126,573,678	119,268,026	105,401,780
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	1,270,567	919,179	1,029,681	448,385	206,353
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
6. Total (Line 35)	442,824,019	379,213,730	354,214,008	359,610,628	346,412,861
<b>Net Premiums Written (Page 8, Part 1B, Col. 6)</b>					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)					
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)					
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)					
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
12. Total (Line 35)					
<b>Statement of Income (Page 4)</b>					
13. Net underwriting gain (loss) (Line 8)					
14. Net investment gain or (loss) (Line 11)	15,780,867	14,983,880	17,912,605	23,877,115	13,725,933
15. Total other income (Line 15)	205	243	268		
16. Dividends to policyholders (Line 17)					
17. Federal and foreign income taxes incurred (Line 19)	1,857,377	1,810,047	1,638,437	2,844,691	2,632,242
18. Net income (Line 20)	13,923,695	13,174,076	16,274,436	21,032,424	11,093,691
<b>Balance Sheet Lines (Pages 2 and 3)</b>					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	515,103,757	486,212,046	435,523,666	433,575,884	408,281,041
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)					
20.2 Deferred and not yet due (Line 15.2)					
20.3 Accrued retrospective premiums (Line 15.3)					
21. Total liabilities excluding protected cell business (Page 3, Line 26)	59,112,685	49,481,415	37,423,319	41,289,227	48,382,266
22. Losses (Page 3, Line 1)					
23. Loss adjustment expenses (Page 3, Line 3)					
24. Unearned premiums (Page 3, Line 9)					
25. Capital paid up (Page 3, Lines 30 & 31)	3,750,000	3,750,000	3,750,000	3,750,000	3,750,000
26. Surplus as regards policyholders (Page 3, Line 37)	455,991,072	436,730,632	398,100,347	392,286,657	359,898,775
<b>Cash Flow (Page 5)</b>					
27. Net cash from operations (Line 11)	17,590,611	20,188,564	10,264,996	5,247,422	13,865,511
<b>Risk-Based Capital Analysis</b>					
28. Total adjusted capital	455,991,072	436,730,632	398,100,347	392,286,657	359,898,775
29. Authorized control level risk-based capital	19,672,876	18,618,295	14,269,975	15,038,784	13,243,352
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line divided by Page 2, Line 12, Col. 3) x100.0</b>					
30. Bonds (Line 1)	68.2	67.7	72.1	70.4	71.3
31. Stocks (Lines 2.1 & 2.2)	30.8	31.1	26.4	29.1	28.0
32. Mortgage loans on real estate (Lines 3.1 and 3.2)					
33. Real estate (Lines 4.1, 4.2 & 4.3)					
34. Cash, cash equivalents and short-term investments (Line 5)	1.0	1.2	1.5	0.5	0.8
35. Contract loans (Line 6)					
36. Derivatives (Line 7)					0.0
37. Other invested assets (Line 8)					0.0
38. Receivables for securities (Line 9)	0.0				
39. Securities lending reinvested collateral assets (Line 10)					
40. Aggregate write-ins for invested assets (Line 11)					
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
42. Affiliated bonds (Schedule D, Summary, Line 12, Col. 1)					
43. Affiliated preferred stocks (Schedule D, Summary, Line 18, Col. 1)					
44. Affiliated common stocks (Schedule D, Summary, Line 24, Col. 1)					
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)					
46. Affiliated mortgage loans on real estate					
47. All other affiliated					
48. Total of above Lines 42 to 47					
49. Total Investment in Parent included in Lines 42 to 47 above					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)					

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE THE CINCINNATI CASUALTY COMPANY  
**FIVE-YEAR HISTORICAL DATA**

(Continued)

	1 2020	2 2019	3 2018	4 2017	5 2016
<b>Capital and Surplus Accounts (Page 4)</b>					
51. Net unrealized capital gains (losses) (Line 24) .....	5,649,779	26,334,885	(9,515,650)	13,077,463	12,297,474
52. Dividends to stockholders (Line 35) .....					
53. Change in surplus as regards policyholders for the year (Line 38) .....	19,260,440	38,630,285	5,813,690	32,387,882	23,395,525
<b>Gross Losses Paid (Page 9, Part 2, Cols. 1 &amp; 2)</b>					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	97,710,642	103,112,526	116,121,759	100,623,127	88,410,815
55. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	18,787,321	13,688,104	12,005,879	11,937,595	11,879,542
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	90,984,844	66,882,877	60,050,789	65,474,483	59,026,756
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....					
58. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....					
59. Total (Line 35) .....	207,482,807	183,683,506	188,178,427	178,035,204	159,317,113
<b>Net Losses Paid (Page 9, Part 2, Col. 4)</b>					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....					
61. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....					
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....					
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....					
64. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....					
65. Total (Line 35) .....					
<b>Operating Percentages (Page 4) (Line divided by Page 4, Line 1) x 100.0</b>					
66. Premiums earned (Line 1) .....	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2) .....					
68. Loss expenses incurred (Line 3) .....					
69. Other underwriting expenses incurred (Line 4) .....					
70. Net underwriting gain (loss) (Line 8) .....					
<b>Other Percentages</b>					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0) .....					
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0) .....					
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0) .....					
<b>One Year Loss Development (\$000 omitted)</b>					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P - Part 2 - Summary, Line 12, Col. 11) .....					
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0) .....					
<b>Two Year Loss Development (\$000 omitted)</b>					
76. Development in estimated losses and loss expenses incurred two years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12) .....					
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0) .....					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? .....

Yes  No

If no, please explain: .....

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE THE CINCINNATI CASUALTY COMPANY  
**SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES**  
**SCHEDULE P - PART 1 - SUMMARY**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	6,311	6,311	279	279	421	421			XXX	
2. 2011	174,970	174,970		106,831	106,831	7,702	7,702	13,381	13,381			XXX	
3. 2012	261,587	261,587		140,355	140,355	11,253	11,253	16,158	16,158			XXX	
4. 2013	299,461	299,461		140,323	140,323	12,317	12,317	15,811	15,811			XXX	
5. 2014	307,591	307,591		165,884	165,884	15,989	15,989	17,438	17,438			XXX	
6. 2015	305,080	305,080		129,116	129,116	15,823	15,823	16,322	16,322			XXX	
7. 2016	329,327	329,327		168,786	168,786	15,592	15,592	18,595	18,595			XXX	
8. 2017	353,418	353,418		146,489	146,489	13,624	13,624	18,846	18,846			XXX	
9. 2018	359,390	359,390		164,088	164,088	10,683	10,683	18,428	18,428			XXX	
10. 2019	363,164	363,164		119,622	119,622	7,164	7,164	18,296	18,296			XXX	
11. 2020	400,208	400,208		84,847	84,847	3,404	3,404	12,638	12,638			XXX	
12. Totals	XXX	XXX	XXX	1,372,653	1,372,653	113,829	113,829	166,335	166,335			XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.	49,126	49,126	90,387	90,387			4,392	4,392						XXX		
2. 2011	2,335	2,335	7,436	7,436			387	387						XXX		
3. 2012	3,896	3,896	8,625	8,625			672	672	1	1				XXX		
4. 2013	9,974	9,974	5,615	5,615			1,264	1,264	.26	.26				XXX		
5. 2014	12,409	12,409	5,873	5,873			1,816	1,816	564	564				XXX		
6. 2015	9,180	9,180	12,194	12,194			2,683	2,683	1,557	1,557				XXX		
7. 2016	12,770	12,770	13,596	13,596			4,521	4,521	1,933	1,933				XXX		
8. 2017	27,992	27,992	22,697	22,697			8,069	8,069	2,200	2,200				XXX		
9. 2018	33,464	33,464	.27,098	.27,098			13,672	13,672	2,373	2,373				XXX		
10. 2019	60,689	60,689	39,161	39,161			20,615	20,615	3,734	3,734				XXX		
11. 2020	85,412	85,412	79,110	79,110			29,144	29,144	11,262	11,262				XXX		
12. Totals	307,247	307,247	311,792	311,792			87,235	87,235	23,650	23,650				XXX		

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2011	138,073	138,073		.78.9	78.9						
3. 2012	180,960	180,960		.69.2	69.2						
4. 2013	185,330	185,330		.61.9	61.9						
5. 2014	219,973	219,973		.71.5	71.5						
6. 2015	186,874	186,874		.61.3	61.3						
7. 2016	235,793	235,793		.71.6	71.6						
8. 2017	239,916	239,916		.67.9	67.9						
9. 2018	269,807	269,807		.75.1	75.1						
10. 2019	269,282	269,282		.74.1	74.1						
11. 2020	305,817	305,817		.76.4	76.4						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

Schedule P - Part 2 - Summary

**N O N E**

Schedule P - Part 3 - Summary

**N O N E**

Schedule P - Part 4 - Summary

**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE CINCINNATI CASUALTY COMPANY

## SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Active Status (a)	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		Dividends Paid or Credited to Policyholders on Direct Business	Direct Losses Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Finance and Service Charges Not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Included in Column 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama	AL	11,877,559	10,901,001		3,303,402	4,157,058	9,142,426	.770	
2. Alaska	AK	L							
3. Arizona	AZ	L	13,545,556	12,343,762		4,535,382	5,820,245	9,815,189	.187
4. Arkansas	AR	L	7,268,633	7,029,088		4,023,007	6,909,701	8,722,152	.623
5. California	CA	L	1,773,980	1,770,298		356,400	1,228,960	1,911,259	
6. Colorado	CO	L	2,523,039	2,572,080		8,506,304	4,232,269	3,857,562	.38
7. Connecticut	CT	L	2,327,840	1,934,348		760,521	1,388,782	2,171,121	.10
8. Delaware	DE	L	3,262,373	3,113,471		1,308,791	1,991,340	4,643,201	.395
9. District of Columbia	DC	L	503,280	367,187		134,474	(353,469)	707,223	
10. Florida	FL	L	1,941,304	1,804,553		863,625	1,551,571	3,909,457	.26
11. Georgia	GA	L	25,424,204	21,619,164		9,438,927	7,354,119	22,396,364	.1,163
12. Hawaii	HI	L	1,409	1,926				224	2,192
13. Idaho	ID	L	5,594,732	5,263,099		6,533,600	2,121,281	3,172,355	.279
14. Illinois	IL	L	38,877,448	32,661,364		17,470,388	18,618,750	97,817,241	.984
15. Indiana	IN	L	28,300,237	25,094,410		10,996,217	15,215,543	43,767,903	.1,004
16. Iowa	IA	L	5,192,662	5,401,671		5,037,963	9,460,300	18,000,511	.285
17. Kansas	KS	L	6,899,001	6,621,501		1,724,087	2,634,251	7,253,819	.1,246
18. Kentucky	KY	L	13,559,011	11,040,283		3,884,197	4,959,530	10,679,339	.792
19. Louisiana	LA	L	97,992	131,855		5,093	34,670	138,794	
20. Maine	ME	L	58,442	45,655		11,668	5,886	31,072	
21. Maryland	MD	L	5,027,425	4,672,738		3,514,303	2,828,536	14,240,806	.314
22. Massachusetts	MA	L	1,189,213	1,002,518		142,229	905,482	918,568	
23. Michigan	MI	L	18,672,949	18,845,828		12,532,944	8,374,711	33,880,803	.1,213
24. Minnesota	MN	L	9,637,305	9,173,290		3,727,586	7,627,570	15,011,962	.263
25. Mississippi	MS	L	248,108	238,920		38,262	171,509	410,306	
26. Missouri	MO	L	18,559,215	16,655,116		10,201,913	12,405,158	27,640,741	.1,061
27. Montana	MT	L	2,299,357	2,331,503		286,007	851,597	2,358,552	.151
28. Nebraska	NE	L	4,857,486	4,954,832		2,145,416	2,440,460	9,189,371	.118
29. Nevada	NV	L	589,676	321,273		185,405	236,570	130,572	
30. New Hampshire	NH	L	1,587,182	1,470,555		729,750	2,001,309	4,148,816	.116
31. New Jersey	NJ	L	2,274,550	1,680,355		1,093,127	2,222,481	2,734,342	.27
32. New Mexico	NM	L	2,755,548	2,894,046		980,136	5,910,036	7,613,241	.91
33. New York	NY	L	6,353,006	5,957,895		1,351,753	2,947,269	7,622,937	.156
34. North Carolina	NC	L	17,062,157	17,277,890		9,622,943	8,914,007	28,899,449	.1,172
35. North Dakota	ND	L	9,009	185,420		809,495	277,896	259,332	.5
36. Ohio	OH	L	62,653,091	51,286,331		21,183,453	23,013,661	34,625,800	.6,709
37. Oklahoma	OK	L	361,242	350,439		74,616	158,877	616,373	
38. Oregon	OR	L	12,612,587	12,107,083		6,433,181	8,303,461	11,344,044	.95
39. Pennsylvania	PA	L	30,253,254	30,169,190		14,502,396	18,353,779	54,034,827	2,528
40. Rhode Island	RI	L	922,867	607,261		207,455	183,981	123,935	
41. South Carolina	SC	L	4,259,654	3,550,079		1,775,320	4,493,101	9,608,663	.112
42. South Dakota	SD	L	931,002	1,077,691		640,808	1,230,972	3,302,724	.29
43. Tennessee	TN	L	16,365,970	11,964,567		11,773,289	14,050,533	18,477,041	.542
44. Texas	TX	L	10,495,182	10,734,460	101,519	3,631,744	4,536,264	12,241,661	.23
45. Utah	UT	L	5,414,944	5,696,309		2,604,552	3,098,703	6,181,169	.248
46. Vermont	VT	L	3,401,523	3,367,946		1,011,433	2,362,935	7,422,440	.150
47. Virginia	VA	L	13,759,292	13,661,881		10,398,394	9,719,106	27,303,819	.735
48. Washington	WA	L	5,883,313	4,186,810		627,969	1,833,318	2,438,069	.97
49. West Virginia	WV	L	2,197,289	2,131,301		1,184,641	1,194,634	2,693,791	.132
50. Wisconsin	WI	L	12,477,096	11,434,057		4,641,222	4,411,609	18,134,856	.539
51. Wyoming	WY	L	684,684	.504,019		243,252	.411,206	.361,242	.40
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	442,823,878	400,208,318	101,519	207,189,046	242,801,739	612,109,429	24,468

## (a) Active Status Counts:

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

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

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

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

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

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

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## (b) Explanation of basis of allocation of premiums by states, etc.

Premiums received on all classes are booked to the state in which the risk is located.

**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	
CIC BP Investments G, LLC	OH	35-2698966	
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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE THE CINCINNATI CASUALTY COMPANY  
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