



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

## QUARTERLY STATEMENT

AS OF MARCH 31, 2021  
OF THE CONDITION AND AFFAIRS OF THE

# THE CINCINNATI INDEMNITY COMPANY

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

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

Country of Domicile United States of America

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

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

Main Administrative Office **6200 SOUTH GILMORE ROAD**  
(Street and Number)

FAIRFIELD, OH, US 45014-5141 (Street and Number) 513-870-2000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

(Street and Number or P.O. Box) (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 or Town, State, Country and Zip Code)      (Area Code) (Telephone Number)

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

Statutory Statement Contact ANDREW SCHNELL 513-870-2000

(Name) **andrew\_schnell@cinfinc.com**, (Area Code) (Telephone Number) **513-603-5500**  
(E-mail Address) (FAX Number)

## OFFICERS

CHIEF EXECUTIVE  
OFFICER, PRESIDENT STEVEN JUSTUS JOHNSTON

CHIEF FINANCIAL  
OFFICER, SENIOR VICE  
PRESIDENT MICHAEL JAMES SEWELL

SENIOR VICE  
PRESIDENT,  
TREASURER THERESA ANN HOFFER

OTHER		
TERESA CURRIN CRACAS, SENIOR VICE PRESIDENT	ANGELA OSSELLO DELANEY, SENIOR VICE PRESIDENT	DONALD JOSEPH DOYLE JR, SENIOR VICE PRESIDENT
SEAN MICHAEL GIVLER, SENIOR VICE PRESIDENT	CHRISTOPHER THOMAS HOGAN, SENIOR VICE PRESIDENT	MARTIN FRANCIS HOLLOWBECK, SENIOR VICE PRESIDENT
JOHN SCOTT KELLINGTON, SENIOR VICE PRESIDENT	LISA ANNE LOVE, SENIOR VICE PRESIDENT, CORPORATE SECRETARY	MARC JON SCHAMBOW #, SENIOR VICE PRESIDENT
STEPHEN MICHAEL SPRAY, SENIOR VICE PRESIDENT	WILLIAM HAROLD VAN DEN HEUVEL, SENIOR VICE PRESIDENT	STEPHEN ANTHONY VENTRE, SENIOR VICE PRESIDENT

## **DIRECTORS OR TRUSTEES**

THOMAS JEFFREY AARON	WILLIAM 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  
5TH day of MAY 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

## STATEMENT AS OF MARCH 31, 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

## ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	82,983,411		82,983,411	79,383,834
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....	37,314,886		37,314,886	35,501,123
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances) .....				
4.2 Properties held for the production of income (less \$ encumbrances) .....				
4.3 Properties held for sale (less \$ encumbrances) .....				
5. Cash (\$ 2,142,738 ), cash equivalents (\$ ..... ) and short-term investments (\$ ..... ) .....	2,142,738		2,142,738	4,369,821
6. Contract loans (including \$ ..... premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	122,441,035		122,441,035	119,254,779
13. Title plants less \$ ..... charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	916,995		916,995	986,963
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....				124
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	19,759,058		19,759,058	18,309,328
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....	5,541,731		5,541,731	4,326,347
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 .....				
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 .....	9,147,933		9,147,933	7,382,997
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) .....	157,806,751		157,806,751	150,260,538
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Total (Lines 26 and 27) .....	157,806,751		157,806,751	150,260,538
<b>DETAILS OF WRITE-INS</b>				
1101. .....				
1102. .....				
1103. .....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) .....				
2501. Equities and Deposits in Pools and Associations .....				
2502. .....				
2503. .....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....				

STATEMENT AS OF MARCH 31, 2021 OF THE THE CINCINNATI INDEMNITY COMPANY  
**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ ..... )		
2. Reinsurance payable on paid losses and loss adjustment expenses	2,700	
3. Loss adjustment expenses		
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	3,868	5,307
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1 Current federal and foreign income taxes (including \$ ..... 1,019 on realized capital gains (losses))	122,414	7,009
7.2 Net deferred tax liability	4,279,235	3,886,981
8. Borrowed money \$ ..... and interest thereon \$ .....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ ..... 217,776,952 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)	34,219,641	29,679,087
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others	1,574,480	1,365,618
15. Remittances and items not allocated		
16. Provision for reinsurance (including \$ ..... certified)		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates	1,050	
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	450	50
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	40,203,837	34,944,052
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	40,203,837	34,944,052
29. Aggregate write-ins for special surplus funds		
30. Common capital stock	3,600,000	3,600,000
31. Preferred capital stock		
32. Aggregate write-ins for other than special surplus funds		
33. Surplus notes		
34. Gross paid in and contributed surplus	21,600,000	21,600,000
35. Unassigned funds (surplus)	92,402,914	90,116,486
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)	117,602,914	115,316,486
38. Totals (Page 2, Line 28, Col. 3)	157,806,751	150,260,538
<b>DETAILS OF WRITE-INS</b>		
2501. Accounts Payable Other	450	50
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	450	50
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page		
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)		
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page		
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)		

STATEMENT AS OF MARCH 31, 2021 OF THE THE CINCINNATI INDEMNITY COMPANY  
**STATEMENT OF INCOME**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$ 130,459,756 )	107,440,057	105,328,982	426,407,869
1.2 Assumed (written \$ 1 )	1	2	4
1.3 Ceded (written \$ 130,459,757 )	107,440,058	105,328,984	426,407,873
1.4 Net (written \$ )			
<b>DEDUCTIONS:</b>			
2. Losses incurred (current accident year \$ ):			
2.1 Direct	48,828,125	60,810,010	212,697,657
2.2 Assumed	(4,003)	2,289	(23,238)
2.3 Ceded	48,824,123	60,812,299	212,674,419
2.4 Net			
3. Loss adjustment expenses incurred			
4. Other underwriting expenses incurred			
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)			
7. Net income of protected cells			
8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)			
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	959,200	894,746	3,680,175
10. Net realized capital gains (losses) less capital gains tax of \$ 1,019	3,846	(536,612)	(540,335)
11. Net investment gain (loss) (Lines 9 + 10)	963,045	358,133	3,139,840
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$ )			
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income		496	646
15. Total other income (Lines 12 through 14)		496	646
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	963,045	358,629	3,140,486
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)	963,045	358,629	3,140,486
19. Federal and foreign income taxes incurred	126,252	117,065	490,260
20. Net income (Line 18 minus Line 19)(to Line 22)	836,794	241,565	2,650,226
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	115,316,486	111,088,787	111,088,787
22. Net income (from Line 20)	836,794	241,565	2,650,226
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ 386,796	1,455,091	(5,692,471)	1,469,369
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	(5,457)	111,141	108,104
27. Change in nonadmitted assets			
28. Change in provision for reinsurance			
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in			
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			
37. Aggregate write-ins for gains and losses in surplus			
38. Change in surplus as regards policyholders (Lines 22 through 37)	2,286,428	(5,339,766)	4,227,699
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	117,602,914	105,749,021	115,316,486
<b>DETAILS OF WRITE-INS</b>			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)			
1401. Miscellaneous Income		496	646
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)		496	646
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page			
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)			

**STATEMENT AS OF MARCH 31, 2021 OF THE THE CINCINNATI INDEMNITY COMPANY**  
**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	4,540,554	1,451,213	(801,188)
2. Net investment income .....	1,070,532	1,047,248	3,908,324
3. Miscellaneous income .....	496	646	
4. Total (Lines 1 to 3) .....	5,611,086	2,498,957	3,107,782
5. Benefit and loss related payments .....	2,662,291	6,852,915	3,497,895
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 \$ .....910 tax on capital gains (losses) .....	11,865	4,476	482,087
10. Total (Lines 5 through 9) .....	2,674,156	6,857,391	3,979,981
11. Net cash from operations (Line 4 minus Line 10) .....	2,936,930	(4,358,434)	(872,200)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	1,390,000	2,000,000	4,110,000
12.2 Stocks .....			492,925
12.3 Mortgage loans .....			
12.4 Real estate .....			
12.5 Other invested assets .....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....		(152,388)	
12.7 Miscellaneous proceeds .....			
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	1,390,000	1,847,612	4,602,925
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	4,999,390	1,815,188	4,944,553
13.2 Stocks .....		500,443	984,284
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....			
13.6 Miscellaneous applications .....			
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	4,999,390	2,315,631	5,928,836
14. Net increase (or decrease) in contract loans and premium notes .....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(3,609,390)	(468,019)	(1,325,912)
<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) .....	(1,554,624)	5,618,882	4,274,427
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	(1,554,624)	5,618,882	4,274,427
<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) .....	(2,227,084)	792,430	2,076,316
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	4,369,821	2,293,506	2,293,506
19.2 End of period (Line 18 plus Line 19.1) .....	2,142,738	3,085,935	4,369,821

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

--	--	--	--

STATEMENT AS OF MARCH 31, 2021 OF THE THE CINCINNATI INDEMNITY COMPANY  
**NOTES TO FINANCIAL STATEMENTS**

---

## NOTES TO FINANCIAL STATEMENTS

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

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

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

The Company has no prescribed or permitted practices that would result in differences between the NAIC SAP and the state of Ohio basis, as shown below as of March 31, 2021 and December 31, 2020:

	SSAP #	F/S Page	F/S Line #	2021	2020
<b>NET INCOME</b>					
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 836,794	\$ 2,650,226
(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	\$ 836,794	\$ 2,650,226
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 117,602,914	\$ 115,316,486
(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	\$ 117,602,914	\$ 115,316,486

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

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

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

1.

March 31, 2021			
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 0	\$ 0	\$ 0
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	0	0
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	0	0
(f) Deferred Tax Liabilities	\$ 11,692	\$ 4,267,543	\$ 4,279,235
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	(\$ 11,692)	(\$ 4,267,543)	(\$ 4,279,235)

December 31, 2020			
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 0	\$ 0	\$ 0
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	0	0
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	0	0
(f) Deferred Tax Liabilities	\$ 11,378	\$ 3,875,604	\$ 3,886,982
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	(\$ 11,378)	(\$ 3,875,604)	(\$ 3,886,982)

Change			
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 0	\$ 0	\$ 0
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	0	0
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	0	0
(f) Deferred Tax Liabilities	\$ 314	\$ 391,939	\$ 392,253
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	(\$ 314)	(\$ 391,939)	(\$ 392,253)

STATEMENT AS OF MARCH 31, 2021 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

2.

Admission Calculation Components SSAP No. 101	March 31, 2021		
	Ordinary	Capital	Total
	\$	0	\$ 0
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks			
(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			
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold			
(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			
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c)	\$ 0	\$ 0	\$ 0

Admission Calculation Components SSAP No. 101	December 31, 2020		
	Ordinary	Capital	Total
	\$	0	\$ 0
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks			
(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			
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold			
(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			
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c)	\$ 0	\$ 0	\$ 0

Admission Calculation Components SSAP No. 101	Change		
	Ordinary	Capital	Total
	\$	0	\$ 0
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks			
(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			
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold			
(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			
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c)	\$ 0	\$ 0	\$ 0

3.

	2021 Percentage	2020 Percentage
	2306%	2306%
(a)Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	\$ 115,316,486	\$ 115,316,486
(b)Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above		

4.

Impact of Tax Planning Strategies	March 31, 2021		
	Ordinary	Capital	Total
	\$	0	\$ 0
(a)Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.			
1. Adjusted Gross DTAs amount from Note 9A1(c)			
2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies			
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)			
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies			
(b)The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.	0.00%	0.00%	0.00%

STATEMENT AS OF MARCH 31, 2021 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

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

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

B. Unrecognized DTLs – Not applicable

C. Current Tax and Change in Deferred Tax

1. Current income tax:

	March 31, 2021	December 31, 2020	Change
(a)Federal	\$ 121,386	\$ 472,200	\$ (350,814)
(b)Foreign	4,865	18,060	(13,195)
(c)Subtotal	126,251	490,260	(364,009)
(d)Federal income tax on capital gains/(losses)	1,019	(991)	2,010
(e)Utilization of capital loss carryforwards	0	0	0
(f)Other	0	0	0
(g)Federal income taxes incurred	\$ 127,270	\$ 489,269	\$ (361,999)

2. Deferred tax assets:

	March 31, 2021	December 31, 2020	Change
(a)Ordinary			
1. Unearned premium reserve	\$ 0	\$ 0	\$ 0
2. Unpaid loss reserve	0	0	0
3. Contingent commission	0	0	0
4. Nonadmitted assets	0	0	0
5. Other deferred tax assets	0	0	0
99.Subtotal	\$ 0	\$ 0	\$ 0
(b)Statutory valuation allowance adjustment	0	0	0
(c)Nonadmitted	0	0	0
(d)Admitted ordinary deferred tax assets (2(a)99-2(b)-2(c))	\$ 0	\$ 0	\$ 0
(e)Capital			
1. Investments	\$ 0	\$ 0	\$ 0
1. Unrealized (gain)/loss on investments	0	0	0
99.Subtotal	\$ 0	\$ 0	\$ 0
(f)Statutory valuation allowance adjustment	0	0	0
(g)Nonadmitted	0	0	0
(h)Admitted capital deferred tax assets (2(e)99- 2(f)-2(g))	\$ 0	\$ 0	\$ 0
(i) Admitted deferred tax assets (2(d)+2(h))	\$ 0	\$ 0	\$ 0

3. Deferred tax liabilities:

	March 31, 2021	December 31, 2020	Change
(a)Ordinary			
1. Commission expense	\$ 0	\$ 0	\$ 0
2. Other, net	11,692	11,378	314
99.Subtotal	\$ 11,692	\$ 11,378	\$ 314
(b)Capital			
2. Investment	\$ 31,021	\$ 25,878	\$ 5,143
3. Unrealized (gain)/loss on investments	4,236,522	3,849,726	386,796
99.Subtotal	\$ 4,267,543	\$ 3,875,604	\$ 391,939
(c)Deferred tax liabilities (3(a)99+3(b)99)	\$ 4,279,235	\$ 3,886,982	\$ 392,253
4. Net deferred tax assets/(liabilities) (2(i)-3(c)):	\$ (4,279,235)	\$ (3,886,982)	\$ (392,253)

STATEMENT AS OF MARCH 31, 2021 OF THE CINCINNATI INDEMNITY COMPANY

**NOTES TO FINANCIAL STATEMENTS**

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

	March 31, 2021	December 31, 2020	Change
Total deferred tax assets	\$ 0	\$ 0	\$ 0
Total deferred tax liabilities	4,279,235	3,886,982	392,253
Net deferred tax asset/(liability)	\$ (4,279,235)	\$ 3,886,982	\$ (392,253)
Tax effect of unrealized (gains)/losses			386,796
Change in net deferred income tax (charge)/benefit			\$ (5,457)
	December 31, 2020	December 31, 2019	Change
Total deferred tax assets	\$ 0	\$ 0	\$ 0
Total deferred tax liabilities	3,886,982	3,604,494	282,488
Net deferred tax asset/(liability)	\$ 3,886,982	\$ (3,604,494)	\$ (282,488)
Tax effect of unrealized (gains)/losses			390,592
Change in net deferred income tax (charge)/benefit			\$ 108,104

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

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

Description	As of March 31, 2021		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 964,067	\$ 202,454	21.00 %
Net tax exempt interest	(267,120)	(56,095)	(5.82)%
Net dividends received deduction (DRD)	(64,014)	(13,443)	(1.39)%
Other items permanent, net	0	0	0.00 %
DRD on accrued	(900)	(189)	(0.02)%
Total	\$ 632,033	\$ 132,727	13.77 %
Federal income tax expense incurred/(benefit)	\$ 601,195	\$ 126,251	13.10 %
Tax on capital gains/(losses)	4,852	1,019	0.11 %
Change in nonadmitted excluding deferred tax asset	0	0	0.00 %
Change in net deferred income tax charge/(benefit)	25,986	5,457	0.56 %
Total statutory income taxes incurred/(benefit)	\$ 632,033	\$ 132,727	13.77 %

Description	As of December 31, 2020		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 3,139,495	\$ 659,294	21.00 %
Net tax exempt interest	(1,083,929)	(227,625)	(7.25)%
Net dividends received deduction (DRD)	(238,000)	(49,980)	(1.59)%
Other items permanent, net	29	6	0.00 %
DRD on accrued	(2,524)	(530)	(0.02)%
Total	\$ 1,815,071	\$ 381,165	12.14 %
Federal income tax expense incurred/(benefit)	\$ 2,334,571	\$ 490,260	15.62 %
Tax on capital gains/(losses)	(4,719)	(991)	(0.03)%
Change in nonadmitted excluding deferred tax asset	0	0	0.00 %
Change in net deferred income tax charge/(benefit)	(514,781)	(108,104)	(3.45)%
Total statutory income taxes incurred/(benefit)	\$ 1,815,071	\$ 381,165	12.14 %

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

At March 31, 2021 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
2021	\$ 121,386	\$ 1,019	\$ 122,405
2020	472,199	0	472,199
2019	0	2,513	2,513
Total	\$ 593,585	\$ 3,532	\$ 597,117

At March 31, 2021 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 Casualty Company  
 The Cincinnati Specialty Underwriters Insurance Company  
 CFC Investment Company  
 CSU Producer Resources, Inc.

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

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

The Company did not have tax contingencies under the principles of SSAP No. 5, *Liabilities, Contingencies and Impairment of Assets*. This is subject to change but it is not expected to significantly increase in the 12 month period following the balance sheet date. The Company is primarily subject to examination by U.S. federal and various U.S. state and local tax authorities. The statute of limitations for federal tax purposes have closed for tax years 2016 and earlier. In 2019, the IRS began its examination of the tax year ended December 31, 2017. During 2020, the examination was expanded to include tax year ended December 31, 2018. At this time, no adjustments have been proposed. The statute of limitations for state income tax purposes have closed for tax years 2016 and earlier.

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

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

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

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

At March 31, 2021, the Company reported \$9,147,933 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 – No significant change
- F. Guarantees or Contingencies for Related Parties – Not applicable
- G. Nature of Relationships that Could Affect Operations – No significant change
- H. Amount Deducted from Value of an Investment in Upstream Entity – Not applicable
- I. Investment in an SCA that exceeds 10% of Admitted Assets – Not applicable
- J. Impairment Writedowns related to Investments in SCA entities – Not applicable
- K. Investment in Foreign Insurance Subsidiaries – Not applicable
- L. Investment in Downstream Noninsurance Holding Company – Not applicable
- M. All SCA Investments (Except 8bi Entities) – Not applicable
- N. Investment in Insurance SCA Entities Utilizing Permitted or Prescribed Practices – Not applicable
- O. SCA 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 – No significant change****13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

- A. Shares authorized, issued and outstanding – No significant change
- B. Preferred stock issues – Not applicable
- C. Dividend restrictions – No significant change
- D. Dividends paid – Not applicable
- E. Portion of profits that may be paid as ordinary dividends – No significant change
- F. Surplus restrictions – Not applicable
- G. Mutual Surplus Advances – Not applicable
- H. Company Stock Held for Special Purposes – Not applicable
- I. Changes in Special Surplus Funds – Not applicable

**NOTES TO FINANCIAL STATEMENTS**

- J. The portion of unassigned funds (surplus) represented or (reduced) by cumulative unrealized gains/(losses) are \$20,173,914 offset by deferred tax of \$4,236,522 for a net balance of \$15,937,392.
- K. Surplus Notes – Not applicable
- L. Restatement of Quasi-Reorganization – Not applicable
- M. Date of Quasi-Reorganization – Not applicable

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

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

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

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

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

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

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

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

## NOTES TO FINANCIAL STATEMENTS

- Level 3—Financial assets and liabilities for which values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. Level 3 inputs include the following:
  - Quotes from brokers or other external sources that are not considered binding;
  - Quotes from brokers or other external sources where it cannot be determined that market participants would in fact transact for the asset or liability at the quoted price; or
  - Quotes from brokers or other external sources where the inputs are not deemed observable.

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

The following table presents the Company's assets measured and reported at fair value by level within the fair value hierarchy as of March 31, 2021:

## Assets at Fair Value:

	Level 1	Level 2	Level 3	Net Asset Value (NAV) Included in Level 2	Total
Bonds	\$ 0	\$ 1,874,433	\$ 0	\$ 0	\$ 1,874,433
Common Stock	37,314,886	0	0	0	37,314,886
Total	\$ 37,314,886	\$ 1,874,433	\$ 0	\$ 0	\$ 39,189,319

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	\$ 88,815,810	\$ 82,983,411	\$ 994,054	\$ 87,821,756	\$ 0	\$ 0	\$ 0
Common Stock	37,314,886	37,314,886	37,314,886	0	0	0	0

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

## 21. Other Items – No significant change

## 22. Subsequent Events

The Company has considered subsequent events through May 14, 2021, the date of issuance of these statutory financial statements. Beginning in mid-March 2020, the coronavirus (SARS-CoV-2 or COVID-19) pandemic outbreak, and unprecedented actions taken to contain the virus, caused an economic downturn on a global scale as well as market disruption and volatility. 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 financial position, cash flows or results of operations, however the impact could be material.

## 23. Reinsurance – No significant change

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

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

## 26. Intercompany Pooling Arrangements – Not applicable

## 27. Structured Settlements – Not applicable

## 28. Health Care Receivables – Not applicable

## 29. Participating Policies – Not applicable

## 30. Premium Deficiency Reserves – No significant change

## 31. High Deductibles – Not applicable

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

## 33. Asbestos and Environmental Reserves – No significant change

**NOTES TO FINANCIAL STATEMENTS**

- 34. Subscriber Savings Accounts** – Not applicable
- 35. Multiple Peril Crop Insurance** – Not applicable
- 36. Financial Guaranty Insurance** – Not applicable
- 37. Other** – No significant change

STATEMENT AS OF MARCH 31, 2021 OF THE THE CINCINNATI INDEMNITY COMPANY  
**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

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

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

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

2.2 If yes, date of change: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ..... 12/31/2019

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

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

6.4 By what department or departments?  
Ohio

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

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

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

7.2 If yes, give full information:

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

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

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

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

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

**STATEMENT AS OF MARCH 31, 2021 OF THE THE CINCINNATI INDEMNITY COMPANY**  
**GENERAL INTERROGATORIES**

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

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

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

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

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

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

**FINANCIAL**

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ 9,147,933

**INVESTMENT**

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

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

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

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

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

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [  ] No [  ]

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

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ..... \$

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ..... \$

16.3 Total payable for securities lending reported on the liability page. ..... \$

**STATEMENT AS OF MARCH 31, 2021 OF THE THE CINCINNATI INDEMNITY COMPANY**  
**GENERAL INTERROGATORIES**

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

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

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

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

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

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

17.4 If yes, give full information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation
.....	.....

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

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

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

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

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

18.2 If no, list exceptions:

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

- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? ..... Yes [  ] No [  ]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

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

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

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

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

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

STATEMENT AS OF MARCH 31, 2021 OF THE THE CINCINNATI INDEMNITY COMPANY  
**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

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

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

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

3.2 If yes, give full and complete information thereto.

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

4.2 If yes, complete the following schedule:

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

5. Operating Percentages:

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

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

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

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

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

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

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

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

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

STATEMENT AS OF MARCH 31, 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

## **SCHEDULE F - CEDED REINSURANCE**

Showing All New Reinsurers - Current Year to Date

**NONE**

STATEMENT AS OF MARCH 31, 2021 OF THE THE CINCINNATI INDEMNITY COMPANY  
**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama .....	AL	2,182,087	2,239,990	561,862	490,241	6,944,215	6,047,509
2. Alaska .....	AK	L	4,059,204	4,227,166	877,996	644,922	13,814,169
3. Arizona .....	AZ	L	1,595,792	1,316,212	434,386	366,456	6,337,170
4. Arkansas .....	AR	L	159,275	128,366	5,305	17,181	526,796
5. California .....	CA	L	5,933,200	5,070,293	4,033,312	1,319,553	13,144,869
6. Colorado .....	CO	L	478,614	333,807	1,589,018	204,624	547,968
7. Connecticut .....	CT	L	491,363	330,985	214,638	155,584	1,838,350
8. Delaware .....	DE	L	79,037	22,016	6,304	383,514	1,386,269
9. District of Columbia .....	DC	L	10,236,909	9,062,491	2,513,795	1,776,083	400,892
10. Florida .....	FL	L	5,400,318	4,679,042	772,024	1,280,626	15,518,895
11. Georgia .....	GA	L	9,106	417			3,678
12. Hawaii .....	HI	L	1,008,902	1,104,006	738,698	642,283	5,922,903
13. Idaho .....	ID	L	10,927,479	10,501,115	2,807,442	3,516,075	7,351,925
14. Illinois .....	IL	L	5,502,939	5,955,819	1,391,760	1,257,916	20,972,792
15. Indiana .....	IN	L	2,473,807	2,457,262	1,356,140	1,094,284	17,870,814
16. Iowa .....	IA	L	1,592,351	1,765,830	648,508	879,136	8,489,206
17. Kansas .....	KS	L	2,636,614	2,313,185	634,284	419,047	9,873,561
18. Kentucky .....	KY	L	69,534	115,359	17,382	63,819	468,559
19. Louisiana .....	LA	L	346,286	295,928	6,662		160,172
20. Maine .....	ME	L	1,929,243	2,059,891	469,782	703,228	10,660,886
21. Maryland .....	MD	L	470,212	273,542	23,809	130,149	231,315
22. Massachusetts .....	MA	L	4,628,799	4,785,393	1,608,928	947,352	21,046,376
23. Michigan .....	MI	L	3,430,882	3,733,224	435,949	976,437	10,667,289
24. Minnesota .....	MN	L	(15,980)	24,319	3,351	2,672	169,270
25. Mississippi .....	MS	L	3,650,516	3,515,120	776,601	1,648,227	19,558,450
26. Missouri .....	MO	L	1,035,550	1,126,154	93,790	146,801	15,609,482
27. Montana .....	MT	L	1,216,278	1,015,231	548,851	792,105	2,726,816
28. Nebraska .....	NE	L	47,880	40,006	729	(1,443)	8,284,366
29. Nevada .....	NV	L	1,157,674	957,726	150,665	78,019	139,306
30. New Hampshire .....	NH	L	329,313	153,098	77,927	17,150	2,225,682
31. New Jersey .....	NJ	L	2,392,021	2,353,389	842,089	1,306,863	8,380,605
32. New Mexico .....	NM	L	2,303,035	1,993,627	495,433	318,462	8,711,384
33. New York .....	NY	L	4,542,612	4,512,215	725,736	1,109,894	16,160,026
34. North Carolina .....	NC	L	241,644	225,093	41,512	74,508	577,083
35. North Dakota .....	ND	L	9,038,255	8,886,049	2,021,003	3,853,296	21,489,412
36. Ohio .....	OH	L	11,948	38,577	310		113,768
37. Oklahoma .....	OK	L	1,287,505	1,285,682	113,285	53,638	2,405,834
38. Oregon .....	OR	L	11,784,182	10,928,269	3,222,847	2,765,489	47,982,782
39. Pennsylvania .....	PA	L	144,964	120,334	17,569	796	84,295
40. Rhode Island .....	RI	L	1,324,438	1,262,928	999,800	659,912	5,727,252
41. South Carolina .....	SC	L	548,736	673,317	(16,424)	322,050	2,644,802
42. South Dakota .....	SD	L	4,843,179	5,222,102	1,585,089	1,204,560	21,038,068
43. Tennessee .....	TN	L	5,548,834	5,986,213	1,639,579	1,717,707	22,768,271
44. Texas .....	TX	L	1,610,591	1,376,743	774,120	691,168	5,992,341
45. Vermont .....	VT	L	1,359,593	1,057,516	373,820	360,751	3,139,162
46. Virginia .....	VA	L	4,505,404	4,668,461	1,764,807	3,190,537	18,821,667
47. Washington .....	WA	L	1,881,039	1,852,467	458,154	649,393	4,873,075
48. West Virginia .....	WV	L	934,453	1,037,768	291,768	78,496	2,358,588
49. Wisconsin .....	WI	L	2,754,467	2,793,360	1,587,744	1,093,819	12,258,457
50. Wyoming .....	WY	L	339,673	367,271	48,288	18,215	230,142
51. American Samoa .....	AS	N					
52. Guam .....	GU	N					
53. Puerto Rico .....	PR	N					
54. U.S. Virgin Islands .....	VI	N					
55. Northern Mariana Islands .....	MP	N					
56. Canada .....	CAN	N					
57. Aggregate Other Alien OT	XXX						
58. Totals	XXX	130,459,756	126,244,371	39,786,428	39,421,593	485,846,941	447,653,584
DETAILS OF WRITE-INS							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX						
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX						

(a) Active Status Counts:

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

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.....

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

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

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

6

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

	Domiciliary Location	FEIN	NAIC Co. Code
Cincinnati Financial Group (Parent)	OH	31-0746871	
CFC Investment Company	OH	31-0790388	
The Cincinnati Insurance Company (Insurer)	OH	31-0542366	10677
The Cincinnati Casualty Company (Insurer)	OH	31-0826946	28665
The Cincinnati Indemnity Company (Insurer)	OH	31-1241230	23280
The Cincinnati Life Insurance Company (Insurer)	OH	31-1213778	76236
CLIC District Investments I, LLC	OH	82-5173506	
CLIC BP Investments B, LLC	OH	81-1908205	
CLIC BP Investments H, LLC	OH	81-4633687	
CLIC WSD Investments I, LLC	OH	82-1587731	
CLIC Uptown Investments I, LLC	OH	82-3254447	
CLIC DS Investments I, LLC	OH	81-3640769	
The Cincinnati Specialty Underwriters Insurance Company (Insurer)	DE	65-1316588	13037
CIC Uptown Investments I, LLC	OH	83-1627569	
CIC Danamont Investments I, LLC	OH	61-1936938	
CIC Icon Investments I, LLC	OH	32-0613415	
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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percent-age	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0244	CINCINNATI INS GRP	00000	31-0746871		0000020286	NASDAQ	CINCINNATI FINANCIAL CORPORATION	.OH.	.UIP.	CINCINNATI FINANCIAL CORPORATION	Board of Directors	0.000		N	
.0244	CINCINNATI INS GRP	00000	31-0709388				CFC INVESTMENT COMPANY	.OH.	.NIA.	CINCINNATI FINANCIAL CORPORATION	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	10677	31-0542366		0001279885		THE CINCINNATI INSURANCE COMPANY	.OH.	.UDP.	CINCINNATI FINANCIAL CORPORATION	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	28665	31-0826946		0001279888		THE CINCINNATI CASUALTY COMPANY	.OH.	.RE.	THE CINCINNATI INSURANCE COMPANY	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	23280	31-1241230		0001279886		THE CINCINNATI INDENTITY COMPANY	.OH.	.IA.	THE CINCINNATI INSURANCE COMPANY	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	76236	31-1213778		0001279887		THE CINCINNATI LIFE INSURANCE COMPANY	.OH.	.IA.	THE CINCINNATI INSURANCE COMPANY	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	00000	82-5173506				CLIC DISTRICT INVESTMENTS I, LLC	.OH.	.NIA.	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	00000	81-1908205				CLIC BP INVESTMENTS B, LLC	.OH.	.NIA.	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	00000	81-4633687				CLIC BP INVESTMENTS H, LLC	.OH.	.NIA.	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	
							CLIC WSD								
.0244	CINCINNATI INS GRP	00000	82-1587731				INVESTMENTS I, LLC	.OH.	.NIA.	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	00000	82-3254447				CIC UPTOWN INVESTMENTS I, LLC	.OH.	.NIA.	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	00000	81-3640769				CIC DS INVESTMENTS I, LLC	.OH.	.NIA.	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	
							THE CINCINNATI SPECIALTY UNDERWRITERS								
.0244	CINCINNATI INS GRP	13037	65-1316588		0001426763		INSURANCE COMPANY	.OH.	.IA.	THE CINCINNATI INSURANCE COMPANY	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	00000	83-1627569				CIC UPTOWN INVESTMENTS I, LLC	.OH.	.NIA.	THE CINCINNATI INSURANCE COMPANY	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	00000	61-1936938				CIC DANAMONT INVESTMENTS I, LLC	.OH.	.NIA.	THE CINCINNATI INSURANCE COMPANY	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	00000	32-0613415				CIC ICON INVESTMENTS I, LLC	.OH.	.NIA.	THE CINCINNATI INSURANCE COMPANY	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	00000	35-2698966				CIC BP INVESTMENTS G, LLC	.OH.	.NIA.	THE CINCINNATI INSURANCE COMPANY	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	00000	11-3823180		0001534469		CSU PRODUCED RESOURCES, INC	.OH.	.NIA.	THE CINCINNATI INSURANCE COMPANY	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	00000	98-1489371				CINCINNATI GLOBAL UNDERWRITING LIMITED	GBR.	.NIA.	THE CINCINNATI INSURANCE COMPANY	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	00000					CINCINNATI GLOBAL DEDICATED NO 1 LIMITED	GBR.	.IA.	THE CINCINNATI INSURANCE COMPANY	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	00000					CINCINNATI GLOBAL DEDICATED NO 2 LIMITED	GBR.	.IA.	THE CINCINNATI INSURANCE COMPANY	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	00000					CINCINNATI GLOBAL DEDICATED NO 3 LIMITED	GBR.	.IA.	THE CINCINNATI INSURANCE COMPANY	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	00000					CINCINNATI GLOBAL DEDICATED NO 4 LIMITED	GBR.	.IA.	THE CINCINNATI INSURANCE COMPANY	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	00000					CINCINNATI GLOBAL DEDICATED NO 5 LIMITED	GBR.	.IA.	THE CINCINNATI INSURANCE COMPANY	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	00000					CINCINNATI GLOBAL DEDICATED NO 6 LIMITED	GBR.	.IA.	THE CINCINNATI INSURANCE COMPANY	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	00000					CINCINNATI GLOBAL UNDERWRITING AGENCY LIMITED	GBR.	.NIA.	THE CINCINNATI INSURANCE COMPANY	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	
.0244	CINCINNATI INS GRP	00000					CINCINNATI GLOBAL UNDERWRITING SERVICES LIMITED	GBR.	.NIA.	THE CINCINNATI INSURANCE COMPANY	Ownership	100.00	CINCINNATI FINANCIAL CORPORATION	N	

NONE

Asterisk	

STATEMENT AS OF MARCH 31, 2021 OF THE THE CINCINNATI INDEMNITY COMPANY  
**PART 1 - LOSS EXPERIENCE**

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire .....	3,867,110	1,737,921	44.9	67.4
2. Allied Lines .....	4,796,933	7,743,375	161.4	30.2
3. Farmowners multiple peril .....				
4. Homeowners multiple peril .....				
5. Commercial multiple peril .....	22,441,283	12,311,558	54.9	78.6
6. Mortgage guaranty .....				
8. Ocean marine .....				
9. Inland marine .....	1,967,382	279,757	14.2	16.8
10. Financial guaranty .....				
11.1 Medical professional liability - occurrence .....	541,539	178,937	33.0	114.9
11.2 Medical professional liability - claims-made .....	189,184	(320)	(0.2)	226.6
12. Earthquake .....	54,734			
13. Group accident and health .....				
14. Credit accident and health .....				
15. Other accident and health .....				
16. Workers' compensation .....	28,073,776	7,655,643	27.3	55.4
17.1 Other liability - occurrence .....	16,695,624	5,730,338	34.3	39.2
17.2 Other liability - claims-made .....	385,773	50,000	13.0	11.4
17.3 Excess workers' compensation .....				
18.1 Products liability - occurrence .....	1,671,181	323,645	19.4	39.0
18.2 Products liability - claims-made .....				
19.1,19.2 Private passenger auto liability .....	6,194			2,688.7
19.3,19.4 Commercial auto liability .....	18,224,771	8,755,002	48.0	68.8
21. Auto physical damage .....	7,773,532	4,058,386	52.2	41.1
22. Aircraft (all perils) .....				
23. Fidelity .....				
24. Surety .....				
26. Burglary and theft .....	305,629	(1,117)	(0.4)	5.4
27. Boiler and machinery .....	445,413	5,000	.1.1	37.6
28. Credit .....				
29. International .....				
30. Warranty .....				
31. Reinsurance - Nonproportional Assumed Property .....	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability .....	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business .....				
35. Totals .....	107,440,057	48,828,125	45.4	57.7
<b>DETAILS OF WRITE-INS</b>				
3401. ....				
3402. ....				
3403. ....				
3498. Summary of remaining write-ins for Line 34 from overflow page .....				
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above) .....				

**PART 2 - DIRECT PREMIUMS WRITTEN**

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date	
1. Fire .....	4,124,540	4,124,540	4,110,602	
2. Allied Lines .....	5,160,643	5,160,643	4,965,415	
3. Farmowners multiple peril .....				
4. Homeowners multiple peril .....				
5. Commercial multiple peril .....	27,207,519	27,207,519	27,860,225	
6. Mortgage guaranty .....				
8. Ocean marine .....	2,173,799	2,173,799	2,120,003	
9. Inland marine .....				
10. Financial guaranty .....				
11.1 Medical professional liability - occurrence .....	821,271	821,271	.698,140	
11.2 Medical professional liability - claims-made .....	154,892	154,892	.12,135	
12. Earthquake .....	43,383	43,383	.36,879	
13. Group accident and health .....				
14. Credit accident and health .....				
15. Other accident and health .....				
16. Workers' compensation .....	37,087,519	37,087,519	.35,843,468	
17.1 Other liability - occurrence .....	19,829,702	19,829,702	.18,573,082	
17.2 Other liability - claims-made .....	538,721	538,721	.368,497	
17.3 Excess workers' compensation .....				
18.1 Products liability - occurrence .....	1,871,439	1,871,439	.1,782,125	
18.2 Products liability - claims-made .....				
19.1,19.2 Private passenger auto liability .....	7,760	7,760	.7,449	
19.3,19.4 Commercial auto liability .....	21,573,848	21,573,848	.20,245,941	
21. Auto physical damage .....	9,051,746	9,051,746	.8,832,301	
22. Aircraft (all perils) .....				
23. Fidelity .....				
24. Surety .....				
26. Burglary and theft .....	357,418	357,418	.338,289	
27. Boiler and machinery .....	455,557	455,557	.449,819	
28. Credit .....				
29. International .....				
30. Warranty .....				
31. Reinsurance - Nonproportional Assumed Property .....	XXX	XXX	XXX	
32. Reinsurance - Nonproportional Assumed Liability .....	XXX	XXX	XXX	
33. Reinsurance - Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX	
34. Aggregate write-ins for other lines of business .....				
35. Totals .....	130,459,756	130,459,756	126,244,371	
<b>DETAILS OF WRITE-INS</b>				
3401. ....				
3402. ....				
3403. ....				
3498. Summary of remaining write-ins for Line 34 from overflow page .....				
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above) .....				

## STATEMENT AS OF MARCH 31, 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**PART 3 (000 omitted)**

## LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

Years in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	4 2021 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2021 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2021 Loss and LAE Payments (Cols. 4+5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	9 Q.S. Date IBNR Loss and LAE Reserves	10 Total Q.S. Loss and LAE Reserves (Cols. 7+8+9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4+7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2018 + Prior .....													
2. 2019 .....													
3. Subtotals 2019 + Prior .....													
4. 2020 .....													
5. Subtotals 2020 + Prior .....													
6. 2021 .....	XXX	XXX	XXX	XXX		XXX					XXX	XXX	XXX
7. Totals .....													
8. Prior Year-End Surplus As Regards Policyholders											Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1.	2.	3.
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4.

**NONE**

STATEMENT AS OF MARCH 31, 2021 OF THE THE CINCINNATI INDEMNITY COMPANY  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

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

Explanations:

- 1.
- 3.

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]



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



STATEMENT AS OF MARCH 31, 2021 OF THE THE CINCINNATI INDEMNITY COMPANY  
**OVERFLOW PAGE FOR WRITE-INS**

**SCHEDULE A - VERIFICATION**

Real Estate

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

**NONE****SCHEDULE B - VERIFICATION**

Mortgage Loans

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

**NONE****SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

**NONE****SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	114,884,958	112,476,069
2. Cost of bonds and stocks acquired .....	4,999,390	5,928,836
3. Accrual of discount .....	26,675	26,724
4. Unrealized valuation increase (decrease) .....	1,841,888	1,859,961
5. Total gain (loss) on disposals .....	4,865	(6,489)
6. Deduct consideration for bonds and stocks disposed of .....	1,390,000	4,602,925
7. Deduct amortization of premium .....	69,478	260,604
8. Total foreign exchange change in book/adjusted carrying value .....		536,615
9. Deduct current year's other than temporary impairment recognized .....		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7+8-9+10) .....	120,298,297	114,884,958
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....	120,298,297	114,884,958

## STATEMENT AS OF MARCH 31, 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE D - PART 1B**

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	51,729,859	2,000,000	1,385,135	(1,667,943)	50,676,780			51,729,859
2. NAIC 2 (a) .....	21,394,433	2,999,390		1,604,310	25,998,134			21,394,433
3. NAIC 3 (a) .....	6,259,542			48,955	6,308,497			6,259,542
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds .....	79,383,834	4,999,390	1,385,135	(14,678)	82,983,411			79,383,834
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....								
9. NAIC 2 .....								
10. NAIC 3 .....								
11. NAIC 4 .....								
12. NAIC 5 .....								
13. NAIC 6 .....								
14. Total Preferred Stock .....								
15. Total Bonds and Preferred Stock .....	79,383,834	4,999,390	1,385,135	(14,678)	82,983,411			79,383,834

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

NAIC 1 \$ ..... ; NAIC 2 \$ ..... ; NAIC 3 \$ ..... NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

SI02

**SCHEDULE DA - PART 1**

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Purchase xx	3 Actual Cost	4 Interest Collected Year-to-Date	5 Paid for Accrued Interest Year-to-Date
9199999 Totals					

**NONE****SCHEDULE DA - VERIFICATION**

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of short-term investments acquired .....		1,107,563
3. Accrual of discount .....		15,659
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....	1,778	
6. Deduct consideration received on disposals .....		1,125,000
7. Deduct amortization of premium .....		
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....		
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....		

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

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

**SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	1,719	
2. Cost of cash equivalents acquired .....		1,719
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration received on disposals .....	1,719	
7. Deduct amortization of premium .....		
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....		1,719
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11)		1,719

Schedule A - Part 2 - Real Estate Acquired and Additions Made  
**N O N E**

Schedule A - Part 3 - Real Estate Disposed  
**N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made  
**N O N E**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid  
**N O N E**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made  
**N O N E**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid  
**N O N E**

## STATEMENT AS OF MARCH 31, 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE D - PART 3**

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7	8	9	10 NAIC Designation, NAIC Designation Modifier and SVO Adminis- trative Symbol
01861E-AA-3	ALLIANCE FUNDING GROUP, INC.		03/18/2021	DTC WITHDRAW, DRS ETC	1,000,000			1,000,000	2.B Z
144523-AC-1	CARRINGTON HOLDING COMPANY LLC		02/26/2021	Not Available	2,000,000			2,000,000	2.B Z
636180-BR-1	NATIONAL FUEL GAS CO		02/09/2021	BANG / AMERICA SECUR. LLC, MONT.	999,390			1,000,000	2.C FE
76821P-AA-9	RIVER FINANCIAL CORP		03/09/2021	DTC WITHDRAW, DRS ETC	1,000,000			1,000,000	2.B Z
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					4,999,390			5,000,000	XXX
8399997. Total - Bonds - Part 3					4,999,390			5,000,000	XXX
8399998. Total - Bonds - Part 5					XXX			XXX	XXX
8399999. Total - Bonds					4,999,390			5,000,000	XXX
8999997. Total - Preferred Stocks - Part 3					XXX			XXX	XXX
8999998. Total - Preferred Stocks - Part 5					XXX			XXX	XXX
8999999. Total - Preferred Stocks					XXX			XXX	XXX
9799997. Total - Common Stocks - Part 3					XXX			XXX	XXX
9799998. Total - Common Stocks - Part 5					XXX			XXX	XXX
9799999. Total - Common Stocks					XXX			XXX	XXX
9899999. Total - Preferred and Common Stocks					XXX			XXX	XXX
9999999 - Totals					4,999,390			XXX	XXX

## STATEMENT AS OF MARCH 31, 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE D - PART 4**

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

1 CUSIP Ident- ification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admi- nistrative Symbol	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recogn- ized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book/ Adjusted Carrying Value								
745400-7U-9	PULASKI CNTY ARK SPL SCH DIST		02/01/2021	Call @ 100.00			1,390,000	1,390,000	1,382,494	1,385,091	44	44	44	44		1,385,135	4,865	4,865	22,588	02/01/2029	1.C FE	
2499999. Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions					1,390,000		1,390,000	1,382,494	1,385,091		44		44			1,385,135		4,865	4,865	22,588	XXX	XXX
8399997. Total - Bonds - Part 4					1,390,000		1,390,000	1,382,494	1,385,091		44		44			1,385,135		4,865	4,865	22,588	XXX	XXX
8399998. Total - Bonds - Part 5					XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999. Total - Bonds					1,390,000		1,390,000	1,382,494	1,385,091		44		44			1,385,135		4,865	4,865	22,588	XXX	XXX
8999997. Total - Preferred Stocks - Part 4					XXX																XXX	XXX
8999998. Total - Preferred Stocks - Part 5					XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks					XXX																XXX	XXX
9799997. Total - Common Stocks - Part 4					XXX																XXX	XXX
9799998. Total - Common Stocks - Part 5					XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999. Total - Common Stocks					XXX																XXX	XXX
9899999. Total - Preferred and Common Stocks					XXX																XXX	XXX
9999999 - Totals					1,390,000		XXX	1,382,494	1,385,091		44		44			1,385,135		4,865	4,865	22,588	XXX	XXX

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

Schedule DB - Part B - Section 1 - Futures Contracts Open  
**N O N E**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made  
**N O N E**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open  
**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By  
**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To  
**N O N E**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees  
**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned  
**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned  
**N O N E**

STATEMENT AS OF MARCH 31, 2021 OF THE THE CINCINNATI INDEMNITY COMPANY  
**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances								9 *	
1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter				
					6 First Month	7 Second Month	8 Third Month		
Fifth Third Bank .....		0.000			4,378,034	3,419,612	2,142,738	XXX	
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX	
0199999. Totals - Open Depositories	XXX	XXX			4,378,034	3,419,612	2,142,738	XXX	
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX	
0299999. Totals - Suspended Depositories	XXX	XXX						XXX	
0399999. Total Cash on Deposit	XXX	XXX			4,378,034	3,419,612	2,142,738	XXX	
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX	
.....									
.....									
.....									
.....									
.....									
.....									
.....									
.....									
0599999. Total - Cash	XXX	XXX			4,378,034	3,419,612	2,142,738	XXX	

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



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama .....	AL							
2. Alaska .....	AK							
3. Arizona .....	AZ							
4. Arkansas .....	AR							
5. California .....	CA							
6. Colorado .....	CO							
7. Connecticut .....	CT							
8. Delaware .....	DE							
9. District of Columbia .....	DC							
10. Florida .....	FL							
11. Georgia .....	GA							
12. Hawaii .....	HI							
13. Idaho .....	ID							
14. Illinois .....	IL							
15. Indiana .....	IN		2					
16. Iowa .....	IA					8		12
17. Kansas .....	KS							
18. Kentucky .....	KY							
19. Louisiana .....	LA							
20. Maine .....	ME							
21. Maryland .....	MD							
22. Massachusetts .....	MA							
23. Michigan .....	MI							
24. Minnesota .....	MN							
25. Mississippi .....	MS							
26. Missouri .....	MO							
27. Montana .....	MT	2,532	633			29		2,397
28. Nebraska .....	NE							
29. Nevada .....	NV							
30. New Hampshire .....	NH							
31. New Jersey .....	NJ							
32. New Mexico .....	NM							
33. New York .....	NY							
34. North Carolina .....	NC		559			(19)		2,205
35. North Dakota .....	ND							
36. Ohio .....	OH					(1,365)		4,537
37. Oklahoma .....	OK							
38. Oregon .....	OR							
39. Pennsylvania .....	PA							
40. Rhode Island .....	RI							
41. South Carolina .....	SC							
42. South Dakota .....	SD							
43. Tennessee .....	TN							
44. Texas .....	TX							
45. Utah .....	UT							
46. Vermont .....	VT							
47. Virginia .....	VA							
48. Washington .....	WA							
49. West Virginia .....	WV							
50. Wisconsin .....	WI							
51. Wyoming .....	WY							
52. American Samoa .....	AS							
53. Guam .....	GU							
54. Puerto Rico .....	PR							
55. U.S. Virgin Islands .....	VI							
56. Northern Mariana Islands .....	MP							
57. Canada .....	CAN							
58. Aggregate Other Aliens .....	OT							
59. Totals .....		2,532	1,194			(1,348)		9,151
DETAILS OF WRITE-INS								
58001. ....								
58002. ....								
58003. ....								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama .....	AL							
2. Alaska .....	AK							
3. Arizona .....	AZ							
4. Arkansas .....	AR							
5. California .....	CA							
6. Colorado .....	CO							
7. Connecticut .....	CT							
8. Delaware .....	DE							
9. District of Columbia .....	DC							
10. Florida .....	FL							
11. Georgia .....	GA							
12. Hawaii .....	HI							
13. Idaho .....	ID							
14. Illinois .....	IL							
15. Indiana .....	IN							
16. Iowa .....	IA							
17. Kansas .....	KS							
18. Kentucky .....	KY							
19. Louisiana .....	LA							
20. Maine .....	ME							
21. Maryland .....	MD							
22. Massachusetts .....	MA							
23. Michigan .....	MI							
24. Minnesota .....	MN							
25. Mississippi .....	MS							
26. Missouri .....	MO							
27. Montana .....	MT							
28. Nebraska .....	NE							
29. Nevada .....	NV							
30. New Hampshire .....	NH							
31. New Jersey .....	NJ							
32. New Mexico .....	NM							
33. New York .....	NY							
34. North Carolina .....	NC							
35. North Dakota .....	ND							
36. Ohio .....	OH							
37. Oklahoma .....	OK							
38. Oregon .....	OR							
39. Pennsylvania .....	PA							
40. Rhode Island .....	RI							
41. South Carolina .....	SC							
42. South Dakota .....	SD							
43. Tennessee .....	TN							
44. Texas .....	TX							
45. Utah .....	UT							
46. Vermont .....	VT							
47. Virginia .....	VA							
48. Washington .....	WA							
49. West Virginia .....	WV							
50. Wisconsin .....	WI					44		349
51. Wyoming .....	WY							
52. American Samoa .....	AS							
53. Guam .....	GU							
54. Puerto Rico .....	PR							
55. U.S. Virgin Islands .....	VI							
56. Northern Mariana Islands .....	MP							
57. Canada .....	CAN							
58. Aggregate Other Aliens .....	OT							
59. Totals .....						44		349
DETAILS OF WRITE-INS								
58001. ....								
58002. ....								
58003. ....								
58998. Summary of remaining write-ins for Line 58 from overflow page .....								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) .....								



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama	AL		4,945			(62,333)		154,075
2. Alaska	AK							
3. Arizona	AZ	(2,835)	6,034			15,025	15,000	1
4. Arkansas	AR	158	1,373			377		6,057
5. California	CA							
6. Colorado	CO	5,693	1,275			(831)		8,584
7. Connecticut	CT		869	1,000,000	1	(21,991)		4,002
8. Delaware	DE	(4)	7,252			(4,484)		20,971
9. District of Columbia	DC							
10. Florida	FL	88,038	78,249			17,716	205,475	6
11. Georgia	GA	15,842	12,180			(9,717)	746,014	2
12. Hawaii	HI							
13. Idaho	ID	4,545	8,849			1,130		21,216
14. Illinois	IL	32,638	42,486			14,070	145,124	2
15. Indiana	IN	7,347	6,550			(408)		27,833
16. Iowa	IA	14,155	7,877			1,828		25,923
17. Kansas	KS	2,051	998			(1,717)		9,269
18. Kentucky	KY	2,978	2,459			(535)		13,494
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD	2,750	1,362			(297)		6,033
22. Massachusetts	MA							
23. Michigan	MI	44,572	34,865			75,079	100,000	2
24. Minnesota	MN	22,292	26,994			2,406	72,585	1
25. Mississippi	MS							
26. Missouri	MO	12,673	4,254			117		17,089
27. Montana	MT	26,196	12,432			(426)	45,071	2
28. Nebraska	NE		279			38		948
29. Nevada	NV							
30. New Hampshire	NH	531	3,023			(232)		12,764
31. New Jersey	NJ							
32. New Mexico	NM	(1)	4,826			2,432		13,197
33. New York	NY		813			(3,476)		13,279
34. North Carolina	NC	33,064	15,233			5,173		41,183
35. North Dakota	ND							
36. Ohio	OH	87,735	62,614			(5,971)	20,392	1
37. Oklahoma	OK							
38. Oregon	OR		1,391			167		5,470
39. Pennsylvania	PA	26,086	32,435			(9,493)	473,792	3
40. Rhode Island	RI							
41. South Carolina	SC		2,643			266		9,736
42. South Dakota	SD	1,265	316			(880)		1,520
43. Tennessee	TN	5,666	13,873			(1,814)		63,190
44. Texas	TX	29,380	12,498			5,163		39,074
45. Utah	UT		1,249			(1,140)		5,021
46. Vermont	VT	121	3,615			.57		13,566
47. Virginia	VA	34,446	19,879			5,453		59,010
48. Washington	WA					(145)		441
49. West Virginia	WV	10,986	4,271			394		17,504
50. Wisconsin	WI	22,852	18,100			23,445	47,850	4
51. Wyoming	WY	7,285	1,782			143		6,454
52. American Samoa	AS							
53. Guam	GU							
54. Puerto Rico	PR							
55. U.S. Virgin Islands	VI							
56. Northern Mariana Islands	MP							
57. Canada	CAN							
58. Aggregate Other Aliens	OT							
59. Totals		538,505	460,141	1,000,000	1	44,587	1,871,301	25
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998.	Summary of remaining write-ins for Line 58 from overflow page							
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)							



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama .....	AL	8,089			28,227			28,212
2. Alaska .....	AK							
3. Arizona .....	AZ							
4. Arkansas .....	AR							
5. California .....	CA							
6. Colorado .....	CO							
7. Connecticut .....	CT							
8. Delaware .....	DE							
9. District of Columbia .....	DC							
10. Florida .....	FL							
11. Georgia .....	GA							
12. Hawaii .....	HI							
13. Idaho .....	ID							
14. Illinois .....	IL							
15. Indiana .....	IN							
16. Iowa .....	IA							
17. Kansas .....	KS				(100)			457
18. Kentucky .....	KY	55,922	21,719		4,536	.11,475		4,536
19. Louisiana .....	LA							
20. Maine .....	ME							
21. Maryland .....	MD							
22. Massachusetts .....	MA							
23. Michigan .....	MI				364			375
24. Minnesota .....	MN		1,120		232			232
25. Mississippi .....	MS							
26. Missouri .....	MO							
27. Montana .....	MT							
28. Nebraska .....	NE				.7			7
29. Nevada .....	NV							
30. New Hampshire .....	NH							
31. New Jersey .....	NJ							
32. New Mexico .....	NM		18,382		(10,114)			38,837
33. New York .....	NY				(31,851)	.632,156	4	17,859
34. North Carolina .....	NC		7,527					
35. North Dakota .....	ND							
36. Ohio .....	OH	46,572	71,868		(29,390)			115,746
37. Oklahoma .....	OK							
38. Oregon .....	OR					.62		62
39. Pennsylvania .....	PA	273,192	120,199		177,828	.137,319	2	144,227
40. Rhode Island .....	RI							
41. South Carolina .....	SC							
42. South Dakota .....	SD		897					
43. Tennessee .....	TN							
44. Texas .....	TX							
45. Utah .....	UT							
46. Vermont .....	VT							
47. Virginia .....	VA	23,400	5,658		(3,772)			17,508
48. Washington .....	WA							
49. West Virginia .....	WV				(2,644)			(266)
50. Wisconsin .....	WI	36,040	13,930		1,946			17,620
51. Wyoming .....	WY							
52. American Samoa .....	AS							
53. Guam .....	GU							
54. Puerto Rico .....	PR							
55. U.S. Virgin Islands .....	VI							
56. Northern Mariana Islands .....	MP							
57. Canada .....	CAN							
58. Aggregate Other Aliens .....	OT							
59. Totals .....		435,126	269,389		135,333	780,950	6	385,413
DETAILS OF WRITE-INS								
58001. ....								
58002. ....								
58003. ....								
58998. Summary of remaining write-ins for Line 58 from overflow page .....								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) .....								



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

SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

## DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended MARCH 31, 2021

NAIC Group Code \_\_\_\_\_

NAIC Company Code \_\_\_\_\_

Company Name .....

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

1. Monoline Policies

1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred
\$ .....	\$ .....	\$ .....

**NONE**

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? ..... Yes [ ] No [ ]

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

2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified: ..... \$ .....

2.32 Amount estimated using reasonable assumptions: ..... \$ .....

2.4 If the answer to question 2.1 is yes, provide direct losses incurred (losses paid plus change in case reserves) for the D&O liability coverage provided in CMP packaged policies. ..... \$ .....