



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 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
(Street and Number) (City or Town, State, Country and Zip Code)

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

Internet Website Address WWW.CINFIN.COM

Statutory Statement Contact ANDREW SCHNELL, 513-870-2000
(Name) (Area Code) (Telephone Number)
andrew\_schnell@cinfin.com, 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
CHRISTOPHER THOMAS HOGAN, SENIOR VICE PRESIDENT
MARTIN FRANCIS HOLLENBECK, 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
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.

STEPHEN M. SPRAY
PRESIDENT

MICHAEL J. SEWELL
CHIEF FINANCIAL OFFICER, EXECUTIVE VICE
PRESIDENT

THERESA A. HOFFER
SENIOR VICE PRESIDENT, TREASURER

Subscribed and sworn to before me this 18TH day of FEBRUARY 2022

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



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .974

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0244

BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2021

NAIC Company Code 23280

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....												
2.1 Allied lines .....												
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....												
4. Homeowners multiple peril .....												
5.1 Commercial multiple peril (non-liability portion) .....												
5.2 Commercial multiple peril (liability portion) .....												
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....												
10. Financial guaranty .....												
11. Medical professional liability .....												
12. Earthquake .....												
13. Group accident and health (b) .....												
14. Credit accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												2,372
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....												
19.2 Other private passenger auto liability .....												
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....												2,372
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....347

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2021

NAIC Company Code 23280

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	94,681	100,143		30,187							22,354	4,933
2.1 Allied lines	144,090	153,843		46,864	123,956	225,105	101,248	775	775		29,081	7,563
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood	5,748	5,675		2,523							2,330	290
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)	776,017	707,129		415,723	431,351	46,023	30,225	18,633	12,630	35,176	151,075	38,604
5.2 Commercial multiple peril (liability portion)	316,377	285,767		130,599	20,000	(81,156)	124,591	1,225	6,048	184,259	54,097	16,127
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	82,849	81,359		26,058	73,914	73,914		500	500		16,672	4,323
10. Financial guaranty												
11. Medical professional liability	5,314	5,617		3,981		1,251	6,931		842	5,821	1,052	278
12. Earthquake	1,378	1,364		747							252	66
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation	1,313,332	1,349,656		535,216	(207,227)	(273,155)	4,408,606	20,867	9,202	254,902	162,674	69,600
17.1 Other Liability - occurrence	470,543	428,886		182,083		164,396	409,290	13,744	11,513	157,195	86,122	23,463
17.2 Other Liability - claims made	2,842	2,592		1,292		167	167		(910)	182	557	97
17.3 Excess workers' compensation												
18. Products liability	13,454	13,156		4,184	100,000	(2,094)	7,658	306	906	12,320	3,097	718
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	717,469	596,175		342,598	84,266	227,920	449,573	15,114	3,790	99,871	121,718	35,701
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage	315,941	268,698		149,292	291,480	308,200	11,644	4,804	5,297	2,531	55,628	15,941
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	8,717	6,899		5,324		192	192				1,572	419
27. Boiler and machinery	7,897	7,579		3,616							1,333	414
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	4,276,648	4,014,538		1,880,286	917,740	690,764	5,550,125	75,967	50,593	752,257	709,613	218,536
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ 530

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF California

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Commercial multiple peril, and Workers' compensation, ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 108

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0244

BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2021

NAIC Company Code 23280

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	13,512	21,785		4,020							3,007	242
2.1 Allied lines	15,191	25,043		4,004							3,718	277
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)	28,060	35,410		20,145	1,632	2,600	1,408	25	(2,122)	4,624	5,996	433
5.2 Commercial multiple peril (liability portion)	163,586	122,945		57,847	90,000	17,828	204,855	11,576	21,703	63,629	20,348	2,113
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	20,035	20,008		19,173							4,667	291
10. Financial guaranty												
11. Medical professional liability	3,539	3,435		3,435	1,000,000	(21,603)	4,390	978	1,026	4,168	522	51
12. Earthquake	26	25		1							5	
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation	1,202,234	1,051,153		483,438	8,581	75,045	393,554	544	26,922	97,905	79,492	17,623
17.1 Other Liability - occurrence	124,018	122,490		35,806	500,000	9,199	45,099	27	2,594	15,407	19,728	1,817
17.2 Other Liability - claims made	1,131	4,206		634		35	35		324	5,394	265	25
17.3 Excess workers' compensation												
18. Products liability	5,574	13,710		1,185		2,613	6,399		3,130	7,356	998	135
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	125,569	88,630		41,228	16,982	35,569	23,542	191	3,809	6,214	15,877	1,528
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage	23,848	16,888		8,015	22,177	22,386	(18)	600	662	95	3,022	292
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	1,122	1,137		420		21	21				229	13
27. Boiler and machinery	4,410	6,495		2,023							925	75
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	1,731,855	1,533,362		681,375	1,639,372	143,695	679,287	13,940	58,048	204,793	158,799	24,913
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ .....5

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0244

BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2021

NAIC Company Code 23280

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	94,633	83,782		31,773							16,604	2,040
2.1 Allied lines	109,980	94,417		41,240	14,572	14,572		50	50		15,638	2,315
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood	1,394	1,100		294							256	35
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)	337,661	345,777		172,327	67,856	46,737	5,461	3,950	2,378	15,068	69,304	8,426
5.2 Commercial multiple peril (liability portion)	103,843	103,469		70,479	215,000	4,493	272,005	119,508	123,046	70,853	20,941	2,696
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	55,870	37,031		21,821							8,309	1,088
10. Financial guaranty												
11. Medical professional liability	71,435	55,806		35,977		24,424	49,880		17,474	30,653	9,796	1,510
12. Earthquake	21	20		11							4	
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation	377,607	606,277		122,882	87,728	404,123	1,338,257	41,202	34,987	85,794	52,512	14,139
17.1 Other Liability - occurrence	208,574	186,519		106,585		(34,277)	103,903		(1,634)	56,017	37,309	4,532
17.2 Other Liability - claims made	14,141	11,278		7,955		213	213		2,870	7,648	2,347	277
17.3 Excess workers' compensation												
18. Products liability	5,863	5,393		937		1,061	1,876		1,142	2,431	1,159	132
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)	3,402	3,724		801	37,843	(5,402)	9,778	2,289	1,976	902	605	80
19.4 Other commercial auto liability	63,363	60,044		18,878	14,471	36,356	304,264	23,893	16,019	17,961	10,243	1,305
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage	19,540	17,062		7,116	35,212	41,014	4,092	1,148	1,137	268	2,824	380
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	6,592	5,954		3,194		137	137				1,088	131
27. Boiler and machinery	13,928	12,778		5,949							2,469	319
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	1,487,848	1,630,429		648,219	472,682	533,452	2,089,865	192,039	199,444	287,595	251,410	39,403
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ .....232

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .8

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

19DC



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 2,410

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 FL



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .924

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

19 GA



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0244

BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2021

NAIC Company Code 23280

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)						2	8		(4)	10		
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation	5,484	9,869		(1,255)		597	3,706		248	900	1,397	2,389
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												1,000
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	5,484	9,869		(1,255)		600	3,715		243	911	1,397	3,389
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19.HI



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 328

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

191D



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 2,520

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 JL



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 1,299

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 IN



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2021

NAIC Company Code 23280

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	294,589	261,441		146,799	351,470	292,782	84,372	10,208	10,208		57,936	3,902
2.1 Allied lines	441,496	422,126		210,651	383,042	212,976	96,907	14,034	14,034		85,763	6,197
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)	1,275,361	1,249,046		589,676	506,143	(444,936)	176,899	23,707	14,369	58,362	238,227	18,828
5.2 Commercial multiple peril (liability portion)	607,951	548,165		275,027	149,021	57,015	756,485	45,277	27,044	408,604	100,724	8,308
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	131,993	138,016		55,015	17,148	17,148					27,361	2,059
10. Financial guaranty												
11. Medical professional liability	27,447	31,294		11,391		9,823	33,922		5,754	27,045	5,034	458
12. Earthquake	1,135	1,119		846							264	15
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation	3,021,457	3,136,010		1,236,019	5,974,650	13,003,848	21,517,739	188,306	115,824	724,299	234,386	47,532
17.1 Other Liability - occurrence	732,440	701,823		335,044	8,757	(139,687)	949,627	11,144	(50,834)	273,234	139,306	10,042
17.2 Other Liability - claims made	32,145	40,483		14,777		1,233	(1,267)		2,272	28,762	7,832	576
17.3 Excess workers' compensation												
18. Products liability	137,494	135,428		37,200		(12,677)	95,012		(7,989)	156,984	27,438	2,036
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	550,072	584,127		218,483	298,687	(342,053)	361,154	4,467	(11,224)	109,245	105,453	8,521
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage	401,447	393,507		155,032	414,827	468,034	75,201	10,532	11,115	4,080	68,969	5,830
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	25,536	27,049		10,857		1,078	1,078				5,299	396
27. Boiler and machinery	31,058	28,979		16,410							5,552	444
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	7,711,621	7,698,614		3,313,228	8,103,744	13,124,583	24,147,129	307,675	130,574	1,790,615	1,109,543	115,144
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ 1,211

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

191A



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....651
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

19 KS



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Commercial multiple peril, etc.

(a) Finance and service charges not included in Lines 1 to 35 \$ 1,455

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 KY



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0244

BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2021

NAIC Company Code 23280

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation	393,753	295,718		265,000	190,809	305,653	508,095	22,226	24,688	33,455	29,962	21,272
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability		1,178				(182)	551		15	212	53	6
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage		312				10	(23)			3	15	2
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	393,753	297,207		265,000	190,809	305,480	508,622	22,226	24,702	33,670	30,030	21,280
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

191A



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0244

BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2021

NAIC Company Code 23280

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)	230	228		203		(4)	(4)		3	3	53	5
5.2 Commercial multiple peril (liability portion)	413	410		366		97	97		86	86	88	8
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation	331,293	338,405		7,642	27,735	34,783	119,781	1,575	9,423	24,900	28,824	14,040
17.1 Other Liability - occurrence	958	618		339		102	142		67	135	110	20
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability		1				(96)	79		(15)	38	(1)	(5)
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage		1				17	(7)		(1)	1		(3)
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	332,894	339,663		8,551	27,735	34,898	120,088	1,575	9,563	25,163	29,074	14,065
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 ME



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 408

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 MD



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Commercial multiple peril, and Auto liability, ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....19
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

19 MA



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 1,327

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19.MI



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 1,051

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 MN



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 30

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 MS



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .680

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

19 MO



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 296
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 MT



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 165

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 NIE



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 NV



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....255

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

19 NH



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....19
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

19 NJ



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 64

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 NM



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF New York

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 344

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 NY



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 1,655
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 NC



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 175

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19ND



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 10,860

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 OH



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0244

BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2021

NAIC Company Code 23280

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....												
2.1 Allied lines .....												
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....												
4. Homeowners multiple peril .....												
5.1 Commercial multiple peril (non-liability portion) .....												
5.2 Commercial multiple peril (liability portion) .....												
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....												
10. Financial guaranty .....												
11. Medical professional liability .....												
12. Earthquake .....												
13. Group accident and health (b) .....												
14. Credit accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....	235,287	204,856		72,121	31,947	143,645	257,277	550	1,808	24,845	18,187	7,759
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....												
19.2 Other private passenger auto liability .....												
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....						(24)	15	(19)		18		
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....						1	(1)					
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....	235,287	204,856		72,121	31,947	143,621	257,292	550	1,789	24,864	18,187	7,759
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....												

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

19 OK



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0244

BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2021

NAIC Company Code 23280

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	336,475	297,200		202,740	35,071	(92,643)		5,841	5,841		75,886	4,759
2.1 Allied lines	303,519	278,992		162,461	35,847	(51,028)	17,500	380	380		57,108	4,539
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)	579,627	585,023		348,155	405,236	185,547	25,449	14,610	12,455	23,316	116,817	9,654
5.2 Commercial multiple peril (liability portion)	462,720	443,968		236,442	87,265	(125,368)	198,460	20,222	45,973	265,144	72,663	8,179
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	151,116	125,690		85,964	850	850					26,659	2,183
10. Financial guaranty												
11. Medical professional liability	11,486	9,716		3,393		4,425	9,728		2,783	6,525	1,703	190
12. Earthquake	2,243	2,492		1,722							741	39
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation	88,508	61,052		33,396		3,479	22,713		1,306	5,031	7,921	1,532
17.1 Other Liability - occurrence	891,727	842,667		408,173	22,500	(174,282)	476,856	4,292	11,982	172,928	163,176	14,136
17.2 Other Liability - claims made	27,432	27,508		11,582		726	726		3,203	17,669	6,117	403
17.3 Excess workers' compensation												
18. Products liability	280,595	293,831		157,425		7,359	161,948		42,219	220,036	57,038	4,566
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)	25,373	24,082		11,819	3,838	15,403	18,256	120	570	2,868	4,471	391
19.4 Other commercial auto liability	1,802,345	1,670,313		895,071	143,203	146,392	693,491	7,039	37,985	201,396	290,409	27,418
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage	578,797	563,221		269,466	155,145	142,246	(28,570)	2,576	4,009	4,097	98,139	9,118
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	22,047	20,931		11,455		627	627				4,776	351
27. Boiler and machinery	55,523	53,751		30,253							10,426	861
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	5,619,534	5,300,439		2,869,517	888,955	63,734	1,597,185	55,078	168,705	919,010	994,049	88,316
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ .78

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

19 OR



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 5,400

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 PA



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril, Flood, etc., and a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19.RI



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 59

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 SC



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0244

BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2021

NAIC Company Code 23280

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	82,051	79,840		44,347							18,972	2,385
2.1 Allied lines	131,016	124,744		72,020	76,180	95,756	19,576	5	5		25,813	3,730
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)	164,795	157,413		90,090	5,465	(4,073)	(1,423)		(334)	6,182	35,188	4,657
5.2 Commercial multiple peril (liability portion)	23,114	22,733		8,836	(9,000)	(7,242)	8,615		(439)	17,071	4,940	649
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	53,951	44,466		20,637							8,730	1,434
10. Financial guaranty												
11. Medical professional liability	1,712	2,587		225		(821)	1,579		(210)	1,295	437	107
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation	862,320	905,785		342,373	392,605	988,639	2,950,233	27,354	16,137	156,141	69,947	23,093
17.1 Other Liability - occurrence	162,323	156,333		56,096	35,561	90,040	160,400	846	(3,855)	59,950	30,320	4,731
17.2 Other Liability - claims made	2,382	2,211		838		134	134		(637)	70	480	30
17.3 Excess workers' compensation												
18. Products liability	14,879	15,403		4,336		1,016	8,564		1,557	12,484	3,026	413
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	165,233	161,094		82,346	3,313	10,656	54,504	87	1,084	21,808	30,597	4,854
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage	81,606	74,186		37,257	5,159	3,128	(5,565)	47	220	663	14,284	2,279
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	6,868	6,721		4,004		224	224				1,646	188
27. Boiler and machinery	9,445	9,872		4,687							1,687	260
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	1,761,694	1,763,388		768,094	509,283	1,177,457	3,196,841	28,338	13,527	275,663	246,066	48,811
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ 85

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

19 SD



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 1,314

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19.TN



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....204

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

19.TX



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2021

NAIC Company Code 23280

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	353,666	357,616		179,020	297,976	701,988	404,013	17,665	17,665		75,637	8,646
2.1 Allied lines	351,843	340,385		180,071	281,218	730,635	516,291	26,132	26,132		66,582	8,476
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)	642,629	463,219		352,803	114,449	254,415	153,838	3,809	(524)	22,655	96,655	15,353
5.2 Commercial multiple peril (liability portion)	339,559	308,973		146,666	7,696	(3,424)	100,136		(20,394)	255,359	58,842	8,119
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	524,063	360,068		281,021	176,718	(101,709)		15,366	15,366		94,362	9,367
10. Financial guaranty												
11. Medical professional liability	6,434	5,187		3,538		(1,676)	4,485		(2,850)	6,469	1,132	140
12. Earthquake	8,700	9,014		2,966							2,432	205
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation	682,052	733,241		240,642	107,951	96,640	350,010	6,047	14,821	69,092	59,499	17,206
17.1 Other Liability - occurrence	1,460,850	1,327,003		659,139	413,461	(987,953)	2,044,899	119,370	57,060	517,267	259,162	34,669
17.2 Other Liability - claims made	14,538	12,733		7,047		722	722		(1,862)	2,330	2,558	265
17.3 Excess workers' compensation												
18. Products liability	199,432	120,072		117,267	43,811	(134,126)	92,442	87,018	78,885	143,242	27,378	3,868
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)	9,972	9,398		4,769		3,174	6,040		(53)	1,302	1,806	201
19.4 Other commercial auto liability	1,253,412	1,128,059		605,685	311,873	1,996,757	2,528,180	14,430	16,408	167,331	198,678	28,786
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage	516,775	464,262		248,684	266,151	249,704	(21,740)	4,231	5,224	3,932	80,574	11,752
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	30,503	30,139		10,937	155,353	173,077	17,723	11	11		6,193	726
27. Boiler and machinery	47,750	43,500		25,360	74,584	85,001	10,416				8,038	1,100
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	6,442,179	5,712,870		3,065,615	2,251,242	3,063,225	6,207,455	294,078	205,889	1,188,977	1,039,528	148,880
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ .....221

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

19 UT



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 55

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 VT



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 1,460

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19 VA



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 35

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19/WA



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance lines like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ .....218

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

191WV



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

(a) Finance and service charges not included in Lines 1 to 35 \$ 1,423

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

19.WI



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2021

NAIC Company Code 23280

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include various insurance categories like Fire, Multiple peril crop, Commercial multiple peril, etc., ending with a TOTALS row.

19.WY

(a) Finance and service charges not included in Lines 1 to 35 \$ 68
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0244

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2021

NAIC Company Code 23280

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	15,612,527	15,548,453		7,831,418	4,841,755	4,716,451	2,338,211	299,438	299,438		3,312,977	312,246
2.1 Allied lines	20,224,633	19,476,731		10,141,518	15,091,273	16,698,244	7,447,785	474,755	474,755		3,946,503	403,789
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood	83,997	78,666		38,772		(10,000)					18,495	1,928
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)	61,473,629	58,999,026		30,427,988	22,716,378	11,590,525	9,555,499	1,125,584	618,584	2,865,000	11,601,537	1,296,350
5.2 Commercial multiple peril (liability portion)	34,100,618	32,949,656		15,031,896	13,444,741	15,300,251	46,947,760	5,324,807	4,606,807	25,138,000	5,997,286	714,290
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	8,843,109	8,216,367		4,378,806	3,506,869	2,427,430	633,446	65,130	65,130		1,671,021	169,702
10. Financial guaranty												
11. Medical professional liability	4,135,574	3,449,844		1,977,767	3,592,367	2,211,199	4,377,467	312,712	532,712	2,250,000	666,689	74,089
12. Earthquake	207,147	224,714		98,773							48,016	4,184
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation	116,377,879	112,384,792		45,478,535	40,958,650	54,403,463	239,850,574	3,520,755	3,315,755	16,286,000	10,454,323	2,579,850
17.1 Other Liability - occurrence	69,522,208	68,307,641		31,895,834	14,063,483	20,723,174	86,416,826	4,620,840	3,847,840	20,090,000	12,962,115	1,408,979
17.2 Other Liability - claims made	1,672,059	1,599,356		747,965	645,644	672,594	168,484		37,000	982,000	322,734	28,530
17.3 Excess workers' compensation												
18. Products liability	6,907,604	6,575,200		3,255,627	1,444,000	1,682,281	12,154,902	1,077,447	1,244,447	6,697,000	1,329,654	132,105
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	21,570	25,578		9,371	(250)	167	417	83	83		5,062	610
19.3 Commercial auto no-fault (personal injury protection)	877,481	893,847		375,195	70,921	(760,924)	724,981	24,076	18,103	120,879	152,684	11,279
19.4 Other commercial auto liability	79,993,477	74,798,598		38,706,522	27,932,610	42,418,044	89,452,623	3,561,153	3,733,125	11,243,121	13,269,566	1,616,343
21.1 Private passenger auto physical damage	16,550	19,968		7,535	(6,640)	(8,766)					3,890	497
21.2 Commercial auto physical damage	33,159,791	31,797,281		15,525,233	15,286,817	15,463,413	672,835	351,487	408,487	296,000	5,656,361	651,233
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	1,236,387	1,229,855		592,403	159,724	220,017	62,656	1,612	1,612		262,777	25,454
27. Boiler and machinery	1,802,897	1,807,891		893,814	169,889	192,305	22,416	3,770	3,770		345,638	35,558
28. Credit												
29. International												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	456,269,140	438,383,463		207,414,972	163,918,231	187,939,869	500,826,882	20,763,646	19,207,646	85,968,000	72,027,329	9,467,017
<b>DETAILS OF WRITE-INS</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ 40,970

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE F - PART 1**

Assumed Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On		8 Cols. 6 + 7	9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE								
0499999. Total - U.S. Non-Pool														
0799999. Total - Other (Non-U.S.)														
0899999. Total - Affiliates														
AA-9992118	.00000	National Workers Compensation Reinsurance Pool	NY		2	165	168							
1099999. Total Pools, Associations or Other Similar Facilities - Mandatory Pools														
1299999. Total - Pools and Associations														
9999999 Totals														

**SCHEDULE F - PART 2**

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

1 ID Number	2 NAIC Com- pany Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
<b>NONE</b>					

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE F - PART 3**

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 through 14 Totals		17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers		
31-0542366	10677	The Cincinnati Insurance Company	OH		456,269	16,351	4,064	293,814		207,291	112,619	212,192	13,460	859,792		32,794		826,998	
0399999		Total Authorized - Affiliates - U.S. Non-Pool - Other			456,269	16,351	4,064	293,814		207,291	112,619	212,192	13,460	859,792		32,794		826,998	
0499999		Total Authorized - Affiliates - U.S. Non-Pool			456,269	16,351	4,064	293,814		207,291	112,619	212,192	13,460	859,792		32,794		826,998	
0799999		Total Authorized - Affiliates - Other (Non-U.S.)																	
0899999		Total Authorized - Affiliates			456,269	16,351	4,064	293,814		207,291	112,619	212,192	13,460	859,792		32,794		826,998	
1499999		Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			456,269	16,351	4,064	293,814		207,291	112,619	212,192	13,460	859,792		32,794		826,998	
1899999		Total Unauthorized - Affiliates - U.S. Non-Pool																	
2199999		Total Unauthorized - Affiliates - Other (Non-U.S.)																	
2299999		Total Unauthorized - Affiliates																	
2899999		Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)																	
3299999		Total Certified - Affiliates - U.S. Non-Pool																	
3599999		Total Certified - Affiliates - Other (Non-U.S.)																	
3699999		Total Certified - Affiliates																	
4299999		Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)																	
4699999		Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool																	
4999999		Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)																	
5099999		Total Reciprocal Jurisdiction - Affiliates																	
5699999		Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)																	
5799999		Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)			456,269	16,351	4,064	293,814		207,291	112,619	212,192	13,460	859,792		32,794		826,998	
5899999		Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																	
9999999		Totals			456,269	16,351	4,064	293,814		207,291	112,619	212,192	13,460	859,792		32,794		826,998	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE F - PART 3 (Continued)**

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Credit Risk)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29-30)	32 Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	34 Reinsurer Designation Equivalent	35 Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
31-0542366	The Cincinnati Insurance Company					32,794	826,998		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0399999	Total Authorized - Affiliates - U.S. Non-Pool - Other			XXX		32,794	826,998		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999	Total Authorized - Affiliates - U.S. Non-Pool			XXX		32,794	826,998		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999	Total Authorized - Affiliates - Other (Non-U.S.)			XXX											XXX		
0899999	Total Authorized - Affiliates			XXX		32,794	826,998								XXX		
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			XXX		32,794	826,998								XXX		
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)			XXX											XXX		
2299999	Total Unauthorized - Affiliates			XXX											XXX		
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)			XXX											XXX		
3299999	Total Certified - Affiliates - U.S. Non-Pool			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3599999	Total Certified - Affiliates - Other (Non-U.S.)			XXX											XXX		
3699999	Total Certified - Affiliates			XXX											XXX		
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)			XXX											XXX		
4699999	Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999	Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)			XXX											XXX		
5099999	Total Reciprocal Jurisdiction - Affiliates			XXX											XXX		
5699999	Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)			XXX											XXX		
5799999	Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)			XXX		32,794	826,998								XXX		
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999	Totals			XXX		32,794	826,998								XXX		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE F - PART 3 (Continued)**

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46+48])	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
		37 Current	Overdue					43 Total Due Cols. 37+42 (In total should equal Cols. 7+8)										
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38+39 +40+41											
31-0542366	The Cincinnati Insurance Company	20,416						20,416		20,416								
0399999	Total Authorized - Affiliates - U.S. Non-Pool - Other	20,416						20,416		20,416								XXX
0499999	Total Authorized - Affiliates - U.S. Non-Pool	20,416						20,416		20,416								XXX
0799999	Total Authorized - Affiliates - Other (Non-U.S.)																	XXX
0899999	Total Authorized - Affiliates	20,416						20,416		20,416								XXX
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	20,416						20,416		20,416								XXX
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool																	XXX
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)																	XXX
2299999	Total Unauthorized - Affiliates																	XXX
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)																	XXX
3299999	Total Certified - Affiliates - U.S. Non-Pool																	XXX
3599999	Total Certified - Affiliates - Other (Non-U.S.)																	XXX
3699999	Total Certified - Affiliates																	XXX
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)																	XXX
4699999	Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool																	XXX
4999999	Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)																	XXX
5099999	Total Reciprocal Jurisdiction - Affiliates																	XXX
5699999	Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)																	XXX
5799999	Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)	20,416						20,416		20,416								XXX
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																	XXX
9999999	Totals	20,416						20,416		20,416								XXX

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE F - PART 3 (Continued)**

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance													Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
		54	55	56	57	58	59	60	61	62	63	64	65	66	67	68		
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 24, not to Exceed Col. 63)	Net Unrecoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67		
31-0542366	The Cincinnati Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999	Total Authorized - Affiliates - U.S. Non-Pool - Other			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0499999	Total Authorized - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0799999	Total Authorized - Affiliates - Other (Non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0899999	Total Authorized - Affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2299999	Total Unauthorized - Affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3299999	Total Certified - Affiliates - U.S. Non-Pool			XXX				XXX	XXX									
3599999	Total Certified - Affiliates - Other (Non-U.S.)			XXX				XXX	XXX									
3699999	Total Certified - Affiliates			XXX				XXX	XXX									
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)			XXX				XXX	XXX									
4699999	Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4999999	Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5099999	Total Reciprocal Jurisdiction - Affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5699999	Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5799999	Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)			XXX				XXX	XXX									
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)			XXX				XXX	XXX									
9999999	Totals			XXX				XXX	XXX									

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE F - PART 3 (Continued)**

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	71 Provision for Unauthorized Reinsurance		73 Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		75 Total Provision for Reinsurance			
			72 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0  Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
31-0542366	The Cincinnati Insurance Company		XXX	XXX				XXX	XXX	
0399999	Total Authorized - Affiliates - U.S. Non-Pool - Other		XXX	XXX				XXX	XXX	
0499999	Total Authorized - Affiliates - U.S. Non-Pool		XXX	XXX				XXX	XXX	
0799999	Total Authorized - Affiliates - Other (Non-U.S.)		XXX	XXX				XXX	XXX	
0899999	Total Authorized - Affiliates		XXX	XXX				XXX	XXX	
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		XXX	XXX				XXX	XXX	
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX		XXX	
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX		XXX	
2299999	Total Unauthorized - Affiliates				XXX	XXX	XXX		XXX	
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				XXX	XXX	XXX		XXX	
3299999	Total Certified - Affiliates - U.S. Non-Pool	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3599999	Total Certified - Affiliates - Other (Non-U.S.)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3699999	Total Certified - Affiliates	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4699999	Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool		XXX	XXX				XXX	XXX	
4999999	Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)		XXX	XXX				XXX	XXX	
5099999	Total Reciprocal Jurisdiction - Affiliates		XXX	XXX				XXX	XXX	
5699999	Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		XXX	XXX				XXX	XXX	
5799999	Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)									
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)									
9999999	Totals									

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE F - PART 4**

Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)

1 Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	2 Letters of Credit Code	3 American Bankers Association (ABA) Routing Number	4 Issuing or Confirming Bank Name	5 Letters of Credit Amount
<b>NONE</b>				
Total				

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE F - PART 5**

Interrogatories for Schedule F, Part 3 (000 Omitted)

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1 <u>Name of Reinsurer</u>	2 <u>Commission Rate</u>	3 <u>Ceded Premium</u>
1.	.....	.....	.....
2.	.....	.....	.....
3.	.....	.....	.....
4.	.....	.....	.....
5.	.....	.....	.....

B. Report the five largest reinsurance recoverables reported in Schedule F, Part 3, Column 15, due from any one reinsurer (based on the total recoverables, Schedule F, Part 3, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1 <u>Name of Reinsurer</u>	2 <u>Total Recoverables</u>	3 <u>Ceded Premiums</u>	4 <u>Affiliated</u>
6.	The Cincinnati Insurance Company .....	859,792	456,269	Yes [ X ] No [ ]
7.	.....	.....	.....	Yes [ ] No [ ]
8.	.....	.....	.....	Yes [ ] No [ ]
9.	.....	.....	.....	Yes [ ] No [ ]
10.	.....	.....	.....	Yes [ ] No [ ]

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE F - PART 6**

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12) .....	131,154,201		131,154,201
2. Premiums and considerations (Line 15) .....			
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....	20,415,714	(20,415,714)	
4. Funds held by or deposited with reinsured companies (Line 16.2) .....			
5. Other assets .....	14,026,271		14,026,271
6. Net amount recoverable from reinsurers .....		813,538,222	813,538,222
7. Protected cell assets (Line 27) .....			
8. Totals (Line 28) .....	165,596,186	793,122,508	958,718,694
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	2,232	613,724,290	613,726,522
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	5,471,383		5,471,383
11. Unearned premiums (Line 9) .....		212,192,363	212,192,363
12. Advance premiums (Line 10) .....			
13. Dividends declared and unpaid (Line 11.1 and 11.2) .....			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12) .....	32,794,145	(32,794,145)	
15. Funds held by company under reinsurance treaties (Line 13) .....			
16. Amounts withheld or retained by company for account of others (Line 14) .....	1,391,490		1,391,490
17. Provision for reinsurance (Line 16) .....			
18. Other liabilities .....	280,604		280,604
19. Total liabilities excluding protected cell business (Line 26) .....	39,939,855	793,122,508	833,062,362
20. Protected cell liabilities (Line 27) .....			
21. Surplus as regards policyholders (Line 37) .....	125,656,332	XXX	125,656,332
22. Totals (Line 38) .....	165,596,186	793,122,508	958,718,694

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? ..... Yes [ X ] No [ ]

If yes, give full explanation: The Company has a 100% quota share reinsurance agreement with the parent, The Cincinnati Insurance Company. ....

Schedule H - Part 1 - Analysis of Underwriting Operations

**N O N E**

Schedule H - Part 2 - Reserves and Liabilities

**N O N E**

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

**N O N E**

Schedule H - Part 4 - Reinsurance

**N O N E**

Schedule H - Part 5 - Health Claims

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY  
**SCHEDULE P - PART 1A - HOMEOWNERS/FAROWNERS**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2012.....												
3. 2013.....												
4. 2014.....												
5. 2015.....												
6. 2016.....												
7. 2017.....												
8. 2018.....												
9. 2019.....												
10. 2020.....												
11. 2021.....												
12. Totals	XXX	XXX	XXX									XXX

**NONE**

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2012.....													
3. 2013.....													
4. 2014.....													
5. 2015.....													
6. 2016.....													
7. 2017.....													
8. 2018.....													
9. 2019.....													
10. 2020.....													
11. 2021.....													
12. Totals													

**NONE**

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX				XXX
2. 2012.....											
3. 2013.....											
4. 2014.....											
5. 2015.....											
6. 2016.....											
7. 2017.....											
8. 2018.....											
9. 2019.....											
10. 2020.....											
11. 2021.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY**  
**SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2012.....	29	29		9	9			2	2			3
3. 2013.....	40	40		4	4			1	1			2
4. 2014.....	40	40		5	5			3	3			4
5. 2015.....	34	34										
6. 2016.....	36	36		14	14			1	1			3
7. 2017.....	36	36		34	34			3	3			2
8. 2018.....	29	29		13	13	1	1	4	4			2
9. 2019.....	23	23		7	7			7	7			2
10. 2020.....	24	24		55	55			8	8			4
11. 2021.....	26	26										
12. Totals	XXX	XXX	XXX	140	140	1	1	30	30			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													1
2. 2012.....													
3. 2013.....													
4. 2014.....													
5. 2015.....													
6. 2016.....													
7. 2017.....													
8. 2018.....													
9. 2019.....													
10. 2020.....													
11. 2021.....													
12. Totals													1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2012.....	11	11		37.9	37.9						
3. 2013.....	5	5		12.5	12.5						
4. 2014.....	8	8		20.0	20.0						
5. 2015.....											
6. 2016.....	15	15		41.7	41.7						
7. 2017.....	37	37		101.7	101.7						
8. 2018.....	17	17		59.1	59.1						
9. 2019.....	14	14		59.4	59.4						
10. 2020.....	64	64		267.2	267.2						
11. 2021.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY**  
**SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
	1. Prior.....	XXX	XXX	XXX								
2. 2012.....	28,718	28,718		19,454	19,454	1,418	1,418	2,527	2,527		1,919	
3. 2013.....	42,662	42,662		21,520	21,520	2,440	2,440	3,492	3,492		2,584	
4. 2014.....	51,204	51,204		30,151	30,151	3,435	3,435	3,786	3,786		3,805	
5. 2015.....	55,545	55,545		32,069	32,069	2,549	2,549	3,533	3,533		3,055	
6. 2016.....	56,078	56,078		42,764	42,764	3,090	3,090	4,246	4,246		3,076	
7. 2017.....	58,965	58,965		39,891	39,891	3,123	3,123	4,270	4,270		3,039	
8. 2018.....	62,959	62,959		31,512	31,512	2,782	2,782	4,279	4,279		2,786	
9. 2019.....	66,623	66,623		23,416	23,416	1,869	1,869	4,175	4,175		2,430	
10. 2020.....	70,381	70,381		10,189	10,189	589	589	2,630	2,630		1,738	
11. 2021.....	75,692	75,692		7,267	7,267	207	207	1,523	1,523		1,754	
12. Totals	XXX	XXX	XXX	258,234	258,234	21,503	21,503	34,460	34,460		XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
	1. Prior.....												
2. 2012.....			4	4			13	13	1	1			
3. 2013.....	105	105	33	33			29	29	16	16			2
4. 2014.....	616	616	56	56			46	46	44	44			6
5. 2015.....	1,557	1,557	123	123			116	116	86	86			5
6. 2016.....	1,509	1,509	458	458			253	253	94	94			23
7. 2017.....	5,338	5,338	569	569			470	470	40	40			34
8. 2018.....	6,066	6,066	948	948			1,090	1,090					75
9. 2019.....	12,270	12,270	2,280	2,280			2,165	2,165					138
10. 2020.....	13,006	13,006	8,186	8,186			3,131	3,131	463	463			189
11. 2021.....	21,429	21,429	15,625	15,625			4,051	4,051	3,036	3,036			619
12. Totals	61,896	61,896	28,282	28,282			11,364	11,364	3,780	3,780			1,091

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX				XXX
2. 2012.....	23,418	23,418		81.5	81.5						
3. 2013.....	27,636	27,636		64.8	64.8						
4. 2014.....	38,134	38,134		74.5	74.5						
5. 2015.....	40,033	40,033		72.1	72.1						
6. 2016.....	52,413	52,413		93.5	93.5						
7. 2017.....	53,701	53,701		91.1	91.1						
8. 2018.....	46,676	46,676		74.1	74.1						
9. 2019.....	46,175	46,175		69.3	69.3						
10. 2020.....	38,193	38,193		54.3	54.3						
11. 2021.....	53,138	53,138		70.2	70.2						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE P - PART 1D - WORKERS' COMPENSATION  
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX	2,858	2,858	133	133	131	131			XXX
2. 2012	94,081	94,081		43,200	43,200	3,308	3,308	7,940	7,940			5,783
3. 2013	107,741	107,741		44,088	44,088	3,516	3,516	6,540	6,540			5,847
4. 2014	120,140	120,140		48,064	48,064	4,116	4,116	8,074	8,074			6,123
5. 2015	133,549	133,549		47,990	47,990	4,331	4,331	8,000	8,000			6,321
6. 2016	131,607	131,607		48,112	48,112	3,740	3,740	7,605	7,605			5,625
7. 2017	118,105	118,105		32,386	32,386	2,748	2,748	6,501	6,501			4,908
8. 2018	116,882	116,882		37,151	37,151	2,960	2,960	6,501	6,501			4,913
9. 2019	110,911	110,911		32,995	32,995	2,885	2,885	6,858	6,858			4,924
10. 2020	108,198	108,198		23,276	23,276	1,783	1,783	5,468	5,468			3,890
11. 2021	112,385	112,385		14,923	14,923	634	634	4,326	4,326			3,913
12. Totals	XXX	XXX	XXX	375,043	375,043	30,154	30,154	67,944	67,944			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	21,863	21,863	40,093	40,093			2,172	2,172	109	109			165
2. 2012	1,370	1,370	4,619	4,619			204	204	41	41			17
3. 2013	1,847	1,847	3,746	3,746			254	254	49	49			22
4. 2014	3,563	3,563	3,787	3,787			328	328	153	153			35
5. 2015	2,703	2,703	6,074	6,074			438	438	555	555			49
6. 2016	4,803	4,803	5,652	5,652			576	576	694	694			76
7. 2017	4,493	4,493	7,085	7,085			797	797	570	570			78
8. 2018	8,686	8,686	7,384	7,384			1,230	1,230	521	521			129
9. 2019	13,112	13,112	10,947	10,947			1,943	1,943	363	363			242
10. 2020	21,203	21,203	14,657	14,657			3,251	3,251	2,028	2,028			444
11. 2021	38,660	38,660	13,782	13,782			5,093	5,093	2,532	2,532			1,969
12. Totals	122,303	122,303	117,826	117,826			16,286	16,286	7,615	7,615			3,226

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2012	60,683	60,683		64.5	64.5						
3. 2013	60,041	60,041		55.7	55.7						
4. 2014	68,085	68,085		56.7	56.7						
5. 2015	70,090	70,090		52.5	52.5						
6. 2016	71,182	71,182		54.1	54.1						
7. 2017	54,581	54,581		46.2	46.2						
8. 2018	64,433	64,433		55.1	55.1						
9. 2019	69,103	69,103		62.3	62.3						
10. 2020	71,665	71,665		66.2	66.2						
11. 2021	79,949	79,949		71.1	71.1						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY**  
**SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX						2	2		XXX
2. 2012	49,368	49,368		27,937	27,937	3,742	3,742		4,850	4,850		2,155
3. 2013	70,112	70,112		36,469	36,469	5,989	5,989		5,625	5,625		2,375
4. 2014	87,986	87,986		34,943	34,943	4,365	4,365		6,512	6,512		2,687
5. 2015	103,300	103,300		39,418	39,418	3,827	3,827		6,116	6,116		2,766
6. 2016	104,555	104,555		43,338	43,338	5,592	5,592		5,303	5,303		2,476
7. 2017	101,539	101,539		41,183	41,183	5,105	5,105		4,869	4,869		2,335
8. 2018	98,162	98,162		43,168	43,168	4,638	4,638		5,111	5,111		2,209
9. 2019	94,012	94,012		33,268	33,268	2,735	2,735		4,777	4,777		1,964
10. 2020	92,564	92,564		30,843	30,843	2,093	2,093		4,789	4,789		2,124
11. 2021	91,949	91,949		14,665	14,665	575	575		1,895	1,895		1,227
12. Totals	XXX	XXX	XXX	345,233	345,233	38,662	38,662		49,849	49,849		XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior													1
2. 2012	282	282	94	94			197	197	18	18			9
3. 2013	1,627	1,627	236	236			314	314	22	22			14
4. 2014	1,550	1,550	382	382			547	547	61	61			21
5. 2015	2,009	2,009	208	208			825	825	56	56			20
6. 2016	1,897	1,897	(156)	(156)			1,305	1,305	147	147			29
7. 2017	6,032	6,032	(541)	(541)			1,902	1,902	296	296			69
8. 2018	4,502	4,502	(668)	(668)			3,059	3,059	450	450			79
9. 2019	7,089	7,089	547	547			4,827	4,827	1,019	1,019			146
10. 2020	8,134	8,134	4,901	4,901			7,108	7,108	1,640	1,640			227
11. 2021	9,949	9,949	8,429	8,429			7,919	7,919	3,793	3,793			425
12. Totals	43,071	43,071	13,432	13,432			28,003	28,003	7,502	7,502			1,040

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2012	37,119	37,119		75.2	75.2						
3. 2013	50,282	50,282		71.7	71.7						
4. 2014	48,361	48,361		55.0	55.0						
5. 2015	52,459	52,459		50.8	50.8						
6. 2016	57,427	57,427		54.9	54.9						
7. 2017	58,847	58,847		58.0	58.0						
8. 2018	60,260	60,260		61.4	61.4						
9. 2019	54,262	54,262		57.7	57.7						
10. 2020	59,508	59,508		64.3	64.3						
11. 2021	47,225	47,225		51.4	51.4						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY**  
**SCHEDULE P - PART 1F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2012.....	289	289		19	19				18	18		3
3. 2013.....	732	732		151	151	23	23	29	29			5
4. 2014.....	1,559	1,559		2,860	2,860	424	424	122	122			20
5. 2015.....	2,189	2,189		1,397	1,397	349	349	132	132			23
6. 2016.....	2,235	2,235		98	98	323	323	160	160			22
7. 2017.....	2,413	2,413		1,103	1,103	71	71	136	136			19
8. 2018.....	2,396	2,396		1,952	1,952	294	294	153	153			24
9. 2019.....	2,349	2,349		325	325	62	62	91	91			16
10. 2020.....	2,115	2,115		100	100	38	38	48	48			10
11. 2021.....	2,087	2,087				15	15	49	49			14
12. Totals	XXX	XXX	XXX	8,005	8,005	1,599	1,599	938	938			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2012.....			5	5			1	1					
3. 2013.....			12	12			3	3					
4. 2014.....	9	9	(11)	(11)			14	14	2	2			1
5. 2015.....			65	65			37	37	2	2			
6. 2016.....	241	241	79	79			60	60	6	6			3
7. 2017.....	302	302	(140)	(140)			111	111	15	15			1
8. 2018.....	179	179	135	135			218	218	23	23			5
9. 2019.....	175	175	395	395			429	429	54	54			3
10. 2020.....	89	89	481	481			627	627	80	80			3
11. 2021.....	331	331	1,551	1,551			750	750	132	132			13
12. Totals	1,326	1,326	2,572	2,572			2,250	2,250	314	314			29

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX				XXX
2. 2012.....	43	43		14.9	14.9						
3. 2013.....	217	217		29.7	29.7						
4. 2014.....	3,421	3,421		219.4	219.4						
5. 2015.....	1,982	1,982		90.5	90.5						
6. 2016.....	965	965		43.2	43.2						
7. 2017.....	1,599	1,599		66.3	66.3						
8. 2018.....	2,955	2,955		123.3	123.3						
9. 2019.....	1,532	1,532		65.2	65.2						
10. 2020.....	1,462	1,462		69.2	69.2						
11. 2021.....	2,828	2,828		135.5	135.5						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY**  
**SCHEDULE P - PART 1F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2012.....												
3. 2013.....												
4. 2014.....	1	1										
5. 2015.....	4	4						2	2			1
6. 2016.....	2	2										
7. 2017.....	60	60										
8. 2018.....	63	63				11	11	7	7			1
9. 2019.....	52	52				4	4	13	13			2
10. 2020.....	350	350										
11. 2021.....	1,363	1,363						11	11			4
12. Totals	XXX	XXX	XXX			15	15	32	32			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2012.....													
3. 2013.....													
4. 2014.....													
5. 2015.....													
6. 2016.....													
7. 2017.....													
8. 2018.....	19	19											1
9. 2019.....								1	1				
10. 2020.....								9	9				
11. 2021.....	460	460						62	62				4
12. Totals	479	479						72	72				5

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2012.....											
3. 2013.....											
4. 2014.....											
5. 2015.....	2	2		50.0	50.0						
6. 2016.....											
7. 2017.....											
8. 2018.....	37	37		58.3	58.3						
9. 2019.....	18	18		34.4	34.4						
10. 2020.....	9	9		2.5	2.5						
11. 2021.....	533	533		39.1	39.1						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY**  
**SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),**  
**BOILER AND MACHINERY)**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
	Direct and Assumed	Ceded	Net (1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX									XXX
2. 2012	482	482		27	27	5	5					XXX
3. 2013	823	823		165	165			1	1			XXX
4. 2014	1,153	1,153		14	14							XXX
5. 2015	1,432	1,432		78	78	11	11	1	1			XXX
6. 2016	1,558	1,558		107	107	11	11	2	2			XXX
7. 2017	1,652	1,652		59	59	1	1					XXX
8. 2018	1,702	1,702		80	80			2	2			XXX
9. 2019	1,655	1,655		101	101	8	8	4	4			XXX
10. 2020	1,762	1,762		218	218			5	5			XXX
11. 2021	1,808	1,808		95	95	4	4	5	5			XXX
12. Totals	XXX	XXX	XXX	945	945	40	40	19	19			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior													
2. 2012													
3. 2013													
4. 2014													
5. 2015													
6. 2016													
7. 2017													
8. 2018													
9. 2019													
10. 2020	10	10											1
11. 2021	12	12							5	5			1
12. Totals	22	22							5	5			2

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2012	32	32		6.6	6.6						
3. 2013	166	166		20.2	20.2						
4. 2014	14	14		1.2	1.2						
5. 2015	90	90		6.3	6.3						
6. 2016	120	120		7.7	7.7						
7. 2017	60	60		3.6	3.6						
8. 2018	82	82		4.8	4.8						
9. 2019	113	113		6.8	6.8						
10. 2020	233	233		13.2	13.2						
11. 2021	121	121		6.7	6.7						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY**  
**SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
	1. Prior.....	XXX	XXX	XXX					28			
2. 2012.....	29,689	29,689		9,720	9,720	1,364	1,364	1,360	1,360		416	
3. 2013.....	43,743	43,743		9,288	9,288	2,763	2,763	1,704	1,704		529	
4. 2014.....	54,137	54,137		17,074	17,074	3,972	3,972	2,667	2,667		694	
5. 2015.....	62,302	62,302		13,985	13,985	5,901	5,901	2,951	2,951		776	
6. 2016.....	63,891	63,891		19,892	19,892	4,556	4,556	2,795	2,795		735	
7. 2017.....	63,683	63,683		11,839	11,839	3,617	3,617	2,773	2,773		759	
8. 2018.....	62,663	62,663		8,128	8,128	1,857	1,857	2,229	2,229		651	
9. 2019.....	61,545	61,545		5,761	5,761	1,311	1,311	2,165	2,165		668	
10. 2020.....	64,243	64,243		3,977	3,977	653	653	1,458	1,458		461	
11. 2021.....	68,308	68,308		1,815	1,815	164	164	1,040	1,040		393	
12. Totals	XXX	XXX	XXX	101,479	101,479	26,159	26,159	21,170	21,170		XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
	1. Prior.....	74	74										
2. 2012.....	5	5	379	379			100	100	9	9		1	
3. 2013.....	1,025	1,025	459	459			240	240	12	12		6	
4. 2014.....	2,382	2,382	1,001	1,001			441	441	28	28		28	
5. 2015.....	3,224	3,224	1,859	1,859			730	730	30	30		65	
6. 2016.....	2,402	2,402	2,743	2,743			1,151	1,151	88	88		77	
7. 2017.....	4,604	4,604	2,984	2,984			1,676	1,676	204	204		86	
8. 2018.....	3,047	3,047	3,912	3,912			2,310	2,310	321	321		64	
9. 2019.....	6,892	6,892	3,180	3,180			3,484	3,484	743	743		91	
10. 2020.....	11,299	11,299	8,641	8,641			4,471	4,471	1,268	1,268		124	
11. 2021.....	10,901	10,901	15,403	15,403			5,487	5,487	2,203	2,203		212	
12. Totals	45,856	45,856	40,561	40,561			20,090	20,090	4,906	4,906		756	

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX				XXX
2. 2012.....	12,937	12,937		43.6	43.6						
3. 2013.....	15,491	15,491		35.4	35.4						
4. 2014.....	27,565	27,565		50.9	50.9						
5. 2015.....	28,680	28,680		46.0	46.0						
6. 2016.....	33,628	33,628		52.6	52.6						
7. 2017.....	27,697	27,697		43.5	43.5						
8. 2018.....	21,806	21,806		34.8	34.8						
9. 2019.....	23,536	23,536		38.2	38.2						
10. 2020.....	31,767	31,767		49.4	49.4						
11. 2021.....	37,013	37,013		54.2	54.2						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY**  
**SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2012.....	347	347		39	39			11	11			5
3. 2013.....	534	534		99	99	12	12	32	32			11
4. 2014.....	669	669		119	119			35	35			9
5. 2015.....	834	834		272	272			58	58			15
6. 2016.....	994	994		379	379	15	15	114	114			16
7. 2017.....	1,193	1,193		90	90			35	35			7
8. 2018.....	1,324	1,324		370	370	67	67	54	54			8
9. 2019.....	1,351	1,351		99	99			34	34			8
10. 2020.....	1,357	1,357		591	591			44	44			3
11. 2021.....	1,599	1,599		106	106			19	19			5
12. Totals	XXX	XXX	XXX	2,164	2,164	94	94	436	436			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2012.....													
3. 2013.....													
4. 2014.....							(2)	(2)					
5. 2015.....							7	7					
6. 2016.....							16	16	1	1			
7. 2017.....							43	43	3	3			
8. 2018.....	52	52	4	4			74	74	8	8			1
9. 2019.....			13	13			112	112	23	23			
10. 2020.....	10	10	15	15			251	251	38	38			1
11. 2021.....	50	50	24	24			481	481	66	66			3
12. Totals	112	112	56	56			982	982	139	139			5

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX				XXX
2. 2012.....	50	50		14.4	14.4						
3. 2013.....	143	143		26.8	26.8						
4. 2014.....	152	152		22.8	22.8						
5. 2015.....	337	337		40.4	40.4						
6. 2016.....	525	525		52.9	52.9						
7. 2017.....	171	171		14.4	14.4						
8. 2018.....	629	629		47.5	47.5						
9. 2019.....	281	281		20.8	20.8						
10. 2020.....	949	949		70.0	70.0						
11. 2021.....	746	746		46.6	46.6						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY**  
**SCHEDULE P - PART 11 - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,**  
**EARTHQUAKE, BURGLARY AND THEFT)**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX	4,516	4,516	193	193	224	224			XXX
2. 2020	42,840	42,840		17,591	17,591	727	727	1,769	1,769			XXX
3. 2021	44,775	44,775		15,104	15,104	355	355	579	579			XXX
4. Totals	XXX	XXX	XXX	37,211	37,211	1,275	1,275	2,573	2,573			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	435	435	14	14					26	26			25
2. 2020	3,064	3,064	12	12									51
3. 2021	6,939	6,939	18	18					441	441			156
4. Totals	10,438	10,438	44	44					467	467			232

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2020	23,164	23,164		54.1	54.1						
3. 2021	23,437	23,437		52.3	52.3						
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY**  
**SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid			
1. Prior	XXX	XXX	XXX	(133)	(133)	47	47	135	135		XXX	
2. 2020	29,814	29,814		13,590	13,590	240	240	1,600	1,600		2,100	
3. 2021	31,817	31,817		13,724	13,724	251	251	1,134	1,134		2,093	
4. Totals	XXX	XXX	XXX	27,181	27,181	538	538	2,868	2,868		XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed		
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR					Adjusting and Other Unpaid	
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded				21 Direct and Assumed	22 Ceded
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR					Adjusting and Other Unpaid	
1. Prior	(148)	(148)	20	20			94	94	197	197	77		
2. 2020	(231)	(231)	(6)	(6)			61	61	192	192	38		
3. 2021	952	952	86	86			141	141	791	791	390		
4. Totals	573	573	100	100			296	296	1,180	1,180	505		

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR			Adjusting and Other Unpaid	
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR			Adjusting and Other Unpaid	
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2020	15,445	15,445		51.8	51.8						
3. 2021	17,079	17,079		53.7	53.7						
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1K - Fidelity/Surety

**NONE**

Schedule P - Part 1L - Other (Including Credit, Accident and Health)

**NONE**

Schedule P - Part 1M - International

**NONE**

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

**NONE**

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

**NONE**

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY**  
**SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2012.....	2,305	2,305		564	564	339	339	333	333			83
3. 2013.....	3,879	3,879		1,455	1,455	856	856	547	547			118
4. 2014.....	5,271	5,271		2,293	2,293	1,621	1,621	808	808			142
5. 2015.....	7,019	7,019		2,644	2,644	2,289	2,289	876	876			184
6. 2016.....	7,213	7,213		1,685	1,685	833	833	519	519			116
7. 2017.....	6,889	6,889		541	541	736	736	429	429			83
8. 2018.....	6,165	6,165		460	460	347	347	379	379			71
9. 2019.....	6,491	6,491		769	769	717	717	259	259			60
10. 2020.....	6,207	6,207		196	196	96	96	240	240			68
11. 2021.....	6,575	6,575		112	112	3	3	90	90			33
12. Totals	XXX	XXX	XXX	10,718	10,718	7,838	7,838	4,479	4,479			XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior.....													
2. 2012.....	79	79	(33)	(33)			(5)	(5)	1	1			2
3. 2013.....			65	65			56	56	2	2			
4. 2014.....	975	975	(110)	(110)			111	111	4	4			5
5. 2015.....	590	590	48	48			236	236	5	5			13
6. 2016.....	567	567	251	251			361	361	14	14			5
7. 2017.....	638	638	467	467			519	519	31	31			7
8. 2018.....	1,049	1,049	248	248			762	762	43	43			8
9. 2019.....	2,051	2,051	357	357			1,182	1,182	107	107			8
10. 2020.....	1,163	1,163	1,295	1,295			1,595	1,595	167	167			15
11. 2021.....	625	625	1,830	1,830			1,880	1,880	297	297			11
12. Totals	7,737	7,737	4,418	4,418			6,697	6,697	671	671			74

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred / Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
2. 2012.....	1,277	1,277		55.4	55.4						
3. 2013.....	2,980	2,980		76.8	76.8						
4. 2014.....	5,702	5,702		108.2	108.2						
5. 2015.....	6,687	6,687		95.3	95.3						
6. 2016.....	4,230	4,230		58.6	58.6						
7. 2017.....	3,362	3,362		48.8	48.8						
8. 2018.....	3,287	3,287		53.3	53.3						
9. 2019.....	5,442	5,442		83.8	83.8						
10. 2020.....	4,753	4,753		76.6	76.6						
11. 2021.....	4,837	4,837		73.6	73.6						
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

**N O N E**

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 1T - Warranty

**N O N E**

Schedule P - Part 2A - Homeowners/Farmowners

**N O N E**

Schedule P - Part 2B - Private Passenger Auto Liability/Medical

**N O N E**

Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical

**N O N E**

Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation)

**N O N E**

Schedule P - Part 2E - Commercial Multiple Peril

**N O N E**

Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence

**N O N E**

Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made

**N O N E**

Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

**N O N E**

Schedule P - Part 2H - Section 1 - Other Liability - Occurrence

**N O N E**

Schedule P - Part 2H - Section 2- Other Liability - Claims-Made

**N O N E**

Schedule P - Part 2I - Special Property

**N O N E**

Schedule P - Part 2J - Auto Physical Damage

**NONE**

Schedule P - Part 2K - Fidelity/Surety

**NONE**

Schedule P - Part 2L - Other (Including Credit, Accident and Health)

**NONE**

Schedule P - Part 2M - International

**NONE**

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

**NONE**

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability

**NONE**

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

**NONE**

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

**NONE**

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

**NONE**

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

**NONE**

Schedule P - Part 2T - Warranty

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE P - PART 3A - HOMEOWNERS/FAROWNERS**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021			
1. Prior	.000												
2. 2012													
3. 2013	XXX												
4. 2014	XXX	XXX											
5. 2015	XXX	XXX	XXX										
6. 2016	XXX	XXX	XXX	XXX									
7. 2017	XXX	XXX	XXX	XXX	XXX								
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

NONE

**SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

1. Prior	.000											16	
2. 2012												3	
3. 2013	XXX											2	
4. 2014	XXX	XXX										4	
5. 2015	XXX	XXX	XXX										
6. 2016	XXX	XXX	XXX	XXX								3	
7. 2017	XXX	XXX	XXX	XXX	XXX							2	
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						2	
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					1	1
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				4	
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

1. Prior	.000											(63)	
2. 2012												1,613	306
3. 2013	XXX											2,142	440
4. 2014	XXX	XXX										3,031	768
5. 2015	XXX	XXX	XXX									2,449	601
6. 2016	XXX	XXX	XXX	XXX								2,460	593
7. 2017	XXX	XXX	XXX	XXX	XXX							2,323	682
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						2,189	522
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					1,848	444
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				1,251	298
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		913	222

**SCHEDULE P - PART 3D - WORKERS' COMPENSATION  
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior	.000											1,276	37
2. 2012												4,701	1,065
3. 2013	XXX											4,692	1,133
4. 2014	XXX	XXX										4,886	1,202
5. 2015	XXX	XXX	XXX									4,965	1,307
6. 2016	XXX	XXX	XXX	XXX								4,602	947
7. 2017	XXX	XXX	XXX	XXX	XXX							4,026	804
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						3,968	816
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					3,889	793
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				2,843	603
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1,480	464

**SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL**

1. Prior	.000											(40)	.1
2. 2012												1,439	707
3. 2013	XXX											1,485	876
4. 2014	XXX	XXX										1,702	964
5. 2015	XXX	XXX	XXX									1,731	1,015
6. 2016	XXX	XXX	XXX	XXX								1,600	847
7. 2017	XXX	XXX	XXX	XXX	XXX							1,491	775
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						1,365	765
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					1,161	657
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				977	920
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		552	250

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**SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021			
1. Prior.....	.000											1	
2. 2012.....												1	2
3. 2013.....	XXX											3	2
4. 2014.....	XXX	XXX										6	13
5. 2015.....	XXX	XXX	XXX									10	13
6. 2016.....	XXX	XXX	XXX	XXX								2	17
7. 2017.....	XXX	XXX	XXX	XXX	XXX							6	12
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX						4	15
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					3	10
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				1	6
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1

**SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

1. Prior.....	.000												
2. 2012.....													
3. 2013.....	XXX												
4. 2014.....	XXX	XXX											
5. 2015.....	XXX	XXX	XXX										1
6. 2016.....	XXX	XXX	XXX	XXX									
7. 2017.....	XXX	XXX	XXX	XXX	XXX								
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX						2
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

1. Prior.....	.000											XXX	XXX
2. 2012.....												XXX	XXX
3. 2013.....	XXX											XXX	XXX
4. 2014.....	XXX	XXX										XXX	XXX
5. 2015.....	XXX	XXX	XXX									XXX	XXX
6. 2016.....	XXX	XXX	XXX	XXX								XXX	XXX
7. 2017.....	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

NONE

**SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior.....	.000											50	11
2. 2012.....												200	215
3. 2013.....	XXX											244	279
4. 2014.....	XXX	XXX										326	340
5. 2015.....	XXX	XXX	XXX									345	366
6. 2016.....	XXX	XXX	XXX	XXX								306	352
7. 2017.....	XXX	XXX	XXX	XXX	XXX							303	370
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX						299	288
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					264	313
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				157	180
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		92	89

**SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

1. Prior.....	.000												
2. 2012.....												3	2
3. 2013.....	XXX											6	5
4. 2014.....	XXX	XXX										6	3
5. 2015.....	XXX	XXX	XXX									12	3
6. 2016.....	XXX	XXX	XXX	XXX								13	3
7. 2017.....	XXX	XXX	XXX	XXX	XXX							5	2
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX						6	1
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					4	4
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					2
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1	1

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**SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,  
 EARTHQUAKE, BURGLARY, AND THEFT)**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1 2012	2 2013	3 2014	4 2015	5 2016	6 2017	7 2018	8 2019	9 2020	10 2021			
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE**

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	121	21
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,750	312
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,457	246

**SCHEDULE P - PART 3K - FIDELITY/SURETY**

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)**

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SCHEDULE P - PART 3M - INTERNATIONAL**

1. Prior	000											XXX	XXX
2. 2012												XXX	XXX
3. 2013	XXX											XXX	XXX
4. 2014	XXX	XXX										XXX	XXX
5. 2015	XXX	XXX	XXX									XXX	XXX
6. 2016	XXX	XXX	XXX	XXX								XXX	XXX
7. 2017	XXX	XXX	XXX	XXX	XXX							XXX	XXX
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

**N O N E**

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY  
**SCHEDULE P - PART 3R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment	
	1	2	3	4	5	6	7	8	9	10			
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021			
1. Prior.....	.000											2	1
2. 2012.....												41	40
3. 2013.....	XXX											61	57
4. 2014.....	XXX	XXX										68	69
5. 2015.....	XXX	XXX	XXX									82	89
6. 2016.....	XXX	XXX	XXX	XXX								50	61
7. 2017.....	XXX	XXX	XXX	XXX	XXX							39	37
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX						32	31
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					30	22
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				23	30
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			17	5

**SCHEDULE P - PART 3R - SECTION 2 - PRODUCTS LIABILITY - CLAIMS-MADE**

1. Prior.....	.000												
2. 2012.....													
3. 2013.....	XXX												
4. 2014.....	XXX	XXX											
5. 2015.....	XXX	XXX	XXX										
6. 2016.....	XXX	XXX	XXX	XXX									
7. 2017.....	XXX	XXX	XXX	XXX	XXX								
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX							
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX						
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				

**NONE**

**SCHEDULE P - PART 3S - FINANCIAL GUARANTY/MORTGAGE GUARANTY**

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**NONE**

**SCHEDULE P - PART 3T - WARRANTY**

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**NONE**

Schedule P - Part 4A - Homeowners/Farmowners

**NONE**

Schedule P - Part 4B - Private Passenger Auto Liability/Medical

**NONE**

Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical

**NONE**

Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation)

**NONE**

Schedule P - Part 4E - Commercial Multiple Peril

**NONE**

Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence

**NONE**

Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made

**NONE**

Schedule P - Part 4G - Special Liability

**NONE**

Schedule P - Part 4H - Section 1 - Other Liability - Occurrence

**NONE**

Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made

**NONE**

Schedule P - Part 4I - Special Property

**NONE**

Schedule P - Part 4J - Auto Physical Damage

**NONE**

Schedule P - Part 4K - Fidelity/Surety

**NONE**

Schedule P - Part 4L - Other (Including Credit, Accident and Health)

**NONE**

Schedule P - Part 4M - International

**NONE**

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

**NONE**

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability

**NONE**

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines

**NONE**

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

**NONE**

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

**NONE**

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty

**NONE**

Schedule P - Part 4T - Warranty

**NONE**

Schedule P - Part 5A - Homeowners/Farmowners - Section 1

**NONE**

Schedule P - Part 5A - Homeowners/Farmowners - Section 2

**NONE**

Schedule P - Part 5A - Homeowners/Farmowners - Section 3

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY**  
**SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior					8	8				
2. 2012	3	3	3	3	3	3	3	3	3	3
3. 2013	XXX	2	2	2	2	2	2	2	2	2
4. 2014	XXX	XXX	2	4	4	4	4	4	4	4
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XXX	XXX	3	3	3	3	3	3
7. 2017	XXX	XXX	XXX	XXX	XXX	1	2	2	2	2
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX		2	2	2
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1	1
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior										1
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX	1	1						
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XXX	XXX						
7. 2017	XXX	XXX	XXX	XXX	XXX	1				
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	2			
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1		
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	1				9					1
2. 2012	3	3	3	3	3	3	3	3	3	3
3. 2013	XXX	2	2	2	2	2	2	2	2	2
4. 2014	XXX	XXX	3	5	4	4	4	4	4	4
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XXX	XXX	3	3	3	3	3	3
7. 2017	XXX	XXX	XXX	XXX	XXX	2	2	2	2	2
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2	2
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY**  
**SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	92	13	7	5	(88)					
2. 2012	1,112	1,493	1,558	1,584	1,606	1,610	1,612	1,613	1,613	1,613
3. 2013	XXX	1,411	1,976	2,072	2,106	2,119	2,129	2,138	2,140	2,142
4. 2014	XXX	XXX	1,663	2,201	2,939	2,986	3,014	3,027	3,031	3,031
5. 2015	XXX	XXX	XXX	1,629	2,275	2,369	2,414	2,435	2,441	2,449
6. 2016	XXX	XXX	XXX	XXX	1,645	2,248	2,367	2,422	2,450	2,460
7. 2017	XXX	XXX	XXX	XXX	XXX	1,519	2,105	2,241	2,296	2,323
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	1,416	2,010	2,135	2,189
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,247	1,760	1,848
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	914	1,251
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	913

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	27	17	13	6	1					
2. 2012	424	118	64	34	7	3	1			
3. 2013	XXX	594	169	83	41	24	16	6	4	2
4. 2014	XXX	XXX	702	220	113	61	26	12	6	6
5. 2015	XXX	XXX	XXX	785	199	93	38	17	13	5
6. 2016	XXX	XXX	XXX	XXX	799	260	132	70	32	23
7. 2017	XXX	XXX	XXX	XXX	XXX	836	293	141	72	34
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	781	259	130	75
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	658	224	138
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	461	189
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	619

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	38	5	5	1	(108)	6	(6)			
2. 2012	1,703	1,888	1,911	1,917	1,918	1,952	1,919	1,919	1,919	1,919
3. 2013	XXX	2,267	2,542	2,576	2,582	2,665	2,584	2,584	2,584	2,584
4. 2014	XXX	XXX	2,740	2,982	3,791	4,025	3,805	3,805	3,805	3,805
5. 2015	XXX	XXX	XXX	2,776	3,020	3,830	3,050	3,053	3,055	3,055
6. 2016	XXX	XXX	XXX	XXX	2,775	3,023	3,065	3,074	3,075	3,076
7. 2017	XXX	XXX	XXX	XXX	XXX	2,692	3,002	3,032	3,039	3,039
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	2,487	2,748	2,779	2,786
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,168	2,409	2,430
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,560	1,738
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,754

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**SCHEDULE P - PART 5D - WORKERS' COMPENSATION  
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	2,175	572	344	144	68	45	43	26	19	15
2. 2012	2,394	4,135	4,491	4,593	4,629	4,656	4,678	4,682	4,693	4,701
3. 2013	XXX	2,342	4,139	4,456	4,578	4,631	4,667	4,676	4,689	4,692
4. 2014	XXX	XXX	2,435	4,215	4,615	4,776	4,830	4,863	4,874	4,886
5. 2015	XXX	XXX	XXX	2,464	4,325	4,697	4,844	4,918	4,945	4,965
6. 2016	XXX	XXX	XXX	XXX	2,265	3,975	4,373	4,498	4,577	4,602
7. 2017	XXX	XXX	XXX	XXX	XXX	1,905	3,602	3,880	3,979	4,026
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	1,930	3,541	3,866	3,968
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,930	3,561	3,889
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,470	2,843
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,480

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	1,488	893	528	386	318	272	224	200	182	165
2. 2012	2,041	583	238	130	86	60	41	37	25	17
3. 2013	XXX	2,087	580	269	143	85	43	34	25	22
4. 2014	XXX	XXX	2,265	702	317	157	97	62	47	35
5. 2015	XXX	XXX	XXX	2,322	708	335	182	100	70	49
6. 2016	XXX	XXX	XXX	XXX	2,160	686	313	186	102	76
7. 2017	XXX	XXX	XXX	XXX	XXX	2,050	494	224	130	78
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	1,951	538	231	129
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,001	567	242
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,691	444
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,969

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	585	55	19	18	5	6	3	4	3	2
2. 2012	5,156	5,720	5,773	5,779	5,778	5,779	5,783	5,783	5,783	5,783
3. 2013	XXX	5,184	5,783	5,830	5,840	5,844	5,844	5,844	5,847	5,847
4. 2014	XXX	XXX	5,489	6,041	6,100	6,116	6,121	6,123	6,123	6,123
5. 2015	XXX	XXX	XXX	5,626	6,238	6,297	6,307	6,313	6,315	6,321
6. 2016	XXX	XXX	XXX	XXX	4,989	5,534	5,604	5,616	5,623	5,625
7. 2017	XXX	XXX	XXX	XXX	XXX	4,390	4,846	4,899	4,907	4,908
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	4,382	4,848	4,901	4,913
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,407	4,881	4,924
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,518	3,890
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,913

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY**  
**SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	67	10	4	4	4	(66)		2	1	1
2. 2012	923	1,271	1,351	1,393	1,412	1,423	1,430	1,435	1,437	1,439
3. 2013	XXX	893	1,265	1,362	1,417	1,448	1,466	1,476	1,478	1,485
4. 2014	XXX	XXX	1,079	1,476	1,591	1,654	1,680	1,690	1,697	1,702
5. 2015	XXX	XXX	XXX	1,096	1,528	1,620	1,678	1,707	1,725	1,731
6. 2016	XXX	XXX	XXX	XXX	995	1,424	1,519	1,568	1,592	1,600
7. 2017	XXX	XXX	XXX	XXX	XXX	963	1,358	1,442	1,475	1,491
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	848	1,239	1,323	1,365
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	740	1,081	1,161
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	688	977
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	552

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	25	12	10	6	4	3	4	4	2	1
2. 2012	460	193	99	52	27	22	14	15	12	9
3. 2013	XXX	528	244	166	105	57	31	17	18	14
4. 2014	XXX	XXX	604	276	153	76	46	33	25	21
5. 2015	XXX	XXX	XXX	626	248	161	81	45	31	20
6. 2016	XXX	XXX	XXX	XXX	591	233	131	67	39	29
7. 2017	XXX	XXX	XXX	XXX	XXX	547	213	118	85	69
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	567	219	137	79
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	519	233	146
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	512	227
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	425

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	60	5	4	1	5	(100)	1	3		
2. 2012	1,745	2,051	2,110	2,127	2,133	2,140	2,144	2,153	2,155	2,155
3. 2013	XXX	1,856	2,226	2,316	2,347	2,362	2,366	2,367	2,371	2,375
4. 2014	XXX	XXX	2,207	2,546	2,621	2,649	2,663	2,676	2,680	2,687
5. 2015	XXX	XXX	XXX	2,293	2,614	2,703	2,730	2,742	2,760	2,766
6. 2016	XXX	XXX	XXX	XXX	2,045	2,371	2,439	2,462	2,472	2,476
7. 2017	XXX	XXX	XXX	XXX	XXX	1,932	2,227	2,286	2,319	2,335
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	1,824	2,101	2,183	2,209
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,602	1,908	1,964
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,933	2,124
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,227

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY  
**SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

**SECTION 1A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior		1								
2. 2012				1	1	1	1	1	1	1
3. 2013	XXX	1	2	2	2	2	2	2	3	3
4. 2014	XXX	XXX	1	1	2	2	3	5	6	6
5. 2015	XXX	XXX	XXX		3	4	5	7	8	10
6. 2016	XXX	XXX	XXX	XXX		1	1	2	2	2
7. 2017	XXX	XXX	XXX	XXX	XXX	2	5	6	6	6
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX			2	4
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1	3
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior										
2. 2012		1	2							
3. 2013	XXX	2	2			1	1	1		
4. 2014	XXX	XXX	5	6	6	5	3	2	1	1
5. 2015	XXX	XXX	XXX	5	4	7	6	3	2	
6. 2016	XXX	XXX	XXX	XXX	3	4	8	6	5	3
7. 2017	XXX	XXX	XXX	XXX	XXX	9	5	5	2	1
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	10	10	9	5
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	3	3
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	3
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13

**SECTION 3A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior		1								
2. 2012		1	3	3	3	3	3	3	3	3
3. 2013	XXX	3	4	4	4	5	5	5	5	5
4. 2014	XXX	XXX	11	16	19	19	19	20	20	20
5. 2015	XXX	XXX	XXX	12	16	21	22	22	23	23
6. 2016	XXX	XXX	XXX	XXX	7	14	18	21	22	22
7. 2017	XXX	XXX	XXX	XXX	XXX	12	15	19	19	19
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	13	18	21	24
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	13	16
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	10
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY  
**SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**  
**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XXX	XXX						
7. 2017	XXX	XXX	XXX	XXX	XXX					
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX							
6. 2016	XXX	XXX	XXX	XXX						
7. 2017	XXX	XXX	XXX	XXX	XXX					
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1		
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

**SECTION 3B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior										
2. 2012										
3. 2013	XXX									
4. 2014	XXX	XXX								
5. 2015	XXX	XXX	XXX		1	1	1	1	1	1
6. 2016	XXX	XXX	XXX	XXX						
7. 2017	XXX	XXX	XXX	XXX	XXX					
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX				1
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	2	2
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY  
**SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE**

**SECTION 1A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	17	3	5	11	10	12	7		2	
2. 2012	84	150	165	174	183	195	200	200	200	200
3. 2013	XXX	94	166	190	208	220	231	239	240	244
4. 2014	XXX	XXX	129	217	257	279	301	315	322	326
5. 2015	XXX	XXX	XXX	142	240	274	304	327	340	345
6. 2016	XXX	XXX	XXX	XXX	113	227	250	283	299	306
7. 2017	XXX	XXX	XXX	XXX	XXX	126	228	269	291	303
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	134	226	266	299
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	137	226	264
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	95	157
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	92

**SECTION 2A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	14	27	34	25	24	18	9	3	2	2
2. 2012	93	52	41	30	20	8	3	1	1	1
3. 2013	XXX	152	94	70	52	37	21	17	11	6
4. 2014	XXX	XXX	212	139	91	63	44	29	32	28
5. 2015	XXX	XXX	XXX	228	149	113	71	46	42	65
6. 2016	XXX	XXX	XXX	XXX	234	126	95	47	45	77
7. 2017	XXX	XXX	XXX	XXX	XXX	222	151	113	85	86
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	223	140	99	64
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	227	140	91
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	164	124
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	212

**SECTION 3A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	22	28	25	9	16	12	5	1	2	1
2. 2012	277	367	393	404	410	413	414	415	415	416
3. 2013	XXX	357	469	489	504	512	518	526	528	529
4. 2014	XXX	XXX	458	581	625	643	658	665	688	694
5. 2015	XXX	XXX	XXX	497	638	691	707	720	741	776
6. 2016	XXX	XXX	XXX	XXX	469	598	642	664	686	735
7. 2017	XXX	XXX	XXX	XXX	XXX	490	630	688	712	759
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	464	583	633	651
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	488	621	668
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	353	461
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	393

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY  
**SCHEDULE P - PART 5H - OTHER LIABILITY - CLAIMS-MADE**

**SECTION 1B**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior										
2. 2012		3	3	3	3	3	3	3	3	3
3. 2013	XXX	2	4	6	6	6	6	6	6	6
4. 2014	XXX	XXX	3	3	4	6	6	6	6	6
5. 2015	XXX	XXX	XXX	2	5	8	11	12	12	12
6. 2016	XXX	XXX	XXX	XXX	2	8	10	10	12	13
7. 2017	XXX	XXX	XXX	XXX	XXX		2	4	5	5
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	1	4	6	6
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	3	4
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

**SECTION 2B**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior										
2. 2012	1									
3. 2013	XXX	4	2							
4. 2014	XXX	XXX	4	3	2					
5. 2015	XXX	XXX	XXX	7	7	3				
6. 2016	XXX	XXX	XXX	XXX	10	6	4	4	1	
7. 2017	XXX	XXX	XXX	XXX	XXX	4	3	1		
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	5	3	1	1
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5	1	
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	1
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3

**SECTION 3B**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior										
2. 2012	2	5	5	5	5	5	5	5	5	5
3. 2013	XXX	7	11	11	11	11	11	11	11	11
4. 2014	XXX	XXX	8	9	9	9	9	9	9	9
5. 2015	XXX	XXX	XXX	10	14	14	14	15	15	15
6. 2016	XXX	XXX	XXX	XXX	12	14	15	16	16	16
7. 2017	XXX	XXX	XXX	XXX	XXX	6	7	7	7	7
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	6	8	8	8
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	8	8
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	3
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY**  
**SCHEDULE P - PART 5R - PRODUCTS LIABILITY - OCCURRENCE**  
**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	5				1		1			
2. 2012	23	31	34	37	37	37	40	40	41	41
3. 2013	XXX	31	44	49	52	55	59	60	60	61
4. 2014	XXX	XXX	28	45	51	55	60	63	68	68
5. 2015	XXX	XXX	XXX	37	53	62	68	76	77	82
6. 2016	XXX	XXX	XXX	XXX	21	33	39	43	46	50
7. 2017	XXX	XXX	XXX	XXX	XXX	18	27	30	34	39
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	21	29	32	32
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15	26	30
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17	23
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	1			1	1	2				
2. 2012	15	10	7	5	3	3	2	2	2	2
3. 2013	XXX	27	19	20	12	7	5	3	2	
4. 2014	XXX	XXX	42	27	26	26	21	18	6	5
5. 2015	XXX	XXX	XXX	36	34	28	32	26	32	13
6. 2016	XXX	XXX	XXX	XXX	34	24	18	15	13	5
7. 2017	XXX	XXX	XXX	XXX	XXX	26	21	18	15	7
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	16	15	10	8
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16	12	8
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17	15
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11

**SECTION 3A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
1. Prior	5			1	1	1				
2. 2012	57	71	75	77	78	78	80	80	82	83
3. 2013	XXX	71	97	110	113	114	116	118	118	118
4. 2014	XXX	XXX	90	115	128	135	138	139	141	142
5. 2015	XXX	XXX	XXX	100	141	151	164	172	182	184
6. 2016	XXX	XXX	XXX	XXX	78	94	103	107	115	116
7. 2017	XXX	XXX	XXX	XXX	XXX	52	71	77	81	83
8. 2018	XXX	XXX	XXX	XXX	XXX	XXX	43	62	69	71
9. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39	58	60
10. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49	68
11. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B

**N O N E**

Schedule P - Part 5T - Warranty - Section 1

**N O N E**

Schedule P - Part 5T - Warranty - Section 2

**N O N E**

Schedule P - Part 5T - Warranty - Section 3

**N O N E**

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY**  
**SCHEDULE P - PART 6C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....	28,718	28,718	28,718	28,718	28,718	28,718	28,718	28,718	28,718	28,718	
3. 2013.....	XXX	42,662	42,662	42,662	42,662	42,662	42,662	42,662	42,662	42,662	
4. 2014.....	XXX	XXX	51,204	51,204	51,204	51,204	51,204	51,204	51,204	51,204	
5. 2015.....	XXX	XXX	XXX	55,545	55,545	55,545	55,545	55,545	55,545	55,545	
6. 2016.....	XXX	XXX	XXX	XXX	56,078	56,078	56,078	56,078	56,078	56,078	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	58,965	58,965	58,965	58,965	58,965	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	62,959	62,959	62,959	62,959	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	66,623	66,623	66,623	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	70,381	70,381	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	75,692	75,692
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	75,692
13. Earned Premiums (Sch P-Pt. 1)	28,718	42,662	51,204	55,545	56,078	58,965	62,959	66,623	70,381	75,692	XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....	28,718	28,718	28,718	28,718	28,718	28,718	28,718	28,718	28,718	28,718	
3. 2013.....	XXX	42,662	42,662	42,662	42,662	42,662	42,662	42,662	42,662	42,662	
4. 2014.....	XXX	XXX	51,204	51,204	51,204	51,204	51,204	51,204	51,204	51,204	
5. 2015.....	XXX	XXX	XXX	55,545	55,545	55,545	55,545	55,545	55,545	55,545	
6. 2016.....	XXX	XXX	XXX	XXX	56,078	56,078	56,078	56,078	56,078	56,078	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	58,965	58,965	58,965	58,965	58,965	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	62,959	62,959	62,959	62,959	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	66,623	66,623	66,623	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	70,381	70,381	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	75,692	75,692
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	75,692
13. Earned Premiums (Sch P-Pt. 1)	28,718	42,662	51,204	55,545	56,078	58,965	62,959	66,623	70,381	75,692	XXX

**SCHEDULE P - PART 6D - WORKERS' COMPENSATION**  
**(EXCLUDING EXCESS WORKERS' COMPENSATION)**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....					78		154	(3)			
2. 2012.....	94,081	94,081	94,081	94,081	94,146	94,145	94,154	94,173	94,173	94,173	
3. 2013.....	XXX	107,741	107,741	107,741	107,640	107,632	107,659	107,677	107,691	107,691	
4. 2014.....	XXX	XXX	120,140	120,140	122,489	122,494	122,527	122,591	122,614	122,616	1
5. 2015.....	XXX	XXX	XXX	133,549	141,181	142,922	142,821	142,807	142,820	142,807	(13)
6. 2016.....	XXX	XXX	XXX	XXX	121,582	132,518	134,812	134,797	134,850	134,851	1
7. 2017.....	XXX	XXX	XXX	XXX	XXX	105,432	113,421	115,825	115,845	115,856	10
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	106,476	111,142	111,272	111,227	(45)
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	103,771	101,836	101,554	(282)
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	109,879	108,963	(917)
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	113,630	113,630
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	112,385
13. Earned Premiums (Sch P-Pt. 1)	94,081	107,741	120,140	133,549	131,607	118,105	116,882	110,911	108,198	112,385	XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....								(3)			
2. 2012.....	94,081	94,081	94,081	94,081	94,081	94,081	94,081	94,100	94,100	94,100	
3. 2013.....	XXX	107,741	107,741	107,741	107,741	107,741	107,741	107,758	107,758	107,758	
4. 2014.....	XXX	XXX	120,140	120,140	120,140	120,140	120,140	120,205	120,205	120,205	
5. 2015.....	XXX	XXX	XXX	133,549	133,549	133,549	133,549	133,535	133,535	133,535	
6. 2016.....	XXX	XXX	XXX	XXX	131,607	131,607	131,607	131,592	131,592	131,592	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	118,105	118,105	120,508	120,508	120,508	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	116,882	121,548	121,548	121,548	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	103,771	103,771	103,771	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	108,198	108,198	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	112,385	112,385
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	112,385
13. Earned Premiums (Sch P-Pt. 1)	94,081	107,741	120,140	133,549	131,607	118,105	116,882	110,911	108,198	112,385	XXX

**ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY**  
**SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....	49,368	49,368	49,368	49,368	49,368	49,368	49,368	49,368	49,368	49,368	
3. 2013.....	XXX	70,112	70,112	70,112	70,112	70,112	70,112	70,112	70,112	70,112	
4. 2014.....	XXX	XXX	87,986	87,986	87,986	87,986	87,986	87,986	87,986	87,986	
5. 2015.....	XXX	XXX	XXX	103,300	103,300	103,300	103,300	103,300	103,300	103,300	
6. 2016.....	XXX	XXX	XXX	XXX	104,555	104,555	104,555	104,555	104,555	104,555	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	101,539	101,539	101,539	101,539	101,539	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	98,162	98,162	98,162	98,162	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	94,012	94,012	94,012	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	92,564	92,564	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	91,949	91,949
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	91,949
13. Earned Premiums (Sch P-Pt. 1)	49,368	70,112	87,986	103,300	104,555	101,539	98,162	94,012	92,564	91,949	XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....	49,368	49,368	49,368	49,368	49,368	49,368	49,368	49,368	49,368	49,368	
3. 2013.....	XXX	70,112	70,112	70,112	70,112	70,112	70,112	70,112	70,112	70,112	
4. 2014.....	XXX	XXX	87,986	87,986	87,986	87,986	87,986	87,986	87,986	87,986	
5. 2015.....	XXX	XXX	XXX	103,300	103,300	103,300	103,300	103,300	103,300	103,300	
6. 2016.....	XXX	XXX	XXX	XXX	104,555	104,555	104,555	104,555	104,555	104,555	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	101,539	101,539	101,539	101,539	101,539	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	98,162	98,162	98,162	98,162	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	94,012	94,012	94,012	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	92,564	92,564	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	91,949	91,949
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	91,949
13. Earned Premiums (Sch P-Pt. 1)	49,368	70,112	87,986	103,300	104,555	101,539	98,162	94,012	92,564	91,949	XXX

**SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE**  
**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....	29,689	29,689	29,689	29,689	29,689	29,689	29,689	29,689	29,689	29,689	
3. 2013.....	XXX	43,743	43,743	43,743	43,743	43,743	43,743	43,743	43,743	43,743	
4. 2014.....	XXX	XXX	54,137	54,137	54,137	54,137	54,137	54,137	54,137	54,137	
5. 2015.....	XXX	XXX	XXX	62,302	62,302	62,302	62,302	62,302	62,302	62,302	
6. 2016.....	XXX	XXX	XXX	XXX	63,891	63,891	63,891	63,891	63,891	63,891	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	63,683	63,683	63,683	63,683	63,683	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	62,663	62,663	62,663	62,663	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	61,545	61,545	61,545	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	64,243	64,243	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	68,308	68,308
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	68,308
13. Earned Premiums (Sch P-Pt. 1)	29,689	43,743	54,137	62,302	63,891	63,683	62,663	61,545	64,243	68,308	XXX

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....	29,689	29,689	29,689	29,689	29,689	29,689	29,689	29,689	29,689	29,689	
3. 2013.....	XXX	43,743	43,743	43,743	43,743	43,743	43,743	43,743	43,743	43,743	
4. 2014.....	XXX	XXX	54,137	54,137	54,137	54,137	54,137	54,137	54,137	54,137	
5. 2015.....	XXX	XXX	XXX	62,302	62,302	62,302	62,302	62,302	62,302	62,302	
6. 2016.....	XXX	XXX	XXX	XXX	63,891	63,891	63,891	63,891	63,891	63,891	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	63,683	63,683	63,683	63,683	63,683	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	62,663	62,663	62,663	62,663	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	61,545	61,545	61,545	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	64,243	64,243	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	68,308	68,308
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	68,308
13. Earned Premiums (Sch P-Pt. 1)	29,689	43,743	54,137	62,302	63,891	63,683	62,663	61,545	64,243	68,308	XXX

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE P - PART 6H - OTHER LIABILITY - CLAIMS-MADE**

**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....	347										
3. 2013.....	XXX	534									
4. 2014.....	XXX	XXX	669								
5. 2015.....	XXX	XXX	XXX	834							
6. 2016.....	XXX	XXX	XXX	XXX	994						
7. 2017.....	XXX	XXX	XXX	XXX	XXX	1,193					
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	1,324				
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,351			
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,357		
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,599	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,599
13. Earned Premiums (Sch P-Pt. 1)	347	534	669	834	994	1,193	1,324	1,351	1,357	1,599	XXX

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....	347										
3. 2013.....	XXX	534									
4. 2014.....	XXX	XXX	669								
5. 2015.....	XXX	XXX	XXX	834							
6. 2016.....	XXX	XXX	XXX	XXX	994						
7. 2017.....	XXX	XXX	XXX	XXX	XXX	1,193					
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	1,324				
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,351			
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,357		
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,599	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,599
13. Earned Premiums (Sch P-Pt. 1)	347	534	669	834	994	1,193	1,324	1,351	1,357	1,599	XXX

**SCHEDULE P - PART 6M - INTERNATIONAL**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX	XXX								
6. 2016.....	XXX	XXX	XXX	XXX							
7. 2017.....	XXX	XXX	XXX	XXX	XXX						
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX	XXX								
6. 2016.....	XXX	XXX	XXX	XXX							
7. 2017.....	XXX	XXX	XXX	XXX	XXX						
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

**N O N E**

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

**N O N E**

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

**N O N E**

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY  
**SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE**  
**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....	2,305	2,305	2,305	2,305	2,305	2,305	2,305	2,305	2,305	2,305	
3. 2013.....	XXX	3,879	3,879	3,879	3,879	3,879	3,879	3,879	3,879	3,879	
4. 2014.....	XXX	XXX	5,271	5,271	5,271	5,271	5,271	5,271	5,271	5,271	
5. 2015.....	XXX	XXX	XXX	7,019	7,019	7,019	7,019	7,019	7,019	7,019	
6. 2016.....	XXX	XXX	XXX	XXX	7,213	7,213	7,213	7,213	7,213	7,213	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	6,889	6,889	6,889	6,889	6,889	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	6,165	6,165	6,165	6,165	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,491	6,491	6,491	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,207	6,207	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,575	6,575
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,575
13. Earned Premiums (Sch P-Pt. 1)	2,305	3,879	5,271	7,019	7,213	6,889	6,165	6,491	6,207	6,575	XXX

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....	2,305	2,305	2,305	2,305	2,305	2,305	2,305	2,305	2,305	2,305	
3. 2013.....	XXX	3,879	3,879	3,879	3,879	3,879	3,879	3,879	3,879	3,879	
4. 2014.....	XXX	XXX	5,271	5,271	5,271	5,271	5,271	5,271	5,271	5,271	
5. 2015.....	XXX	XXX	XXX	7,019	7,019	7,019	7,019	7,019	7,019	7,019	
6. 2016.....	XXX	XXX	XXX	XXX	7,213	7,213	7,213	7,213	7,213	7,213	
7. 2017.....	XXX	XXX	XXX	XXX	XXX	6,889	6,889	6,889	6,889	6,889	
8. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	6,165	6,165	6,165	6,165	
9. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,491	6,491	6,491	
10. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,207	6,207	
11. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,575	6,575
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6,575
13. Earned Premiums (Sch P-Pt. 1)	2,305	3,879	5,271	7,019	7,213	6,889	6,165	6,491	6,207	6,575	XXX

**SCHEDULE P - PART 6R - PRODUCTS LIABILITY - CLAIMS-MADE**  
**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX									
6. 2016.....	XXX	XXX									
7. 2017.....	XXX	XXX									
8. 2018.....	XXX	XXX									
9. 2019.....	XXX	XXX									
10. 2020.....	XXX	XXX									
11. 2021.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
1. Prior.....											
2. 2012.....											
3. 2013.....	XXX										
4. 2014.....	XXX	XXX									
5. 2015.....	XXX	XXX									
6. 2016.....	XXX	XXX									
7. 2017.....	XXX	XXX									
8. 2018.....	XXX	XXX									
9. 2019.....	XXX	XXX									
10. 2020.....	XXX	XXX									
11. 2021.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

Schedule P - Part 7A - Section 1 - Primary Loss Sensitive Contracts

**NONE**

Schedule P - Part 7A - Section 2 - Primary Loss Sensitive Contracts

**NONE**

Schedule P - Part 7A - Section 3 - Primary Loss Sensitive Contracts

**NONE**

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts

**NONE**

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts

**NONE**

Schedule P - Part 7B - Section 1 - Reinsurance Loss Sensitive Contracts

**NONE**

Schedule P - Part 7B - Section 2 - Reinsurance Loss Sensitive Contracts

**NONE**

Schedule P - Part 7B - Section 3 - Reinsurance Loss Sensitive Contracts

**NONE**

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts

**NONE**

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts

**NONE**

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts

**NONE**

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE P INTERROGATORIES**

- 1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? ..... Yes [ ] No [ X ]  
If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? ..... \$ .....
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? ..... Yes [ ] No [ ]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? ..... Yes [ ] No [ ]
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? ..... Yes [ ] No [ ] N/A [ ]
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
		1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601	Prior .....		
1.602	2012 .....		
1.603	2013 .....		
1.604	2014 .....		
1.605	2015 .....		
1.606	2016 .....		
1.607	2017 .....		
1.608	2018 .....		
1.609	2019 .....		
1.610	2020 .....		
1.611	2021 .....		
1.612	Totals		

- 2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other" ) reported in compliance with these definitions in this statement? ..... Yes [ X ] No [ ]
- 3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? ..... Yes [ X ] No [ ]
- 4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? ..... Yes [ ] No [ X ]  
  
If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.  
Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
- 5. What were the net premiums in force at the end of the year for:  
(in thousands of dollars)
  - 5.1 Fidelity .....
  - 5.2 Surety .....
- 6. Claim count information is reported per claim or per claimant (Indicate which) ..... per claim.....  
If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? ..... Yes [ X ] No [ ]
- 7.2 (An extended statement may be attached.)  
Estimated salvage and subrogation recoveries have been include in all applicable lines of business. The Cincinnati Insurance Companies have implemented an accounting change to the quantification of claim counts reported in Schedule P beginning in 2011. Our old method of counting claims was based on internal loss and expense transaction codes. Our new method of counting claims is based on actual financial transactions. Since it is driven by actual loss and expense payments and/or changes in loss and expense reserves, the new method is more accurate and less susceptible to data entry errors. ....

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.	Direct Business Only					Totals
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Other Alien	OT					
59. Total						

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0244	CINCINNATI INS GRP	.0000	31-0746871		0000020286	NASDAQ	CINCINNATI FINANCIAL CORPORATION	OH	UIP	CINCINNATI FINANCIAL CORPORATION	Board of Directors	0.000		NO	
.0244	CINCINNATI INS GRP	.0000	31-0790388				CFC INVESTMENT COMPANY	OH	NIA	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	.10677	31-0542366		0001279885		THE CINCINNATI INSURANCE COMPANY	OH	UDP	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	.28665	31-0826946		0001279888		THE CINCINNATI CASUALTY COMPANY	OH	RE	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	.23280	31-1241230		0001279886		THE CINCINNATI INDEMNITY COMPANY	OH	IA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	.76236	31-1213778		0001279887		THE CINCINNATI LIFE INSURANCE COMPANY	OH	IA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	.00000	82-5173506				CLIC DISTRICT INVESTMENTS I, LLC	OH	NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	.00000	81-1908205				CLIC BP INVESTMENTS B, LLC	OH	NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	.00000	81-4633687				CLIC BP INVESTMENTS H, LLC	OH	NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	.00000	82-1587731				CLIC WSD INVESTMENTS I, LLC	OH	NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	.00000	82-3254447				CLIC UPTOWN INVESTMENTS I, LLC	OH	NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	.00000	81-3640769				CLIC DS INVESTMENTS I, LLC	OH	NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	.13037	65-1316588		0001426763		THE CINCINNATI SPECIALTY UNDERWRITERS INSURANCE COMPANY	OH	IA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	.00000	83-1627569				CIC UPTOWN INVESTMENTS I, LLC	OH	NIA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	.00000	61-1936938				CIC DANAMONT INVESTMENTS I, LLC	OH	NIA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	.00000	32-0613415				CIC ICON INVESTMENTS I, LLC	OH	NIA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	.00000	35-2698966				CIC BP INVESTMENTS G, LLC	OH	NIA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	.00000	11-3823180		0001534469		CSU PRODUCER RESOURCES, INC	OH	NIA	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	.00000	98-1489371				CINCINNATI GLOBAL UNDERWRITING LIMITED	GBR	NIA	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 1 LIMITED	GBR	IA	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 2 LIMITED	GBR	IA	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 3 LIMITED	GBR	IA	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 4 LIMITED	GBR	IA	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 5 LIMITED	GBR	IA	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 6 LIMITED	GBR	IA	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL UNDERWRITING AGENCY LIMITED	GBR	NIA	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL UNDERWRITING SERVICES LIMITED	GBR	NIA	CINCINNATI GLOBAL UNDERWRITING LIMITED	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	

NONE

Asterisk	
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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE Y**

**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	31-0746871	CINCINNATI FINANCIAL CORPORATION	583,000,000								583,000,000	
00000	31-0790388	CFC INVESTMENT COMPANY										
10677	31-0542366	THE CINCINNATI INSURANCE COMPANY	(522,000,000)	(25,323,841)				89,868,479			(457,455,362)	(926,311,489)
28665	31-0826946	THE CINCINNATI CASUALTY COMPANY										509,086,817
23280	31-1241230	THE CINCINNATI INDEMNITY COMPANY					(6,150,326)	(89,868,479)			(96,018,805)	421,947,641
76236	31-1213778	THE CINCINNATI LIFE INSURANCE COMPANY										
00000	82-5173506	CLIC DISTRICT INVESTMENTS I, LLC										
00000	81-1908205	CLIC BP INVESTMENTS B, LLC										
00000	81-4633687	CLIC BP INVESTMENTS H, LLC										
00000	82-1587731	CLIC WSD INVESTMENTS I, LLC										
00000	82-3254447	CLIC UPTOWN INVESTMENTS I, LLC										
00000	81-3640769	CLIC DS INVESTMENTS I, LLC										
13037	65-1316588	THE CINCINNATI SPECIALTY UNDERWRITERS INSURANCE COMPANY	(61,000,000)				(102,298,512)				(163,298,512)	(4,722,970)
00000	83-1627569	CIC UPTOWN INVESTMENTS I, LLC		4,532,100							4,532,100	
00000	61-1936938	CIC DANAMONT INVESTMENTS I, LLC		7,776,866							7,776,866	
00000	32-0613415	CIC ICON INVESTMENTS I, LLC										
00000	35-2698966	CIC BP INVESTMENTS G, LLC		13,014,875							13,014,875	
00000	11-3823180	CSU PRODUCER RESOURCES, INC					108,448,838				108,448,838	
00000	98-1489371	CINCINNATI GLOBAL UNDERWRITING LIMITED										
00000		CINCINNATI GLOBAL DEDICATED NO 1 LIMITED										
00000		CINCINNATI GLOBAL DEDICATED NO 2 LIMITED										
00000		CINCINNATI GLOBAL DEDICATED NO 3 LIMITED										
00000		CINCINNATI GLOBAL DEDICATED NO 4 LIMITED										
00000		CINCINNATI GLOBAL DEDICATED NO 5 LIMITED										
00000		CINCINNATI GLOBAL DEDICATED NO 6 LIMITED										
00000		CINCINNATI GLOBAL UNDERWRITING AGENCY LIMITED										
00000		CINCINNATI GLOBAL UNDERWRITING SERVICES LIMITED										
9999999	Control Totals								XXX			



# ANNUAL STATEMENT FOR THE YEAR 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 unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** 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.

	Responses
<b>MARCH FILING</b>	
1. Will an actuarial opinion be filed by March 1? .....	YES
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? .....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? .....	YES
<b>APRIL FILING</b>	
5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1? .....	YES
6. Will Management's Discussion and Analysis be filed by April 1? .....	YES
7. Will the Supplemental Investment Risk Interrogatories be filed by April 1? .....	YES
<b>MAY FILING</b>	
8. Will this company be included in a combined annual statement which is filed with the NAIC by May 1? .....	YES
<b>JUNE FILING</b>	
9. Will an audited financial report be filed by June 1? .....	YES
10. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. 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.

<b>MARCH FILING</b>	
11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? .....	NO
12. Will the Financial Guaranty Insurance Exhibit be filed by March 1? .....	NO
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	NO
14. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? .....	YES
15. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? .....	NO
16. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? .....	NO
17. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? .....	NO
18. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO
19. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)? .....	YES
20. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO
21. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? .....	YES
22. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO
23. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....	YES
24. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....	NO
25. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....	NO
26. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? .....	NO
27. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1? .....	NO
<b>APRIL FILING</b>	
28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? .....	NO
29. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
30. Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....	NO
31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....	NO
32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? .....	NO
33. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1? .....	YES
34. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? .....	NO
35. Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1? .....	YES
36. Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1? .....	NO
<b>AUGUST FILING</b>	
37. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	YES










**Explanations:**

- 11.
- 12.
- 13.
- 15.
- 16.
- 17.
- 18.
- 20.
- 22.
- 24.
- 25.
- 26.
- 27.
- 28.
- 29.
- 30.
- 31.
- 32.
- 34.
- 36.

**Bar Codes:**

11. SIS Stockholder Information Supplement [Document Identifier 420]	
12. Financial Guaranty Insurance Exhibit [Document Identifier 240]	
13. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
15. Trusteed Surplus Statement [Document Identifier 490]	
16. Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]	
17. Reinsurance Summary Supplemental Filing [Document Identifier 401]	
18. Medicare Part D Coverage Supplement [Document Identifier 365]	
20. Reinsurance Attestation Supplement [Document Identifier 399]	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

- 22. Bail Bond Supplement [Document Identifier 500] 
- 24. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224] 
- 25. Relief from the one-year cooling off period for independent CPA [Document Identifier 225] 
- 26. Relief from the Requirements for Audit Committees [Document Identifier 226] 
- 27. Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555] 
- 28. Credit Insurance Experience Exhibit [Document Identifier 230] 
- 29. Long-Term Care Experience Reporting Forms [Document Identifier 306] 
- 30. Accident and Health Policy Experience Exhibit [Document Identifier 210] 
- 31. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216] 
- 32. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217] 
- 34. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290] 
- 36. Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565] 

**OVERFLOW PAGE FOR WRITE-INS**



SUPPLEMENT FOR THE YEAR 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 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama .....AL								
2. Alaska .....AK								
3. Arizona .....AZ								
4. Arkansas .....AR								
5. California .....CA								
6. Colorado .....CO								
7. Connecticut .....CT								
8. Delaware .....DE								
9. District of Columbia .....DC								
10. Florida .....FL								
11. Georgia .....GA								
12. Hawaii .....HI								
13. Idaho .....ID								
14. Illinois .....IL								
15. Indiana .....IN	6	6						
16. Iowa .....IA					11			15
17. Kansas .....KS								
18. Kentucky .....KY								
19. Louisiana .....LA								
20. Maine .....ME								
21. Maryland .....MD								
22. Massachusetts .....MA								
23. Michigan .....MI	1,988	59						
24. Minnesota .....MN								
25. Mississippi .....MS								
26. Missouri .....MO								
27. Montana .....MT	4,838	4,332			1,803			4,171
28. Nebraska .....NE								
29. Nevada .....NV								
30. New Hampshire .....NH								
31. New Jersey .....NJ								
32. New Mexico .....NM								
33. New York .....NY								
34. North Carolina .....NC	2,229	2,213			317			2,542
35. North Dakota .....ND								
36. Ohio .....OH					(3,270)			2,632
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 alien .....OT								
59. Total	9,060	6,610			(1,139)			9,360
DETAILS OF WRITE-INS								
58001. ....								
58002. ....								
58003. ....								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 thru 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE YEAR 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 Number of Claims		6 Amount Reported	7 Number 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					(52)			253
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 alien.....OT								
59. Total					(52)			253
DETAILS OF WRITE-INS								
58001. ....								
58002. ....								
58003. ....								
58998. Summary of remaining write-ins for Line 58 from overflow page.....								
58999. Totals (Lines 58001 thru 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE YEAR 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 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama AL	45,566	35,376			(121,353)			95,055
2. Alaska AK								
3. Arizona AZ	9,412	20,476			14,001	13,740	1	27,205
4. Arkansas AR	5,314	5,617			1,251			6,931
5. California CA								
6. Colorado CO	6,510	6,135			(601)			8,814
7. Connecticut CT	3,539	3,435	1,000,000	1	(21,603)			4,390
8. Delaware DE	71,435	55,806			24,424			49,880
9. District of Columbia DC								
10. Florida FL	359,481	331,619	100,000	1	168,795	181,975	6	372,097
11. Georgia GA	57,522	50,040	365,000	1	(296,002)	86,807	2	60,378
12. Hawaii HI								
13. Idaho ID	34,399	34,595			5,507			25,593
14. Illinois IL	173,376	168,193			36,788	138,527	2	193,966
15. Indiana IN	25,432	24,769			2,107			30,347
16. Iowa IA	24,007	31,192			9,812			33,907
17. Kansas KS	3,270	3,334			(4,014)			6,972
18. Kentucky KY	15,286	12,049			1,543			15,572
19. Louisiana LA								
20. Maine ME								
21. Maryland MD	10,310	9,017			2,770			9,100
22. Massachusetts MA								
23. Michigan MI	143,896	141,512	367	1	51,463	55,076	2	178,804
24. Minnesota MN	72,166	92,505			(55,108)			81,785
25. Mississippi MS								
26. Missouri MO	9,702	11,125			(653)			16,320
27. Montana MT	50,327	49,815	27,000	1	(2,884)	7,077	1	59,042
28. Nebraska NE	104,347	82,552			562			1,472
29. Nevada NV								
30. New Hampshire NH	9,518	10,809			884			13,880
31. New Jersey NJ	1,636	1,015			756			756
32. New Mexico NM	20,704	20,770			9,650			20,415
33. New York NY	5,113	4,551			(4,591)			12,164
34. North Carolina NC	63,356	63,214			26,780			62,790
35. North Dakota ND								
36. Ohio OH	252,423	250,091			116,815	96,658	4	287,244
37. Oklahoma OK								
38. Oregon OR	11,486	9,716			4,384			9,687
39. Pennsylvania PA	91,245	121,558	2,000,000	1	1,629,168	94,335	4	145,270
40. Rhode Island RI								
41. South Carolina SC	10,987	10,463			2,499			11,969
42. South Dakota SD	1,259	1,259			(821)			1,579
43. Tennessee TN	52,167	53,302			3,574			68,579
44. Texas TX	65,542	60,018			25,641			59,552
45. Utah UT	6,434	5,187			(1,676)			4,485
46. Vermont VT	11,822	13,376			7,316	5,000	1	15,825
47. Virginia VA	85,561	81,617			28,367			81,924
48. Washington WA	8,874	1,010			503			1,088
49. West Virginia WV	17,594	17,255			3,539			20,649
50. Wisconsin WI	69,257	72,635			18,660	38,008	3	93,690
51. Wyoming WY	7,252	7,210			1,774			8,085
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 alien OT								
59. Total	2,017,527	1,974,219	3,492,367	6	1,690,025	717,202	26	2,197,257
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 thru 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE YEAR 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 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama AL		8,089			17,170			17,155
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	30,112	13,593						
16. Iowa IA	3,440	101						
17. Kansas KS					(330)			227
18. Kentucky KY	310,385	217,971			7,417			18,892
19. Louisiana LA								
20. Maine ME								
21. Maryland MD	1,254	566						
22. Massachusetts MA								
23. Michigan MI	134,650	81,115			305			317
24. Minnesota MN	14,635	7,688			119			119
25. Mississippi MS								
26. Missouri MO								
27. Montana MT								
28. Nebraska NE					5			5
29. Nevada NV								
30. New Hampshire NH								
31. New Jersey NJ								
32. New Mexico NM	78,576	76,306			(26,026)			22,925
33. New York NY					(68,589)	603,857	4	9,420
34. North Carolina NC	35,975	34,130						
35. North Dakota ND								
36. Ohio OH	350,325	300,965			(17,286)	50,000	1	77,849
37. Oklahoma OK								
38. Oregon OR					42			42
39. Pennsylvania PA	771,810	548,103	100,000	1	627,526	434,408	3	196,836
40. Rhode Island RI								
41. South Carolina SC								
42. South Dakota SD	453	1,328						
43. Tennessee TN	137,161	46,676						
44. Texas TX								
45. Utah UT								
46. Vermont VT								
47. Virginia VA	127,979	50,611			(11,872)			9,407
48. Washington WA								
49. West Virginia WV					(5,620)			(3,242)
50. Wisconsin WI	112,232	81,774			(494)			15,179
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 alien OT								
59. Total	2,108,987	1,469,016	100,000	1	522,365	1,088,265	8	365,130
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 thru 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE YEAR 2021 OF THE THE CINCINNATI INDEMNITY COMPANY

# DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2021  
(To Be Filed by March 1)

NAIC Group Code 0244

NAIC Company Code 23280

Company Name THE CINCINNATI INDEMNITY COMPANY .....

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

1. Monoline Policies

Direct Premiums		Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Written	2 Earned	3 Paid	4 Incurred	5 Paid	6 Incurred	7 Claims Made	8 Occurrence
\$ 75,007	\$ 75,552		\$ 18,880			%	100.0 %

2. Commercial Multiple Peril (CMP) Packaged Policies

- 2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? ..... Yes [ X ] No [ ]  
 2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? ..... Yes [ X ] No [ ]  
 2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified: ..... \$ 71,666  
 2.32 Amount estimated using reasonable assumptions: ..... \$

2.4 If the answer to question 2.1 is yes, please provide the following:

Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Paid	2 Paid + Change in Case Reserves	3 Paid	4 Paid + Change in Case Reserves	5 Claims Made	6 Occurrence
\$ 6,911	\$ 35,000			%	100.0 %