



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

**QUARTERLY STATEMENT**AS OF SEPTEMBER 30, 2022  
OF THE CONDITION AND AFFAIRS OF THE**THE CINCINNATI INDEMNITY COMPANY**NAIC Group Code 0244 0244 NAIC Company Code 23280 Employer's ID Number 31-1241230  
(Current) (Prior)Organized under the Laws of OHIO, State of Domicile or Port of Entry OHCountry of Domicile United States of AmericaIncorporated/Organized 05/19/1988 Commenced Business 01/01/1989Statutory 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, 513-870-2000  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)Mail Address P.O. BOX 145496, CINCINNATI, OH, US 45250-5496  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)Primary Location of Books and Records 6200 SOUTH GILMORE ROAD, 513-870-2000  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)Internet Website Address WWW.CINFIN.COMStatutory 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**

CHAIRMAN, CHIEF EXECUTIVE OFFICER	<u>STEVEN JUSTUS JOHNSTON</u>	SENIOR VICE PRESIDENT, TREASURER	<u>THERESA ANN HOFFER</u>
CHIEF FINANCIAL OFFICER, EXECUTIVE VICE PRESIDENT	<u>MICHAEL JAMES SEWELL #</u>	PRESIDENT	<u>STEPHEN MICHAEL SPRAY #</u>

**OTHER**

TERESA CURRIN CRACAS #, CHIEF RISK OFFICER, EXECUTIVE VICE PRESIDENT	<u>ANGELA OSSELLO DELANEY</u> , SENIOR VICE PRESIDENT	DONALD JOSEPH DOYLE JR, SENIOR VICE PRESIDENT
SEAN MICHAEL GIVLER, SENIOR VICE PRESIDENT	<u>MARTIN FRANCIS HOLLENBECK #</u> , CHIEF INVESTMENT OFFICER, EXECUTIVE VICE PRESIDENT	JOHN SCOTT KELLINGTON #, CHIEF INFORMATION OFFICER, EXECUTIVE VICE PRESIDENT
LISA ANNE LOVE #, CHIEF LEGAL OFFICER, EXECUTIVE VICE PRESIDENT, CORPORATE SECRETARY	<u>MARC JON SCHAMBOW</u> , SENIOR VICE PRESIDENT	WILLIAM HAROLD VAN DEN HEUVEL, SENIOR VICE PRESIDENT

**DIRECTORS OR TRUSTEES**

THOMAS JEFFREY AARON	<u>NANCY CUNNINGHAM BENACCI</u>	TERESA CURRIN CRACAS
ANGELA OSSELLO DELANEY	<u>DONALD JOSEPH DOYLE JR</u>	SEAN MICHAEL GIVLER
STEVEN JUSTUS JOHNSTON	<u>MARTIN FRANCIS HOLLENBECK</u>	JOHN SCOTT KELLINGTON
LISA ANNE LOVE	<u>JILL PRATT MEYER</u>	DAVID PAUL OSBORN
MARC JON SCHAMBOW #	<u>CHARLES ODELL SCHIFF</u>	MICHAEL JAMES SEWELL
STEPHEN MICHAEL SPRAY	<u>JOHN FREDRICK STEELE JR</u>	WILLIAM HAROLD VAN DEN HEUVEL
LARRY RUSSEL WEBB		

State of OHIO SS:    
County of BUTLER

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

STEPHEN M. SPRAY  
PRESIDENTMICHAEL J. SEWELL  
CHIEF FINANCIAL OFFICER, EXECUTIVE VICE  
PRESIDENTTHERESA A. HOFFER  
SENIOR VICE PRESIDENT, TREASURERSubscribed and sworn to before me this  
26TH day of OCTOBER 2022

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

## ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	83,701,860		83,701,860	83,344,601
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....	35,365,080		35,365,080	43,881,253
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances) .....				
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....				
4.3 Properties held for sale (less \$ ..... encumbrances) .....				
5. Cash (\$ ..... 6,121,235 ), cash equivalents (\$ ..... ) and short-term investments (\$ ..... ) .....	6,121,235		6,121,235	3,928,347
6. Contract loans (including \$ ..... premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	125,188,175		125,188,175	131,154,201
13. Title plants less \$ ..... charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	957,992		957,992	1,038,399
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	22,876,253		22,876,253	20,415,714
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....	3,411,422		3,411,422	4,485,533
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....	26,549		26,549	79,778
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....				
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	4,234,328		4,234,328	8,422,561
24. Health care (\$ ..... ) and other amounts receivable .....				
25. Aggregate write-ins for other than invested assets .....	126,869	126,869		
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	156,821,589	126,869	156,694,720	165,596,186
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Total (Lines 26 and 27) .....	156,821,589	126,869	156,694,720	165,596,186
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) .....				
2501. Miscellaneous Receivables .....	126,869	126,869		
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	126,869	126,869		

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE CINCINNATI INDEMNITY COMPANY  
**LIABILITIES, SURPLUS AND OTHER FUNDS**

		1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ .....	) .....		
2. Reinsurance payable on paid losses and loss adjustment expenses .....			2,232
3. Loss adjustment expenses .....			
4. Commissions payable, contingent commissions and other similar charges .....			
5. Other expenses (excluding taxes, licenses and fees) .....		3,684	4,663
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....			
7.1 Current federal and foreign income taxes (including \$ ..... on realized capital gains (losses)) .....			
7.2 Net deferred tax liability .....		3,592,620	5,466,720
8. Borrowed money \$ ..... and interest thereon \$ .....			
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ ..... 229,182,738 and including warranty reserves of \$ ..... and accrued accident and health experience rating refunds including \$ ..... for medical loss ratio rebate per the Public Health Service Act) .....			
10. Advance premium .....			
11. Dividends declared and unpaid:			
11.1 Stockholders .....			
11.2 Policyholders .....			
12. Ceded reinsurance premiums payable (net of ceding commissions) .....		29,927,261	32,794,145
13. Funds held by company under reinsurance treaties .....			
14. Amounts withheld or retained by company for account of others .....		1,881,187	1,391,490
15. Remittances and items not allocated .....			
16. Provision for reinsurance (including \$ ..... certified) .....			
17. Net adjustments in assets and liabilities due to foreign exchange rates .....			
18. Drafts outstanding .....			
19. Payable to parent, subsidiaries and affiliates .....			
20. Derivatives .....			
21. Payable for securities .....			
22. Payable for securities lending .....			
23. Liability for amounts held under uninsured plans .....			
24. Capital notes \$ ..... and interest thereon \$ .....			
25. Aggregate write-ins for liabilities .....			280,604
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....		35,404,753	39,939,855
27. Protected cell liabilities .....			
28. Total liabilities (Lines 26 and 27) .....		35,404,753	39,939,855
29. Aggregate write-ins for special surplus funds .....			
30. Common capital stock .....		3,600,000	3,600,000
31. Preferred capital stock .....			
32. Aggregate write-ins for other than special surplus funds .....			
33. Surplus notes .....			
34. Gross paid in and contributed surplus .....		21,600,000	21,600,000
35. Unassigned funds (surplus) .....		96,089,967	100,456,332
36. Less treasury stock, at cost:			
36.1 ..... shares common (value included in Line 30 \$ ..... ) .....			
36.2 ..... shares preferred (value included in Line 31 \$ ..... ) .....			
37. Surplus as regards policyholders (Lines 29 to 35, less 36) .....		121,289,967	125,656,332
38. Totals (Page 2, Line 28, Col. 3)		156,694,720	165,596,186
<b>DETAILS OF WRITE-INS</b>			
2501. Accounts Payable Other .....			280,604
2502. .....			
2503. .....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....			
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)			280,604
2901. .....			
2902. .....			
2903. .....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....			
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)			
3201. .....			
3202. .....			
3203. .....			
3298. Summary of remaining write-ins for Line 32 from overflow page .....			
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)			

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE CINCINNATI INDEMNITY COMPANY  
**STATEMENT OF INCOME**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$ 376,502,408 )	361,357,978	329,271,976	438,383,463
1.2 Assumed (written \$ 3 )	3	1	2
1.3 Ceded (written \$ 376,502,411 )	361,357,981	329,271,977	438,383,465
1.4 Net (written \$ )			
<b>DEDUCTIONS:</b>			
2. Losses incurred (current accident year \$ ):			
2.1 Direct	187,273,928	133,703,481	187,939,869
2.2 Assumed	(5,267)	(3,631)	(18,194)
2.3 Ceded	187,268,661	133,699,850	187,921,676
2.4 Net			
3. Loss adjustment expenses incurred			
4. Other underwriting expenses incurred			
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)			
7. Net income of protected cells			
8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)			
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	3,167,930	3,203,385	4,246,302
10. Net realized capital gains (losses) less capital gains tax of \$ 8,422	31,704	1,114,914	1,114,909
11. Net investment gain (loss) (Lines 9 + 10)	3,199,634	4,318,298	5,361,211
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$ )			
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income			
15. Total other income (Lines 12 through 14)			
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	3,199,634	4,318,298	5,361,211
17. Dividends to policyholders			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	3,199,634	4,318,298	5,361,211
19. Federal and foreign income taxes incurred	438,856	451,111	595,874
20. Net income (Line 18 minus Line 19)(to Line 22)	2,760,779	3,867,188	4,765,337
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	125,656,332	115,316,486	115,316,486
22. Net income (from Line 20)	2,760,779	3,867,188	4,765,337
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ (1,863,619)	(7,010,756)	1,424,905	5,651,855
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	10,481	(48,373)	(77,347)
27. Change in nonadmitted assets	(126,869)	(112,335)	
28. Change in provision for reinsurance			
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in			
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			
37. Aggregate write-ins for gains and losses in surplus			
38. Change in surplus as regards policyholders (Lines 22 through 37)	(4,366,364)	5,131,385	10,339,846
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	121,289,967	120,447,872	125,656,332
<b>DETAILS OF WRITE-INS</b>			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)			
1401. Miscellaneous Income			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)			
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page			
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)			

**STATEMENT AS OF SEPTEMBER 30, 2022 OF THE THE CINCINNATI INDEMNITY COMPANY**  
**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	(2,866,884)	(1,948,772)	3,115,058
2. Net investment income .....	3,403,734	3,433,000	4,364,293
3. Miscellaneous income .....			
4. Total (Lines 1 to 3) .....	536,850	1,484,229	7,479,351
5. Benefit and loss related payments .....	1,388,660	(2,901,914)	2,263,216
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....			
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ 15,521 tax on capital gains (losses) .....	394,048	811,876	905,680
10. Total (Lines 5 through 9) .....	1,782,709	(2,090,038)	3,168,897
11. Net cash from operations (Line 4 minus Line 10) .....	(1,245,858)	3,574,266	4,310,454
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	8,340,040	7,960,000	9,595,000
12.2 Stocks .....		2,065,251	2,065,251
12.3 Mortgage loans .....			
12.4 Real estate .....			
12.5 Other invested assets .....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7 Miscellaneous proceeds .....			
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	8,340,040	10,025,251	11,660,251
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	9,171,752	11,614,730	13,589,209
13.2 Stocks .....		2,089,833	2,089,833
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....			
13.6 Miscellaneous applications .....			
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	9,171,752	13,704,563	15,679,042
14. Net increase (or decrease) in contract loans and premium notes .....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(831,712)	(3,679,312)	(4,018,791)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....			
16.2 Capital and paid in surplus, less treasury stock .....			
16.3 Borrowed funds .....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5 Dividends to stockholders .....			
16.6 Other cash provided (applied) .....	4,270,457	(987,181)	(733,138)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	4,270,457	(987,181)	(733,138)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	2,192,887	(1,092,226)	(441,474)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	3,928,347	4,369,821	4,369,821
19.2 End of period (Line 18 plus Line 19.1) .....	6,121,235	3,277,595	3,928,347

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

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STATEMENT AS OF SEPTEMBER 30, 2022 OF THE THE CINCINNATI INDEMNITY COMPANY

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**NOTES TO FINANCIAL STATEMENTS**

## NOTES TO FINANCIAL STATEMENTS

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

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

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

The Company has no prescribed or permitted practices that would result in differences between the NAIC SAP and the state of Ohio basis, as shown below as of September 30, 2022 and December 31, 2021:

	SSAP #	F/S Page	F/S Line #	2022	2021
<b>NET INCOME</b>					
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 2,760,779	\$ 4,765,337
(2) State Prescribed Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(3) State Permitted Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 2,760,779	\$ 4,765,337
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 121,289,967	\$ 125,656,332
(6) State Prescribed Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(7) State Permitted Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 121,289,967	\$ 125,656,332

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

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

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

1.

	September 30, 2022		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 26,642	\$ 0	\$ 26,642
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	26,642	0	26,642
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	26,642	0	26,642
(f) Deferred Tax Liabilities	\$ 12,870	\$ 3,606,392	\$ 3,619,262
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ 13,772	\$ (3,606,392)	\$ (3,592,620)

	December 31, 2021		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 0	\$ 0	\$ 0
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	0	0
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	0	0
(f) Deferred Tax Liabilities	\$ 12,494	\$ 5,454,227	\$ 5,466,721
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (12,494)	\$ (5,454,227)	\$ (5,466,721)

	Change		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 26,642	\$ 0	\$ 26,642
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	26,642	0	26,642
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	26,642	0	26,642
(f) Deferred Tax Liabilities	\$ 376	\$ (1,847,835)	\$ (1,847,459)
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ 26,266	\$ 1,847,835	\$ 1,874,101

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

2.

Admission Calculation Components SSAP No. 101	September 30, 2022		
	Ordinary	Capital	Total
	\$ 26,642	\$ 0	\$ 26,642
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	0	0	0
(b)Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	0	0	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	XXX	XXX	18,193,495
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold			
(c)Adjusted Gross Deferred Tax Assets (Excluding the amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	0	0	0
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c)	\$ 26,642	\$ 0	\$ 26,642

Admission Calculation Components SSAP No. 101	December 31, 2021		
	Ordinary	Capital	Total
	\$ 0	\$ 0	\$ 0
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	0	0	0
(b)Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	0	0	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	XXX	XXX	18,848,450
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold			
(c)Adjusted Gross Deferred Tax Assets (Excluding the amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	0	0	0
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c)	\$ 0	\$ 0	\$ 0

Admission Calculation Components SSAP No. 101	Change		
	Ordinary	Capital	Total
	\$ 26,642	\$ 0	\$ 26,642
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	0	0	0
(b)Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	0	0	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	XXX	XXX	(654,955)
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold			
(c)Adjusted Gross Deferred Tax Assets (Excluding the amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	0	0	0
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c)	\$ 26,642	\$ 0	\$ 26,642

3.

	2022 Percentage	2021 Percentage
	1912%	1912%
(a)Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	\$ 125,656,332	\$ 125,656,332

4.

Impact of Tax Planning Strategies	September 30, 2022		
	Ordinary	Capital	Total
	\$ 26,642	\$ 0	\$ 26,642
(a)Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.			
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 26,642	\$ 0	\$ 26,642
2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%	0.00%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 26,642	\$ 0	\$ 26,642
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%	0.00%
(b)The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.			

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

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

Impact of Tax Planning Strategies	Change		
	Ordinary	Capital	Total
(a)Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.			
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 26,642	\$ 0	\$ 26,642
2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%	0.00%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 26,642	\$ 0	\$ 26,642
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%	0.00%
(b)The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.			

B. Unrecognized DTLs – Not applicable

C. Current Tax and Change in Deferred Tax

1. Current income tax:

	September 30, 2022	December 31, 2021	Change
(a)Federal	\$ 424,027	\$ 576,202	\$ (152,175)
(b)Foreign	14,828	19,672	(4,844)
(c)Subtotal	438,855	595,874	(157,019)
(d)Federal income tax on capital gains/(losses)	8,422	223,019	(214,597)
(e)Utilization of capital loss carryforwards	0	0	0
(f)Other	0	0	0
(g)Federal income taxes incurred	\$ 447,277	\$ 818,893	\$ (371,616)

2. Deferred tax assets:

	September 30, 2022	December 31, 2020	Change
(a)Ordinary			
1. Unearned premium reserve	\$ 0	\$ 0	\$ 0
2. Unpaid loss reserve	0	0	0
3. Contingent commission	0	0	0
4. Nonadmitted assets	26,642	0	26,642
5. Other deferred tax assets	0	0	0
99. Subtotal	\$ 26,642	\$ 0	\$ 26,642
(b)Statutory valuation allowance adjustment	0	0	0
(c)Nonadmitted	0	0	0
(d)Admitted ordinary deferred tax assets (2(a)99-2(b)-2(c))	\$ 26,642	\$ 0	\$ 26,642
(e)Capital			
1. Investments	\$ 0	\$ 0	\$ 0
1. Unrealized (gain)/loss on investments	0	0	0
99. Subtotal	\$ 0	\$ 0	\$ 0
(f)Statutory valuation allowance adjustment	0	0	0
(g)Nonadmitted	0	0	0
(h)Admitted capital deferred tax assets (2(e)99- 2(f)-2(g))	\$ 0	\$ 0	\$ 0
(i) Admitted deferred tax assets (2(d)+2(h))	\$ 26,642	\$ 0	\$ 26,642

3. Deferred tax liabilities:

	September 30, 2022	December 31, 2021	Change
(a)Ordinary			
1. Commission expense	\$ 0	\$ 0	\$ 0
2. Other, net	12,870	12,494	376
99. Subtotal	\$ 12,870	\$ 12,494	\$ 376
(b)Capital			
2. Investment	\$ 117,893	\$ 102,109	\$ 15,784
3. Unrealized (gain)/loss on investments	3,488,499	5,352,118	(1,863,619)
99. Subtotal	\$ 3,606,392	\$ 5,454,227	\$ (1,847,835)
(c)Deferred tax liabilities (3(a)99+3(b)99)	\$ 3,619,262	\$ 5,466,721	\$ (1,847,459)
4. Net deferred tax assets/(liabilities) (2(i)-3(c)):	\$ (3,592,620)	\$ (5,466,721)	\$ 1,874,101

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

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

	September 30, 2022	December 31, 2021	Change
Total deferred tax assets	\$ 26,642	\$ 0	\$ 26,642
Total deferred tax liabilities	3,619,262	5,466,721	(1,847,459)
Net deferred tax asset/(liability)	\$ (3,592,620)	\$ (5,466,721)	\$ 1,874,101
Tax effect of unrealized (gains)/losses			(1,863,619)
Change in net deferred income tax (charge)/benefit			\$ 10,482
	December 31, 2021	December 31, 2020	Change
Total deferred tax assets	\$ 0	\$ 0	\$ 0
Total deferred tax liabilities	5,466,721	3,886,982	1,579,739
Net deferred tax asset/(liability)	\$ (5,466,721)	\$ (3,886,982)	\$ (1,579,739)
Tax effect of unrealized (gains)/losses			1,502,392
Change in net deferred income tax (charge)/benefit			\$ (77,347)

The Inflation Reduction Act (Act) was enacted on August 16, 2022 and generally goes into effect January 1, 2023. The Act included a new corporate alternative minimum tax (CAMT) for certain corporations based on 15% of adjusted financial statement income for the taxable year. We have not determined as of the reporting date if we will be liable for the CAMT in 2023. The third quarter 2022 financial statements do not include an estimated impact of the CAMT because a reasonable estimate cannot be made.

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

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

Description	As of September 30, 2022		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 3,208,057	\$ 673,692	21.00 %
Net tax exempt interest	(748,343)	(157,152)	(4.90)%
Net dividends received deduction (DRD)	(252,057)	(52,932)	(1.65)%
Other items permanent, net	(13)	(3)	0.00 %
DRD on accrued	(800)	(168)	(0.01)%
Total	\$ 2,206,844	\$ 463,437	14.44 %
 Federal income tax expense incurred/(benefit)	 \$ 2,089,786	 \$ 438,855	 13.68 %
Tax on capital gains/(losses)	40,105	8,422	0.26 %
Change in nonadmitted excluding deferred tax asset	126,867	26,642	0.83 %
Change in net deferred income tax charge/(benefit)	(49,914)	(10,482)	(0.33)%
Total statutory income taxes incurred/(benefit)	\$ 2,206,844	\$ 463,437	14.44 %

Description	As of December 31, 2021		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 5,584,229	\$ 1,172,688	21.00 %
Net tax exempt interest	(1,059,214)	(222,435)	(3.98)%
Net dividends received deduction (DRD)	(254,200)	(53,382)	(0.96)%
Other items permanent, net	8	2	0.00 %
DRD on accrued	(3,014)	(633)	(0.01)%
Total	\$ 4,267,809	\$ 896,240	16.05 %
 Federal income tax expense incurred/(benefit)	 \$ 2,837,495	 \$ 595,874	 10.67 %
Tax on capital gains/(losses)	1,061,995	223,019	3.99 %
Change in nonadmitted excluding deferred tax asset	0	0	0.00 %
Change in net deferred income tax charge/(benefit)	368,319	77,347	1.39 %
Total statutory income taxes incurred/(benefit)	\$ 4,267,809	\$ 896,240	16.05 %

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

At September 30, 2022 the Company had no net operating loss carryforwards or capital loss carryforwards.

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

Year	Ordinary	Capital	Total
2022	\$ 411,756	\$ 20,695	\$ 432,451
2021	515,665	283,555	799,220
2020	0	0	0
Total	\$ 927,421	\$ 304,250	\$ 1,231,671

At September 30, 2022 the Company had no protective tax deposits under Section 6603 of the Internal Revenue Code.

**F. Consolidated Federal Income Tax Return**

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

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

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

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

The Company did not have tax contingencies under the principles of SSAP No. 5R, *Liabilities, Contingencies and Impairments of Assets*. This is subject to change but it is not expected to significantly increase in the 12 month period following the balance sheet date. The Company is primarily subject to examination by U.S. federal and various U.S. state and local tax authorities. The statute of limitations for federal tax purposes has closed for tax years 2016 and earlier. In 2019, the IRS began its examination of the tax year ended December 31, 2017 and expanded their scope to include tax year ended December 31, 2018. During the current quarter, the Congressional Joint Committee on Taxation completed review of our 2017 tax return and related carryback claims with no change to our returns as filed. Our 2018 tax year remains open and we recently received notice from the IRS of their intent to audit tax year 2020. In addition to our IRS filings, we file income tax returns with immaterial amounts in various state jurisdictions and record these amounts in our provision for income taxes for both current and deferred taxes. The statute of limitations for state income tax purposes has closed for tax years 2017 and earlier.

- H. The Company is not subject to Repatriation Transition Tax as outlined under the Tax Cuts and Jobs Act (TCJA).
- I. There was \$0 of AMT Credit Carryforward as of the beginning of the year. In addition, there were no current year adjustments resulting in \$0 of AMT Credit Carryforward at the end of the year.

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

- A. Nature of Relationships – No significant change
- B. Detail of Transactions Greater than ½% of Admitted Assets – Not applicable
- C. Transactions with Related Party Who Are Not Reported on Schedule Y – Not applicable
- D. Amounts Due to or from Related Parties

At September 30, 2022, the Company reported \$4,234,328 due from the Parent Company, The Cincinnati Insurance Company. The terms of the settlement require that these amounts be settled within 30 days.

- E. Management, Service Contracts, Cost Sharing Arrangements – No significant change
- F. Guarantees or Contingencies for Related Parties – Not applicable
- G. Nature of Relationships that Could Affect Operations – No significant change
- H. Amount Deducted from Value of an Investment in Upstream Entity – Not applicable
- I. Investment in an SCA that exceeds 10% of Admitted Assets – Not applicable
- J. Impairment Writedowns related to Investments in SCA entities – Not applicable
- K. Investment in Foreign Insurance Subsidiaries – Not applicable
- L. Investment in Downstream Noninsurance Holding Company – Not applicable
- M. All SCA Investments (Except 8bi Entities) – Not applicable
- N. Investment in Insurance SCA Entities Utilizing Permitted or Prescribed Practices – Not applicable
- O. SCA or SSAP No. 48 Entity Loss Tracking – Not applicable

**11. Debt – Not applicable****12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans – No significant change****13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

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

## NOTES TO FINANCIAL STATEMENTS

- I. Changes in Special Surplus Funds – Not applicable
- J. The portion of unassigned funds (surplus) represented or (reduced) by cumulative unrealized gains/(losses) are \$16,611,899 offset by deferred tax of \$3,488,499 for a net balance of \$13,123,400.
- K. Surplus Notes – Not applicable
- L. Restatement of Quasi-Reorganization – Not applicable
- M. Date of Quasi-Reorganization – Not applicable

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

## A. Inputs Used for Assets and Liabilities Measured at Fair Value

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

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

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

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

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

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

## NOTES TO FINANCIAL STATEMENTS

determines the fair value for each Level 3 security that it considers to be the best exit price valuation.

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

The following table presents the Company's assets measured and reported at fair value by level within the fair value hierarchy as of September 30, 2022:

## Assets at Fair Value:

	Level 1	Level 2	Level 3	Net Asset Value (NAV) Included in Level 2	Total
Bonds	\$ 0	\$ 1,640,987	\$ 0	\$ 0	\$ 1,640,987
Common Stock	35,365,080	0	0	0	35,365,080
<b>Total</b>	<b>\$ 35,365,080</b>	<b>\$ 1,640,987</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 37,006,067</b>

2. Fair Value Measurements in Level 3 of the Fair Value Hierarchy – Not applicable
3. Transfers between levels are assumed to occur at the beginning of the period.
4. Inputs and Techniques Used for Level 2 and Level 3 Fair Values – See narrative in Note 20A1.
5. Derivative Assets and Liabilities – Not applicable

## B. Other Fair Value Disclosures – Not applicable

## C. Fair Values for all Financial Instruments by Level

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV) Included in Level 2	Not Practicable (Carrying Value)
Bonds	\$ 77,026,532	\$ 83,701,860	\$ 913,249	\$ 76,113,283	\$ 0	\$ 0	\$ 0
Common Stock	35,365,080	35,365,080	35,365,080	0	0	0	0

- D. Reasons Not Practical to Estimate Fair Values – Not applicable
- E. Nature and Risk of Investments Measured Using NAV Practical Expedient – Not applicable

## 21. Other Items – No significant change

## 22. Subsequent Events

The Company has considered subsequent events through November 15, 2022, the date of issuance of these statutory financial statements. There were no events occurring subsequent to September 30, 2022, which may have a material effect on the Company.

## 23. Reinsurance – No significant change

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

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

## 26. Intercompany Pooling Arrangements – Not applicable

## 27. Structured Settlements – Not applicable

## 28. Health Care Receivables – Not applicable

## 29. Participating Policies – Not applicable

## 30. Premium Deficiency Reserves – No significant change

## 31. High Deductibles – Not applicable

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

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

## 34. Subscriber Savings Accounts – Not applicable

## 35. Multiple Peril Crop Insurance – Not applicable

## 36. Financial Guaranty Insurance – Not applicable

## 37. Other – No significant change

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE THE CINCINNATI INDEMNITY COMPANY  
**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

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

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

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

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

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

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

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

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

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

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]

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

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

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

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

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ..... 12/31/2019

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ..... 05/28/2021

6.4 By what department or departments?  
Ohio

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

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

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

7.2 If yes, give full information:

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

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

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

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

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

**STATEMENT AS OF SEPTEMBER 30, 2022 OF THE THE CINCINNATI INDEMNITY COMPANY**  
**GENERAL INTERROGATORIES**

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

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

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

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

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

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

**FINANCIAL**

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ 4,234,328

**INVESTMENT**

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

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

	<b>1</b> Prior Year-End Book/Adjusted Carrying Value	<b>2</b> Current Quarter Book/Adjusted Carrying Value
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: .....	\$ .....	\$ .....
13. Amount of real estate and mortgages held in short-term investments: .....	\$ .....	\$ .....
14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]		
14.2 If yes, please complete the following:		
14.21 Bonds .....	\$ .....	\$ .....
14.22 Preferred Stock .....	\$ .....	\$ .....
14.23 Common Stock .....	\$ .....	\$ .....
14.24 Short-Term Investments .....	\$ .....	\$ .....
14.25 Mortgage Loans on Real Estate .....	\$ .....	\$ .....
14.26 All Other .....	\$ .....	\$ .....
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	\$ .....	\$ .....
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....
15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]		
15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] N/A [ <input type="checkbox"/> ] If no, attach a description with this statement.		
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:		
16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ....	\$ .....	
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ....	\$ .....	
16.3 Total payable for securities lending reported on the liability page. ....	\$ .....	

**STATEMENT AS OF SEPTEMBER 30, 2022 OF THE THE CINCINNATI INDEMNITY COMPANY**  
**GENERAL INTERROGATORIES**

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

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

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

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

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

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

17.4 If yes, give full information relating thereto:

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

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

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

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

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

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

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

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

18.2 If no, list exceptions:

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

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

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

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

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

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

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

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

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

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE CINCINNATI INDEMNITY COMPANY  
**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

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

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

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

3.2 If yes, give full and complete information thereto.

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

4.2 If yes, complete the following schedule:

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

5. Operating Percentages:

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

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

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

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

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

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

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

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

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

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE THE CINCINNATI INDEMNITY COMPANY

## **SCHEDULE F - CEDED REINSURANCE**

Showing All New Reinsurers - Current Year to Date

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama .....	AL	6,862,322	6,906,564	2,526,372	1,690,575	7,491,974	7,577,961
2. Alaska .....	AK	L					
3. Arizona .....	AZ	L	6,863,018	8,754,396	3,535,210	3,963,420	15,421,130
4. Arkansas .....	AR	L	4,082,027	3,228,616	850,463	495,233	5,873,373
5. California .....	CA	L	1,053,557	812,375	98,181	48,241	822,895
6. Colorado .....	CO	L	14,507,750	13,859,125	3,560,594	6,556,681	16,235,212
7. Connecticut .....	CT	L	1,208,324	1,610,615	179,325	1,621,575	808,604
8. Delaware .....	DE	L	1,561,384	1,094,836	1,635,968	325,532	4,560,761
9. District of Columbia .....	DC	L	454,522	334,651	22,770	44,143	803,907
10. Florida .....	FL	L	33,487,404	28,229,056	18,415,981	12,197,461	35,537,886
11. Georgia .....	GA	L	11,737,659	11,936,356	5,253,457	3,199,148	17,046,815
12. Hawaii .....	HI	L	13,646	5,316			4,082
13. Idaho .....	ID	L	5,383,074	5,245,912	2,803,703	1,741,597	5,425,227
14. Illinois .....	IL	L	24,530,778	25,819,182	9,846,476	10,440,084	56,295,077
15. Indiana .....	IN	L	12,972,648	12,418,242	4,727,282	4,545,704	24,283,371
16. Iowa .....	IA	L	6,774,653	6,065,609	6,551,740	3,400,086	20,673,908
17. Kansas .....	KS	L	4,782,742	4,266,303	2,310,893	1,255,511	10,028,365
18. Kentucky .....	KY	L	8,558,595	7,491,590	1,860,846	2,154,058	9,744,243
19. Louisiana .....	LA	L	170,194	133,293	103,676	147,067	585,546
20. Maine .....	ME	L	486,575	315,187	32,780	15,697	183,120
21. Maryland .....	MD	L	7,274,906	7,526,028	3,379,310	1,508,853	11,841,303
22. Massachusetts .....	MA	L	2,125,578	1,058,318	309,223	92,872	742,162
23. Michigan .....	MI	L	11,885,719	11,416,967	4,865,708	3,116,682	19,048,110
24. Minnesota .....	MN	L	7,801,720	7,580,746	1,352,380	1,506,149	9,726,156
25. Mississippi .....	MS	L	203,336	140,943	18,733	37,745	233,130
26. Missouri .....	MO	L	11,686,257	10,999,706	4,581,416	3,950,433	21,951,903
27. Montana .....	MT	L	2,470,590	2,088,465	663,144	1,323,583	3,535,903
28. Nebraska .....	NE	L	3,344,544	3,171,988	1,139,654	1,307,796	8,937,310
29. Nevada .....	NV	L	175,396	251,820	44,497	5,681	287,785
30. New Hampshire .....	NH	L	2,720,008	2,756,371	1,343,329	587,365	6,191,933
31. New Jersey .....	NJ	L	1,357,949	1,277,861	556,074	133,251	937,956
32. New Mexico .....	NM	L	8,040,552	6,880,512	3,493,290	1,940,389	7,702,577
33. New York .....	NY	L	7,431,719	6,347,480	2,366,543	2,038,726	11,178,457
34. North Carolina .....	NC	L	15,081,905	13,245,092	4,342,817	3,091,457	18,185,028
35. North Dakota .....	ND	L	452,196	375,870	54,154	199,789	217,487
36. Ohio .....	OH	L	30,236,454	28,404,848	12,130,310	8,672,765	24,420,905
37. Oklahoma .....	OK	L	345,108	180,465	11,197	10,552	268,614
38. Oregon .....	OR	L	5,352,100	3,867,718	1,101,247	766,713	2,444,207
39. Pennsylvania .....	PA	L	30,359,653	28,837,516	9,257,335	11,743,848	51,977,140
40. Rhode Island .....	RI	L	236,161	149,516	29,521	28,240	129,255
41. South Carolina .....	SC	L	4,065,984	3,087,687	2,508,486	1,622,786	10,375,143
42. South Dakota .....	SD	L	1,269,007	1,359,475	654,384	176,119	3,144,547
43. Tennessee .....	TN	L	13,321,921	12,086,982	6,877,419	3,912,712	15,662,120
44. Texas .....	TX	L	17,549,335	16,009,200	7,727,916	8,269,981	20,306,823
45. Utah .....	UT	L	6,488,820	4,908,805	3,559,025	1,855,745	5,215,850
46. Vermont .....	VT	L	3,571,502	3,961,194	1,040,791	755,734	5,064,456
47. Virginia .....	VA	L	16,757,527	13,664,808	5,429,832	5,210,820	19,687,512
48. Washington .....	WA	L	8,811,064	6,103,772	5,841,707	2,000,396	7,828,437
49. West Virginia .....	WV	L	2,832,374	2,705,461	839,082	912,375	2,295,627
50. Wisconsin .....	WI	L	6,048,007	6,373,538	2,936,187	3,068,680	12,414,707
51. Wyoming .....	WY	L	1,714,145	1,269,574	432,836	102,283	1,119,504
52. American Samoa .....	AS	N					
53. Guam .....	GU	N					
54. Puerto Rico .....	PR	N					
55. U.S. Virgin Islands .....	VI	N					
56. Northern Mariana Islands .....	MP	N					
57. Canada .....	CAN	N					
58. Aggregate Other Alien OT	XXX						
59. Totals	XXX	376,502,408	346,615,947	153,203,265	123,792,332	534,897,544	486,716,393
DETAILS OF WRITE-INS		XXX					
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX						
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX						

(a) Active Status Counts:

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

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

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

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

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

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

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

	Domiciliary Location	FEIN	NAIC Co. Code
Cincinnati Financial Group (Parent)	OH	31-0746871	
CFC Investment Company	OH	31-0790388	
The Cincinnati Insurance Company (Insurer)	OH	31-0542366	10677
The Cincinnati Casualty Company (Insurer)	OH	31-0826946	28665
The Cincinnati Indemnity Company (Insurer)	OH	31-1241230	23280
The Cincinnati Life Insurance Company (Insurer)	OH	31-1213778	76236
CLIC District Investments I, LLC	OH	82-5173506	
CLIC BP Investments B, LLC	OH	81-1908205	
CLIC BP Investments H, LLC	OH	81-4633687	
CLIC WSD Investments I, LLC	OH	82-1587731	
CLIC DS Investments I, LLC	OH	81-3640769	
The Cincinnati Specialty Underwriters Insurance Company (Insurer)	DE	65-1316588	13037
CIC Uptown Investments I, LLC	OH	83-1627569	
CIC Danamont Investments I, LLC	OH	61-1936938	
CIC BP Investments G, LLC	OH	35-2698966	
CSU Producer Resources, Inc	OH	11-3823180	
Cincinnati Global Underwriting LTD.	GBR	98-1489371	
Cincinnati Global Dedicated No 1 Limited (Insurer)	GBR		
Cincinnati Global Dedicated No 2 Limited (Insurer)*	GBR		
Cincinnati Global Dedicated No 3 Limited (Insurer)	GBR		
Cincinnati Global Dedicated No 4 Limited (Insurer)	GBR		
Cincinnati Global Dedicated No 5 Limited (Insurer)	GBR		
Cincinnati Global Dedicated No 6 Limited (Insurer)	GBR		
Cincinnati Global Underwriting Agency Limited	GBR		
Cincinnati Global Underwriting Services Limited	GBR		

\* Participant in Lloyd's Syndicate 0318

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0244	CINCINNATI INS GRP	.00000	31-0746871		0000020286	NASDAQ	CINCINNATI FINANCIAL CORPORATION	.OH.	.UIP.	CINCINNATI FINANCIAL CORPORATION	Board of Directors	0.000		NO	
.0244	CINCINNATI INS GRP	.00000	31-070388			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	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 DANAMON 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 PRODUCES 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	

Asterisk	Explanation

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE THE CINCINNATI INDEMNITY COMPANY  
**PART 1 - LOSS EXPERIENCE**

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire .....	11,458,194	10,192,119	89.0	37.6
2.1 Allied Lines .....	16,465,148	7,056,508	42.9	90.2
2.2 Multiple peril crop .....				
2.3 Federal flood .....				
2.4 Private crop .....				
2.5 Private flood .....	57,470			(17.1)
3. Farmowners multiple peril .....				
4. Homeowners multiple peril .....				
5. Commercial multiple peril .....	75,803,276	42,470,255	56.0	33.9
6. Mortgage guaranty .....				
8. Ocean marine .....				
9. Inland marine .....	7,145,781	3,641,211	51.0	26.1
10. Financial guaranty .....				
11.1 Medical professional liability - occurrence .....	1,339,674	1,312,585	98.0	106.8
11.2 Medical professional liability - claims-made .....	2,078,968	301,227	14.5	5.5
12. Earthquake .....	143,378			
13.1 Comprehensive (hospital and medical) individual .....				
13.2 Comprehensive (hospital and medical) group .....				
14. Credit accident and health .....				
15.1 Vision only .....				
15.2 Dental only .....				
15.3 Disability income .....				
15.4 Medicare supplement .....				
15.5 Medicaid Title XIX .....				
15.6 Medicare Title XVIII .....				
15.7 Long-term care .....				
15.8 Federal employees health benefits plan .....				
15.9 Other health .....				
16. Workers' compensation .....	94,288,611	36,666,987	38.9	44.9
17.1 Other liability - occurrence .....	55,056,175	27,291,873	49.6	26.3
17.2 Other liability - claims-made .....	1,264,857	231,644	18.3	48.5
17.3 Excess workers' compensation .....				
18.1 Products liability - occurrence .....	5,794,443	(1,052,115)	(18.2)	3.2
18.2 Products liability - claims-made .....				
19.1 Private passenger auto no-fault (personal injury protection) .....				
19.2 Other private passenger auto liability .....	15,711	22,302	142.0	
19.3 Commercial auto no-fault (personal injury protection) .....	665,140	264,846	39.8	(118.0)
19.4 Other commercial auto liability .....	62,120,815	41,384,127	66.6	48.9
21.1 Private passenger auto physical damage .....	14,033	7,630	54.4	(56.6)
21.2 Commercial auto physical damage .....	25,303,165	17,363,539	68.6	42.9
22. Aircraft (all perils) .....				
23. Fidelity .....				
24. Surety .....				
26. Burglary and theft .....	921,304	96,716	10.5	19.0
27. Boiler and machinery .....	1,421,837	22,474	1.6	12.3
28. Credit .....				
29. International .....				
30. Warranty .....				
31. Reinsurance - Nonproportional Assumed Property .....	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability .....	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business .....				
35. Totals .....	361,357,978	187,273,928	51.8	40.6
<b>DETAILS OF WRITE-INS</b>				
3401. ....				
3402. ....				
3403. ....				
3498. Summary of remaining write-ins for Line 34 from overflow page .....				
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)				

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE CINCINNATI INDEMNITY COMPANY  
**PART 2 - DIRECT PREMIUMS WRITTEN**

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire .....	3,555,031	10,988,107	11,495,777
2.1 Allied Lines .....	6,257,332	18,600,336	14,908,484
2.2 Multiple peril crop .....			
2.3 Federal flood .....			
2.4 Private crop .....			
2.5 Private flood .....	49,728	86,332	76,155
3. Farmowners multiple peril .....			
4. Homeowners multiple peril .....			
5. Commercial multiple peril .....	22,070,030	79,437,489	71,799,152
6. Mortgage guaranty .....			
8. Ocean marine .....			
9. Inland marine .....	2,241,471	7,451,337	6,074,972
10. Financial guaranty .....			
11.1 Medical professional liability - occurrence .....	648,281	1,517,866	1,591,192
11.2 Medical professional liability - claims-made .....	374,790	1,968,702	1,527,525
12. Earthquake .....	44,701	144,270	158,358
13.1 Comprehensive (hospital and medical) individual .....			
13.2 Comprehensive (hospital and medical) group .....			
14. Credit accident and health .....			
15.1 Vision only .....			
15.2 Dental only .....			
15.3 Disability income .....			
15.4 Medicare supplement .....			
15.5 Medicaid Title XIX .....			
15.6 Medicare Title XVIII .....			
15.7 Long-term care .....			
15.8 Federal employees health benefits plan .....			
15.9 Other health .....			
16. Workers' compensation .....	28,421,235	97,251,288	91,809,989
17.1 Other liability - occurrence .....	15,503,629	58,363,992	52,458,553
17.2 Other liability - claims-made .....	441,305	1,350,140	1,319,125
17.3 Excess workers' compensation .....			
18.1 Products liability - occurrence .....	1,753,949	5,968,996	4,948,965
18.2 Products liability - claims-made .....			
19.1 Private passenger auto no-fault (personal injury protection) .....			
19.2 Other private passenger auto liability .....	3,018	14,686	17,947
19.3 Commercial auto no-fault (personal injury protection) .....	175,264	659,011	624,902
19.4 Other commercial auto liability .....	16,819,200	63,857,566	59,861,262
21.1 Private passenger auto physical damage .....	1,868	13,285	12,782
21.2 Commercial auto physical damage .....	6,964,395	26,301,731	25,629,165
22. Aircraft (all perils) .....			
23. Fidelity .....			
24. Surety .....			
26. Burglary and theft .....	297,375	962,572	955,594
27. Boiler and machinery .....	547,247	1,564,702	1,346,049
28. Credit .....			
29. International .....			
30. Warranty .....			
31. Reinsurance - Nonproportional Assumed Property .....	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability .....	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business .....			
35. Totals .....	106,169,847	376,502,408	346,615,947
<b>DETAILS OF WRITE-INS</b>			
3401. ....			
3402. ....			
3403. ....			
3498. Summary of remaining write-ins for Line 34 from overflow page .....			
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)			

## STATEMENT AS OF SEPTEMBER 30, 2022 OF THE THE CINCINNATI INDEMNITY COMPANY

**PART 3 (000 omitted)**

## LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

Years in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	4 2022 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2022 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2022 Loss and LAE Payments (Cols. 4+5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	9 Q.S. Date IBNR Loss and LAE Reserves	10 Total Q.S. Loss and LAE Reserves (Cols. 7+8+9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4+7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2019 + Prior .....													
2. 2020 .....													
3. Subtotals 2020 + Prior .....													
4. 2021 .....													
5. Subtotals 2021 + Prior .....													
6. 2022 .....	XXX	XXX	XXX	XXX		XXX					XXX	XXX	XXX
7. Totals .....													
8. Prior Year-End Surplus As Regards Policyholders											Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1.	2.	3.
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4.

**NONE**

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE THE CINCINNATI INDEMNITY COMPANY  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

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

**AUGUST FILING**

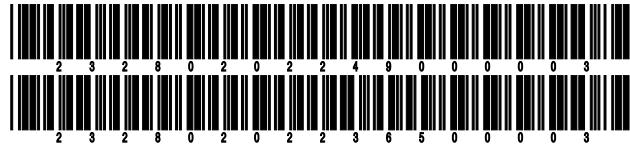
5. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A
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Explanations:

- 1.
- 3.

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]



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



STATEMENT AS OF SEPTEMBER 30, 2022 OF THE THE CINCINNATI INDEMNITY COMPANY  
**OVERFLOW PAGE FOR WRITE-INS**

**SCHEDULE A - VERIFICATION**

Real Estate

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

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

Mortgage Loans

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

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

Other Long-Term Invested Assets

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

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

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	127,225,853	114,884,958
2. Cost of bonds and stocks acquired .....	9,171,752	15,679,042
3. Accrual of discount .....	87,744	109,461
4. Unrealized valuation increase (decrease) .....	(8,874,375)	7,154,247
5. Total gain (loss) on disposals .....	40,126	1,337,928
6. Deduct consideration for bonds and stocks disposed of .....	8,398,483	11,948,520
7. Deduct amortization of premium .....	244,120	279,530
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	58,443	288,268
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	119,066,940	127,225,853
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12) .....	119,066,940	127,225,853

## STATEMENT AS OF SEPTEMBER 30, 2022 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE D - PART 1B**

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	57,558,846		1,565,293	.798,944	54,387,206	57,558,846	56,792,498	56,107,521
2. NAIC 2 (a) .....	23,730,544	1,826,400	1,000,000	(875,972)	24,018,780	23,730,544	23,680,972	23,720,949
3. NAIC 3 (a) .....	1,664,817			(23,831)	1,872,090	1,664,817	1,640,987	1,999,087
4. NAIC 4 (a) .....	1,537,171			50,233	1,539,452	1,537,171	1,587,404	1,517,044
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds .....	84,491,378	1,826,400	2,565,293	(50,625)	81,817,528	84,491,378	83,701,860	83,344,601
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....								
9. NAIC 2 .....								
10. NAIC 3 .....								
11. NAIC 4 .....								
12. NAIC 5 .....								
13. NAIC 6 .....								
14. Total Preferred Stock .....								
15. Total Bonds and Preferred Stock .....	84,491,378	1,826,400	2,565,293	(50,625)	81,817,528	84,491,378	83,701,860	83,344,601

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

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

SI02

Schedule DA - Part 1 - Short-Term Investments

**N O N E**

Schedule DA - Verification - Short-Term Investments

**N O N E**

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

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

**SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		1,719
2. Cost of cash equivalents acquired .....		1,719
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration received on disposals .....		3,438
7. Deduct amortization of premium .....		
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....		
11. Deduct total nonadmitted amounts .....		
<b>12. Statement value at end of current period (Line 10 minus Line 11)</b>		

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

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

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

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

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

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

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE D - PART 3**

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation, NAIC Designation Modifier and SVO Adminis- trative Symbol
49446R-BA-6	KIMCO REALTY CORP		09/28/2022	BAIRD (ROBERT W.) & CO, INC.	1,826,400	2,000,000		9,200	2.A FE
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					1,826,400	2,000,000		9,200	XXX
2509999997. Total - Bonds - Part 3					1,826,400	2,000,000		9,200	XXX
2509999998. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX
2509999999. Total - Bonds					1,826,400	2,000,000		9,200	XXX
4509999997. Total - Preferred Stocks - Part 3					XXX				XXX
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks					XXX				XXX
5989999997. Total - Common Stocks - Part 3					XXX				XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks					XXX				XXX
5999999999. Total - Preferred and Common Stocks					XXX				XXX
6009999999 - Totals					1,826,400	XXX		9,200	XXX

E04

## STATEMENT AS OF SEPTEMBER 30, 2022 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE D - PART 4**

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

1 CUSIP Ident- ification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain or Loss on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admi- nistrative Symbol			
										11 Unrealized Valuation Increase/ Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recogn- ized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book/ Adjusted Carrying Value										
.467075-EQ-6	JACKSON CNTY KANS UNI SCH DIST NO 336 DE		.09/01/2022	Call @ 100.00			.500,000	.500,000	.561,650	.505,721		(5,721)		(5,721)		.500,000				.25,000	.09/01/2027	1.A		
0709999999. Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions																							25,000	XXX
.074429-BQ-3	BEAUMONT CALIF PUB IMPRT AUTH LOC AGY		.09/01/2022	Call @ 100.00			.5,150	.5,000	.5,000	.5,000							.5,000				.179	.09/01/2039	1.C FE	
646080-TH-4	NUSHGR 18 181A17		.08/01/2022	Call @ 100.00			.60,000	.60,000	.60,493	.60,333		(27)		(27)		.60,306				(.306)	.1,337	.12/01/2034	1.C FE	
0909999999. Subtotal - Bonds - U.S. Special Revenues							.65,150	.65,000	.65,493	.65,333		(27)		(27)		.65,306				(.306)	.1,516	XXX		
.140428-NW-7	CAPITAL ONE NA		.08/06/2022	Call @ 100.00			.1,000,000	.1,000,000	.999,540	.999,894		.93		.93		.999,987				.13	.13	.19,708	.09/06/2022	1.G FE
.709599-AH-7	PENSKE TRUCK LEASING CO LP		.07/11/2022	Maturity @ 100.00			.1,000,000	.1,000,000	.999,760	.999,591		.409		.409		.1,000,000					.48,750	.07/11/2022	2.B FE	
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)							2,000,000	2,000,000	1,993,300	1,999,485		502		502		1,999,987				.13	.13	.68,458	XXX	
2509999997. Total - Bonds - Part 4							2,565,150	2,565,000	2,620,443	2,570,539		(5,246)		(5,246)		2,565,293				(.293)	(.293)	.94,974	XXX	
2509999998. Total - Bonds - Part 5							XXX	XXX	XXX	XXX		XXX		XXX		XXX		XXX		XXX		XXX	XXX	
2509999999. Total - Bonds							2,565,150	2,565,000	2,620,443	2,570,539		(5,246)		(5,246)		2,565,293				(.293)	(.293)	.94,974	XXX	
4509999997. Total - Preferred Stocks - Part 4							XXX																XXX	
4509999998. Total - Preferred Stocks - Part 5							XXX	XXX	XXX	XXX		XXX		XXX		XXX		XXX		XXX		XXX	XXX	
4509999999. Total - Preferred Stocks							XXX																XXX	
5989999997. Total - Common Stocks - Part 4							XXX																XXX	
5989999998. Total - Common Stocks - Part 5							XXX	XXX	XXX	XXX		XXX		XXX		XXX		XXX		XXX		XXX	XXX	
5989999999. Total - Common Stocks							XXX																XXX	
5999999999. Total - Preferred and Common Stocks							XXX																XXX	
6009999999 - Totals							2,565,150	XXX	2,620,443	2,570,539		(5,246)		(5,246)		2,565,293				(.293)	(.293)	.94,974	XXX	

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

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

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

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

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

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

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

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

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

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE THE CINCINNATI INDEMNITY COMPANY

## **SCHEDULE E - PART 1 - CASH**

### Month End Depository Balances

STATEMENT AS OF SEPTEMBER 30, 2022 OF THE THE CINCINNATI INDEMNITY COMPANY

## **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

### Show Investments Owned End of Current Quarter

### 8609999999 - Total Cash Equivalents



2 3 2 8 0 2 0 2 2 4 5 5 0 0 1 0 3

SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2022 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama .....	AL							
2. Alaska .....	AK							
3. Arizona .....	AZ							
4. Arkansas .....	AR							
5. California .....	CA							
6. Colorado .....	CO							
7. Connecticut .....	CT							
8. Delaware .....	DE							
9. District of Columbia .....	DC							
10. Florida .....	FL							
11. Georgia .....	GA							
12. Hawaii .....	HI							
13. Idaho .....	ID	802	104			110		110
14. Illinois .....	IL							
15. Indiana .....	IN	6	.4					
16. Iowa .....	IA					3		17
17. Kansas .....	KS							
18. Kentucky .....	KY							
19. Louisiana .....	LA							
20. Maine .....	ME							
21. Maryland .....	MD							
22. Massachusetts .....	MA							
23. Michigan .....	MI		1,510					
24. Minnesota .....	MN							
25. Mississippi .....	MS							
26. Missouri .....	MO							
27. Montana .....	MT	6,256	4,714			2,747		6,918
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	(817)	922			(368)		2,174
35. North Dakota .....	ND							
36. Ohio .....	OH					(1,744)		888
37. Oklahoma .....	OK							
38. Oregon .....	OR							
39. Pennsylvania .....	PA	2,578	522			540		540
40. Rhode Island .....	RI							
41. South Carolina .....	SC							
42. South Dakota .....	SD							
43. Tennessee .....	TN							
44. Texas .....	TX	1,148	1,080					
45. Utah .....	UT							
46. Vermont .....	VT							
47. Virginia .....	VA							
48. Washington .....	WA	5,852	1,675			1,717		1,717
49. West Virginia .....	WV							
50. Wisconsin .....	WI							
51. Wyoming .....	WY							
52. American Samoa .....	AS							
53. Guam .....	GU							
54. Puerto Rico .....	PR							
55. U.S. Virgin Islands .....	VI							
56. Northern Mariana Islands .....	MP							
57. Canada .....	CAN							
58. Aggregate Other Aliens .....	OT							
59. Totals .....		15,825	10,532			3,005		12,365
DETAILS OF WRITE-INS								
58001. ....								
58002. ....								
58003. ....								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



2 3 2 8 0 2 0 2 2 4 5 5 0 0 1 0 3

SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2022 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama .....	AL							
2. Alaska .....	AK							
3. Arizona .....	AZ							
4. Arkansas .....	AR							
5. California .....	CA							
6. Colorado .....	CO							
7. Connecticut .....	CT							
8. Delaware .....	DE							
9. District of Columbia .....	DC							
10. Florida .....	FL							
11. Georgia .....	GA							
12. Hawaii .....	HI							
13. Idaho .....	ID							
14. Illinois .....	IL							
15. Indiana .....	IN							
16. Iowa .....	IA							
17. Kansas .....	KS							
18. Kentucky .....	KY							
19. Louisiana .....	LA							
20. Maine .....	ME							
21. Maryland .....	MD							
22. Massachusetts .....	MA							
23. Michigan .....	MI							
24. Minnesota .....	MN							
25. Mississippi .....	MS							
26. Missouri .....	MO							
27. Montana .....	MT							
28. Nebraska .....	NE							
29. Nevada .....	NV							
30. New Hampshire .....	NH							
31. New Jersey .....	NJ							
32. New Mexico .....	NM							
33. New York .....	NY							
34. North Carolina .....	NC							
35. North Dakota .....	ND							
36. Ohio .....	OH							
37. Oklahoma .....	OK							
38. Oregon .....	OR							
39. Pennsylvania .....	PA							
40. Rhode Island .....	RI							
41. South Carolina .....	SC							
42. South Dakota .....	SD							
43. Tennessee .....	TN							
44. Texas .....	TX							
45. Utah .....	UT							
46. Vermont .....	VT							
47. Virginia .....	VA							
48. Washington .....	WA							
49. West Virginia .....	WV							
50. Wisconsin .....	WI					(153)		100
51. Wyoming .....	WY							
52. American Samoa .....	AS							
53. Guam .....	GU							
54. Puerto Rico .....	PR							
55. U.S. Virgin Islands .....	VI							
56. Northern Mariana Islands .....	MP							
57. Canada .....	CAN							
58. Aggregate Other Aliens .....	OT					(153)		100
59. Totals .....								
DETAILS OF WRITE-INS								
58001. ....								
58002. ....								
58003. ....								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2022 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported	
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims		
1. Alabama	14,064	23,583			(43,808)			51,247	
2. Alaska	AK								
3. Arizona	AZ	3,732	12,274		43,999	59,633	2	25,311	
4. Arkansas	AR	1,606	3,941		430			7,361	
5. California	CA								
6. Colorado	CO	236	1,835		(2,739)			6,075	
7. Connecticut	CT	(2,833)	602		(1,579)			2,811	
8. Delaware	DE	57,828	55,822		46,956	14,747	1	82,089	
9. District of Columbia	DC								
10. Florida	FL	300,727	.258,213		(30,223)	.78,275	3	.445,573	
11. Georgia	GA	43,733	.47,737		535,698	606,769	2	76,114	
12. Hawaii	HI								
13. Idaho	ID	19,237	25,083		2,377			27,970	
14. Illinois	IL	157,694	143,728		19,813	132,089	2	220,217	
15. Indiana	IN	11,114	15,972		.20			30,368	
16. Iowa	IA	24,331	19,757		2,870			36,777	
17. Kansas	KS		1,224		(2,643)			4,329	
18. Kentucky	KY	15,270	12,302		4,492			20,064	
19. Louisiana	LA								
20. Maine	ME								
21. Maryland	MD	.8,207	6,699		1,960			11,061	
22. Massachusetts	MA								
23. Michigan	MI	134,101	129,823		229,017	.249,125	2	.213,771	
24. Minnesota	MN	69,407	.54,603		13,079			94,864	
25. Mississippi	MS								
26. Missouri	MO	.6,342	4,233		(4,351)			11,969	
27. Montana	MT	45,501	36,907		7,515	7,077	1	66,557	
28. Nebraska	NE	107,847	80,505		.20			1,493	
29. Nevada	NV								
30. New Hampshire	NH	.8,055	7,058		.141			14,021	
31. New Jersey	NJ	.5,716	3,421		3,132			3,888	
32. New Mexico	NM	16,479	15,287		5,762			26,177	
33. New York	NY		1,510		(4,201)			7,962	
34. North Carolina	NC	58,016	.51,585		21,565			84,355	
35. North Dakota	ND								
36. Ohio	OH	221,256	189,167		.418,618	.467,552	1	.334,968	
37. Oklahoma	OK								
38. Oregon	OR	1,567	4,960		.74			.9,761	
39. Pennsylvania	PA	135,656	124,424		66,201	108,810	4	.196,995	
40. Rhode Island	RI								
41. South Carolina	SC	.4,728	7,458		1,446			13,415	
42. South Dakota	SD	1,328	991		245			1,824	
43. Tennessee	TN	34,412	41,142		5,461			74,040	
44. Texas	TX	52,849	56,160		26,524			86,075	
45. Utah	UT	.5,192	4,848		.1,147			.5,632	
46. Vermont	VT	.2,734	9,525	.734	1	(2,881)		17,210	
47. Virginia	VA	146,717	83,781		41,668			.123,592	
48. Washington	WA	30,869	15,577		11,612			12,700	
49. West Virginia	WV	17,893	13,378		2,949			23,598	
50. Wisconsin	WI	53,447	51,481		7,991	.43,337	2	.96,352	
51. Wyoming	WY	.7,585	5,662		1,724			.9,809	
52. American Samoa	AS								
53. Guam	GU								
54. Puerto Rico	PR								
55. U.S. Virgin Islands	VI								
56. Northern Mariana Islands	MP								
57. Canada	CAN								
58. Aggregate Other Aliens	OT								
59. Totals		1,822,642	1,622,256	734	1	1,432,083	1,767,415	20	2,578,393
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998.	Summary of remaining write-ins for Line 58 from overflow page								
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



2 3 2 8 0 2 0 2 2 4 5 5 0 0 1 0 3

SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2022 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama	AL				(8,645)			8,510
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		16,519					
16. Iowa	IA	820	3,193					
17. Kansas	KS				(173)			55
18. Kentucky	KY	434,613	305,911			16,824	25,000	1 10,716
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD	1,480	988					
22. Massachusetts	MA							
23. Michigan	MI	78,264	89,220			(121)		195
24. Minnesota	MN	10,678	11,329			(65)		54
25. Mississippi	MS							
26. Missouri	MO							
27. Montana	MT							
28. Nebraska	NE					(4)		
29. Nevada	NV							
30. New Hampshire	NH							
31. New Jersey	NJ							
32. New Mexico	NM	90,480	63,345			(17,960)		4,965
33. New York	NY					(6,393)	605,138	4 1,746
34. North Carolina	NC		10,627					
35. North Dakota	ND							
36. Ohio	OH	282,361	377,227			(96,062)		31,787
37. Oklahoma	OK							
38. Oregon	OR					(38)		3
39. Pennsylvania	PA	472,909	629,102			300,158	828,992	4 102,410
40. Rhode Island	RI							
41. South Carolina	SC							
42. South Dakota	SD	533	369					
43. Tennessee	TN	95,619	103,716					
44. Texas	TX							
45. Utah	UT							
46. Vermont	VT							
47. Virginia	VA	104,550	103,546			(5,034)		4,373
48. Washington	WA							
49. West Virginia	WV					4,285		1,043
50. Wisconsin	WI	75,794	70,763			(7,895)		7,284
51. Wyoming	WY							
52. American Samoa	AS							
53. Guam	GU							
54. Puerto Rico	PR							
55. U.S. Virgin Islands	VI							
56. Northern Mariana Islands	MP							
57. Canada	CAN							
58. Aggregate Other Aliens	OT							
59. Totals		1,648,101	1,785,854			178,877	1,459,130	9 173,142
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2022 OF THE THE CINCINNATI INDEMNITY COMPANY

## DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended SEPTEMBER 30, 2022

NAIC Group Code 0244

NAIC Company Code 23280

Company Name THE CINCINNATI INDEMNITY COMPANY .....

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

1. Monoline Policies

1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred
\$ .....55,683	\$ .....55,256	\$ .....(193)

2. Commercial Multiple Peril (CMP) Packaged Policies

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

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

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

2.31 Amount quantified: ..... \$ .....49,035

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

2.4 If the answer to question 2.1 is yes, provide direct losses incurred (losses paid plus change in case reserves) for the D&O liability coverage provided in CMP packaged policies. ..... \$ .....104,316