

STATEMENT AS OF MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	92,973,108		92,973,108	90,999,306
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	42,144,133		42,144,133	39,979,321
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 (\$ 3,600,252), cash equivalents (\$) and short-term investments (\$)	3,600,252		3,600,252	4,006,778
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)	138,717,493		138,717,493	134,985,405
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	1,086,745		1,086,745	1,170,633
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	30,729,139		30,729,139	24,715,846
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts	9,540,189		9,540,189	5,360,448
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	10,073,529		10,073,529	16,992,402
24. Health care (\$) and other amounts receivable				
25. Aggregate write-ins for other than invested assets				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	190,147,093		190,147,093	183,224,735
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	190,147,093		190,147,093	183,224,735
DETAILS OF WRITE-INS				
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.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)				

STATEMENT AS OF MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$)		
2. Reinsurance payable on paid losses and loss adjustment expenses		
3. Loss adjustment expenses		
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	4,751	4,772
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1 Current federal and foreign income taxes (including \$ (25) on realized capital gains (losses))	163,425	5,692
7.2 Net deferred tax liability	5,154,405	4,692,888
8. Borrowed money \$ and interest thereon \$		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 297,622,804 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)	49,972,962	46,517,802
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others	2,150,877	1,905,405
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	697	
20. Derivatives		
21. Payable for securities		
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$ and interest thereon \$		
25. Aggregate write-ins for liabilities	150	122,280
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	57,446,569	53,249,536
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	57,446,569	53,249,536
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)	107,500,524	104,775,199
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)	132,700,524	129,975,199
38. Totals (Page 2, Line 28, Col. 3)	190,147,093	183,224,735
DETAILS OF WRITE-INS		
2501. Accounts Payable Other	150	122,280
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	150	122,280
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page		
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)		
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page		
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)		

STATEMENT AS OF MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY
STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 180,972,945)	141,930,303	129,788,661	535,608,797
1.2 Assumed (written \$ 0)		1	3
1.3 Ceded (written \$ 180,972,945)	141,930,303	129,788,662	535,608,800
1.4 Net (written \$)			
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	77,434,613	82,242,946	293,792,569
2.2 Assumed	4,163	(1,398)	(27,453)
2.3 Ceded	77,438,776	82,241,548	293,765,116
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 (loss) (Line 1 minus Line 6 + Line 7)			
INVESTMENT INCOME			
9. Net investment income earned	1,190,280	1,057,512	4,411,569
10. Net realized capital gains (losses) less capital gains tax of \$ (25)	(514)	(298)	(1,076,282)
11. Net investment gain (loss) (Lines 9 + 10)	1,189,766	1,057,213	3,335,287
OTHER INCOME			
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)	1,189,766	1,057,213	3,335,287
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)	1,189,766	1,057,213	3,335,287
19. Federal and foreign income taxes incurred	167,735	146,367	611,571
20. Net income (Line 18 minus Line 19)(to Line 22)	1,022,031	910,846	2,723,716
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	129,975,199	126,379,809	126,379,809
22. Net income (from Line 20)	1,022,031	910,846	2,723,716
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ 454,610	454,610	1,710,201	(1,301,378)
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax		(6,907)	(6,307)
27. Change in nonadmitted assets			
28. Change in provision for reinsurance			
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in			
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			
37. Aggregate write-ins for gains and losses in surplus			
38. Change in surplus as regards policyholders (Lines 22 through 37)	2,725,325	(396,839)	3,595,390
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	132,700,524	125,982,970	129,975,199
DETAILS OF WRITE-INS			
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 MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY
CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	3,455,160	(1,881,903)	6,336,012
2. Net investment income	1,315,611	1,104,914	4,467,075
3. Miscellaneous income			
4. Total (Lines 1 to 3)	4,770,771	(776,989)	10,803,087
5. Benefit and loss related payments	10,193,033	3,968,882	4,003,771
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 \$ 95 tax on capital gains (losses)	9,978	15,809	617,309
10. Total (Lines 5 through 9)	10,203,011	3,984,691	4,621,081
11. Net cash from operations (Line 4 minus Line 10)	(5,432,240)	(4,761,680)	6,182,006
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	30,000	580,000	5,720,000
12.2 Stocks			
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)	30,000	580,000	5,720,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds	2,045,804	3,456,329	12,229,237
13.2 Stocks			
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)	2,045,804	3,456,329	12,229,237
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)	(2,015,804)	(2,876,329)	(6,509,237)
Cash from Financing and Miscellaneous Sources			
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)	7,041,518	6,210,187	(1,991,834)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	7,041,518	6,210,187	(1,991,834)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(406,525)	(1,427,821)	(2,319,064)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	4,006,778	6,325,842	6,325,842
19.2 End of period (Line 18 plus Line 19.1)	3,600,253	4,898,021	4,006,778

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

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NOTES TO FINANCIAL STATEMENTS

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

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

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

The Company has no prescribed or permitted practices that would result in differences between the NAIC SAP and the state of Ohio basis, as shown below as of March 31, 2024 and December 31, 2023:

	SSAP #	F/S Page	F/S Line #	2024	2023
NET INCOME					
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 1,022,031	\$ 2,723,716
(2) State Prescribed Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(3) State Permitted Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 1,022,031	\$ 2,723,716
SURPLUS					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 132,700,524	\$ 129,975,199
(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	\$ 132,700,524	\$ 129,975,199

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

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

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

1.

	March 31, 2024		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 0	\$ 74,880	\$ 74,880
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	74,880	74,880
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	74,880	74,880
(f) Deferred Tax Liabilities	\$ 15,587	\$ 5,213,698	\$ 5,229,285
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (15,587)	\$ (5,138,818)	\$ (5,154,405)

	December 31, 2023		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 0	\$ 81,745	\$ 81,745
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	81,745	81,745
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	81,745	81,745
(f) Deferred Tax Liabilities	\$ 15,545	\$ 4,759,088	\$ 4,774,633
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (15,545)	\$ (4,677,343)	\$ (4,692,888)

	Change		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 0	\$ (6,865)	\$ (6,865)
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	(6,865)	(6,865)
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	(6,865)	(6,865)
(f) Deferred Tax Liabilities	\$ 42	\$ 454,610	\$ 454,652
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (42)	\$ (461,475)	\$ (461,517)

STATEMENT AS OF MARCH 31, 2024 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

2.

	March 31, 2024		
	Ordinary	Capital	Total
Admission Calculation Components SSAP No. 101			
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 0	\$ 0	\$ 0
(b)Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	0	0	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	0	0	0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	19,905,079
(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	74,880	74,880
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c)	\$ 0	\$ 74,880	\$ 74,880

	December 31, 2023		
	Ordinary	Capital	Total
Admission Calculation Components SSAP No. 101			
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 0	\$ 0	\$ 0
(b)Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	0	0	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	0	0	0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	19,496,280
(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	81,745	81,745
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c)	\$ 0	\$ 81,745	\$ 81,745

	Change		
	Ordinary	Capital	Total
Admission Calculation Components SSAP No. 101			
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 0	\$ 0	\$ 0
(b)Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	0	0	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	0	0	0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	408,799
(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	(6,865)	(6,865)
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c)	\$ 0	\$ (6,865)	\$ (6,865)

3.

	2024 Percentage	2023 Percentage
(a)Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	2182%	2182%
(b)Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	\$ 129,975,199	\$ 129,975,199

4.

	March 31, 2024		
	Ordinary	Capital	Total
Impact of Tax Planning Strategies			
(a)Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.			
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 0	\$ 74,880	\$ 74,880
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	\$ 74,880	\$ 74,880
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 MARCH 31, 2024 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

Impact of Tax Planning Strategies	December 31, 2023		
	Ordinary	Capital	Total
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 0	\$ 81,745	\$ 81,745
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	\$ 81,745	\$ 81,745
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
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 0	\$ (6,865)	\$ (6,865)
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	\$ (6,865)	\$ (6,865)
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%	0.00%
(b) The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.			

B. Unrecognized DTLs – Not applicable

C. Current Tax and Change in Deferred Tax

1. Current income tax:

	March 31, 2024	December 31, 2023	Change
	\$ 162,756	\$ 592,239	\$ (429,483)
(a) Federal	\$ 4,978	\$ 19,332	\$ (14,354)
(b) Foreign			
(c) Subtotal	167,734	611,571	(443,837)
(d) Federal income tax on capital gains/(losses)	(25)	453	(478)
(e) Utilization of capital loss carryforwards	0	0	0
(f) Other	0	0	0
(g) Federal income taxes incurred	\$ 167,709	\$ 612,024	\$ (444,315)

2. Deferred tax assets:

	March 31, 2024	December 31, 2023	Change
	\$ 0	\$ 0	\$ 0
(a) Ordinary			
1. Unearned premium reserve	\$ 0	\$ 0	\$ 0
2. Unpaid loss reserve	0	0	0
3. Contingent commission	0	0	0
4. Nonadmitted assets	0	0	0
5. Other deferred tax assets	0	0	0
99. Subtotal	\$ 0	\$ 0	\$ 0
(b) Statutory valuation allowance adjustment	0	0	0
(c) Nonadmitted	0	0	0
(d) Admitted ordinary deferred tax assets (2(a)99-2(b)-2(c))	\$ 0	\$ 0	\$ 0
(e) Capital			
1. Investments	\$ 74,880	\$ 81,745	\$ (6,865)
1. Unrealized (gain)/loss on investments	0	0	0
99. Subtotal	\$ 74,880	\$ 81,745	\$ (6,865)
(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))	\$ 74,880	\$ 81,745	\$ (6,865)
(i) Admitted deferred tax assets (2(d)+2(h))	\$ 74,880	\$ 81,745	\$ (6,865)

3. Deferred tax liabilities:

	March 31, 2024	December 31, 2023	Change
	\$ 0	\$ 0	\$ 0
(a) Ordinary			
1. Commission expense	\$ 0	\$ 0	\$ 0
2. Other, net	15,587	15,545	42
99. Subtotal	\$ 15,587	\$ 15,545	\$ 42
(b) Capital			
2. Investment	\$ 0	\$ 0	\$ 0
3. Unrealized (gain)/loss on investments	5,213,698	4,759,088	454,610
99. Subtotal	\$ 5,213,698	\$ 4,759,088	\$ 454,610
(c) Deferred tax liabilities (3(a)99+3(b)99)	\$ 5,229,285	\$ 4,774,633	\$ 454,652
4. Net deferred tax assets/(liabilities) (2(i)-3(c))	\$ (5,154,405)	\$ (4,692,888)	\$ (461,517)

STATEMENT AS OF MARCH 31, 2024 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

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

	March 31, 2024	December 31, 2023	Change
Total deferred tax assets	\$ 74,880	\$ 81,745	\$ (6,865)
Total deferred tax liabilities	5,229,285	4,774,633	454,652
Net deferred tax asset/(liability)	\$ (5,154,405)	\$ (4,692,888)	\$ (461,517)
Tax effect of unrealized (gains)/losses			454,610
Change in net deferred income tax (charge)/benefit			\$ (6,907)
	December 31, 2023	December 31, 2022	Change
Total deferred tax assets	\$ 81,745	\$ 0	\$ 81,745
Total deferred tax liabilities	4,774,633	4,713,549	61,084
Net deferred tax asset/(liability)	\$ (4,692,888)	\$ (4,713,549)	\$ 20,661
Tax effect of unrealized (gains)/losses			178,713
Change in net deferred income tax (charge)/benefit			\$ 199,374

The Inflation Reduction Act (Tax Act) was enacted on August 16, 2022. Along with other changes, the Tax Act created a new corporate alternative minimum tax (CAMT) for certain corporations based on 15% of adjusted financial statement income for the taxable year. The effective date of this enacted legislation was January 1, 2023. This reporting entity is a member of a tax-controlled group of corporations that is an applicable corporation for purposes of the CAMT. This reporting entity is included in a consolidated Federal income tax return with other members of the tax-controlled group and is a party to a tax sharing agreement that is in effect for 2024. Pursuant to the terms of the tax sharing agreement, this reporting entity is excluded from charges for any portion of the group's CAMT and is not allocated any portion of the group's utilization of CAMT credit carryover.

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

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

Description	As of March 31, 2024		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 1,189,743	\$ 249,846	21.00 %
Net tax exempt interest	(281,690)	(59,155)	(4.97)%
Net dividends received deduction (DRD)	(76,438)	(16,052)	(1.35)%
Other items permanent, net	4	1	0.00 %
DRD on accrued	(115)	(24)	0.00 %
Total	\$ 831,504	\$ 174,616	14.68 %
 Federal income tax expense incurred/(benefit)			
Tax on capital gains/(losses)	\$ 798,733	\$ 167,734	14.10 %
Change in nonadmitted excluding deferred tax asset	(119)	(25)	0.00 %
Change in net deferred income tax charge/(benefit)	0	0	0.00 %
Total statutory income taxes incurred/(benefit)	\$ 32,890	\$ 6,907	0.58 %
	\$ 831,504	\$ 174,616	14.68 %

Description	As of December 31, 2023		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 3,335,738	\$ 700,505	21.00 %
Net tax exempt interest	(1,075,667)	(225,890)	(6.77)%
Net dividends received deduction (DRD)	(291,486)	(61,212)	(1.84)%
Other items permanent, net	2	0	0.00 %
DRD on accrued	(3,586)	(753)	(0.02)%
Total	\$ 1,965,001	\$ 412,650	12.37 %
 Federal income tax expense incurred/(benefit)			
Tax on capital gains/(losses)	\$ 2,912,243	\$ 611,571	18.33 %
Change in nonadmitted excluding deferred tax asset	2,158	453	0.01 %
Change in net deferred income tax charge/(benefit)	0	0	0.00 %
Total statutory income taxes incurred/(benefit)	\$ (949,400)	\$ (199,374)	(5.97)%
	\$ 1,965,001	\$ 412,650	12.37 %

E. Operating Loss and Tax Credit Carryforwards

At March 31, 2024 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
2024	\$ 162,756	\$ 0	\$ 162,756
2023	592,239	453	592,692
2022	0	20,685	20,685
Total	\$ 754,995	\$ 21,138	\$ 776,133

At March 31, 2024 the Company had no protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated Federal Income Tax Return

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

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

- The method of allocation between the companies is subject to a written agreement, approved by the Board of Directors,

NOTES TO FINANCIAL STATEMENTS

whereby allocation is made primarily on a separate return basis, with the company receiving a current benefit for losses generated to the extent federal taxes are reduced for the consolidated tax group.

G. Federal or Foreign Income Tax Loss Contingencies

As of March 31, 2024 the Company did not have tax contingencies under the principles of SSAP No. 5R, *Liabilities, Contingencies and Impairments of Assets*.

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 2019 and earlier. In 2022, the IRS began its examination of the tax years ended December 31, 2020 and December 31, 2021. At this time no adjustments have been proposed. The statute of limitations for state income tax purposes has closed for tax years ended December 31, 2020 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 March 31, 2024, the Company reported \$10,073,529 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 \$24,827,137 offset by deferred tax of \$5,213,699 for a net balance of \$19,613,438.
- 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 March 31, 2024:

Assets at Fair Value:

	Level 1	Level 2	Level 3	Net Asset Value (NAV) Included in Level 2	Total
Common Stock	\$ 42,144,133	\$ 0	\$ 0	\$ 0	\$ 42,144,133
Total	\$ 42,144,133	\$ 0	\$ 0	\$ 0	\$ 42,144,133

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	\$ 89,481,035	\$ 92,973,108	\$ 2,735,190	\$ 86,745,845	\$ 0	\$ 0	\$ 0
Common Stock	42,144,133	42,144,133	42,144,133	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 May 15, 2024, the date of issuance of these statutory financial statements. There were no events occurring subsequent to March 31, 2024, which may have a material effect on the Company.

23. Reinsurance – No significant change
24. Retrospectively Rated Contracts & Contracts Subject to Redetermination – Not applicable
25. Changes in Incurred Losses and Loss Adjustment Expense – Not applicable
26. Intercompany Pooling Arrangements – Not applicable
27. Structured Settlements – Not applicable
28. Health Care Receivables – Not applicable
29. Participating Policies – Not applicable
30. Premium Deficiency Reserves – No significant change
31. High Deductibles – Not applicable
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 MARCH 31, 2024 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? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.

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

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

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

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

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

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 MARCH 31, 2024 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 [X] No []
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 10,073,529

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]
11.2 If yes, give full and complete information relating thereto:

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

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

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

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]
15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
If no, attach a description with this statement.

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

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

STATEMENT AS OF MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY
GENERAL INTERROGATORIES

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

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

1 Name of Custodian(s)	2 Custodian Address
Fifth Third Bank	Fifth Third Center, Cincinnati 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 [X]

17.4 If yes, give full information relating thereto:

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

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

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

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

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

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

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

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

18.2 If no, list exceptions:
.....

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

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

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

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

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

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

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

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

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

STATEMENT AS OF MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY
GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

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

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

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

3.2 If yes, give full and complete information thereto.

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

4.2 If yes, complete the following schedule:

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

5. Operating Percentages:

5.1 A&H loss percent %

5.2 A&H cost containment percent %

5.3 A&H expense percent excluding cost containment expenses %

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

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

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

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

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

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

STATEMENT AS OF MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

STATEMENT AS OF MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama	AL	2,634,032	2,481,489	1,477,189	523,192	6,424,160	7,986,958
2. Alaska	AK	L					
3. Arizona	AZ	L	4,248,718	3,746,780	1,478,652	3,885,598	19,036,121
4. Arkansas	AR	L	2,626,723	1,750,998	169,588	215,023	7,233,808
5. California	CA	L	729,846	353,141	56,506	39,254	1,800,376
6. Colorado	CO	L	6,303,076	5,374,250	3,249,857	3,555,810	14,964,676
7. Connecticut	CT	L	491,654	565,399	218,515	9,121	2,232,130
8. Delaware	DE	L	924,215	533,566	33,799	1,962,596	3,122,498
9. District of Columbia	DC	L	243,916	260,722	210,114	89,610	1,622,241
10. Florida	FL	L	13,386,066	13,475,442	3,062,845	5,801,291	49,488,730
11. Georgia	GA	L	5,671,629	5,461,737	4,669,353	842,757	19,537,655
12. Hawaii	HI	L	77,986	8,210			39,478
13. Idaho	ID	L	2,426,997	2,481,632	500,793	887,332	7,969,720
14. Illinois	IL	L	11,836,181	10,079,980	4,020,941	3,410,455	59,312,341
15. Indiana	IN	L	6,313,409	5,924,995	3,503,221	2,016,442	22,678,828
16. Iowa	IA	L	2,992,436	2,665,305	3,169,167	1,390,057	20,207,964
17. Kansas	KS	L	1,800,015	1,543,437	472,724	457,987	8,576,852
18. Kentucky	KY	L	5,188,817	3,583,398	3,157,259	1,654,677	9,559,661
19. Louisiana	LA	L	309,027	72,229	1,758	23,761	270,225
20. Maine	ME	L	52,559	487,161	13,788	7,741	595,065
21. Maryland	MD	L	2,971,462	3,507,769	1,638,812	445,043	11,825,197
22. Massachusetts	MA	L	1,511,586	1,573,021	223,791	402,227	3,223,587
23. Michigan	MI	L	5,396,603	4,857,524	995,252	2,940,801	17,518,296
24. Minnesota	MN	L	3,478,900	3,008,339	591,865	1,509,581	11,913,881
25. Mississippi	MS	L	146,168	84,834	8,063	1,714	559,719
26. Missouri	MO	L	7,005,081	3,395,405	2,824,714	1,004,540	18,422,352
27. Montana	MT	L	2,039,828	1,476,402	243,691	39,372	4,958,822
28. Nebraska	NE	L	1,895,882	1,447,234	640,479	310,232	9,612,840
29. Nevada	NV	L	158,487	124,481	14,546	11,972	544,551
30. New Hampshire	NH	L	1,400,501	1,444,432	322,744	188,992	3,922,466
31. New Jersey	NJ	L	2,042,148	526,768	610,061	45,438	2,306,664
32. New Mexico	NM	L	3,510,138	2,633,988	8,260,873	1,223,167	12,893,954
33. New York	NY	L	3,528,361	2,233,696	594,318	647,173	15,084,858
34. North Carolina	NC	L	6,541,646	5,098,064	1,464,667	1,721,582	21,706,920
35. North Dakota	ND	L	712,563	465,921	62,956	36,497	838,152
36. Ohio	OH	L	13,257,782	11,300,330	3,223,612	6,676,460	32,260,908
37. Oklahoma	OK	L	245,218	237,185	6,672	863	407,744
38. Oregon	OR	L	3,933,085	2,473,393	349,702	535,708	4,912,756
39. Pennsylvania	PA	L	11,958,453	12,814,217	4,281,859	4,879,096	52,842,457
40. Rhode Island	RI	L	72,104	287,132	35,896	21,249	303,490
41. South Carolina	SC	L	1,699,020	1,566,813	463,366	956,104	8,075,206
42. South Dakota	SD	L	1,096,208	592,169	83,413	145,249	2,583,467
43. Tennessee	TN	L	7,894,364	6,913,446	3,121,752	1,901,603	19,564,088
44. Texas	TX	L	6,787,561	6,952,520	1,448,256	1,432,259	32,202,353
45. Utah	UT	L	3,409,091	2,701,502	759,670	234,203	7,223,467
46. Vermont	VT	L	1,162,400	1,173,893	259,089	406,601	7,101,180
47. Virginia	VA	L	9,223,913	7,953,593	1,886,091	1,709,147	26,589,814
48. Washington	WA	L	4,461,721	4,653,292	1,514,830	730,873	12,868,049
49. West Virginia	WV	L	905,641	750,891	722,858	108,831	3,791,702
50. Wisconsin	WI	L	3,370,822	3,041,988	1,015,656	782,919	13,128,953
51. Wyoming	WY	L	898,907	677,003	661	184,225	1,020,998
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	180,972,945	156,817,115	67,136,284	58,006,425	614,881,415	579,870,730
DETAILS OF WRITE-INS							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX						
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX						

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 51 4. Q - Qualified - Qualified or accredited reinsurer.....
 2. R - Registered - Non-domiciled RRGs..... 5. D - Domestic Surplus Lines Insurer (DSL) - Reporting entities
 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state
 (other than their state of domicile - see DSL)..... 6. N - None of the above - Not allowed to write business in the state..... 6

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

	Domiciliary Location	FEIN	NAIC Co. Code
Cincinnati Financial Group (Parent)	OH	31-0746871	
CFC Investment Company	OH	31-0790388	
The Cincinnati Insurance Company (Insurer)	OH	31-0542366	10677
The Cincinnati Casualty Company (Insurer)	OH	31-0826946	28665
The Cincinnati Indemnity Company (Insurer)	OH	31-1241230	23280
The Cincinnati Life Insurance Company (Insurer)	OH	31-1213778	76236
CLIC District Investments I, LLC	OH	82-5173506	
CLIC BP Investments B, LLC	OH	81-1908205	
CLIC BP Investments H, LLC	OH	81-4633687	
CLIC WSD Investments I, LLC	OH	82-1587731	
CLIC DS Investments I, LLC	OH	81-3640769	
CLIC CSP Investments I, LLC	OH	99-0881697	
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	
CIC Hickory Investments I, LLC	OH	35-2780794	
CIC Pimlico Investments I, LLC	OH	36-5051894	
CIC District Investments II, LLC	OH	36-5050938	
CSU Producer Resources, Inc	OH	11-3823180	
Cincinnati Global Underwriting LTD.	GBR	98-1489371	
Cincinnati Global Dedicated No 1 Limited (Insurer)	GBR		
Cincinnati Global Dedicated No 2 Limited (Insurer)*	GBR		
Cincinnati Global Dedicated No 3 Limited (Insurer)	GBR		
Cincinnati Global Dedicated No 4 Limited (Insurer)	GBR		
Cincinnati Global Dedicated No 5 Limited (Insurer)	GBR		
Cincinnati Global Dedicated No 6 Limited (Insurer)	GBR		
Cincinnati Global Underwriting Agency Limited	GBR		
Cincinnati Global Underwriting Services Limited	GBR		

* Participant in Lloyd's Syndicate 0318

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percent-age	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
.0244	CINCINNATI INS GRP	00000	31-0746871		0000020286	NASDAQ	CINCINNATI FINANCIAL CORPORATION .....	. OH....	. UIP....	CINCINNATI FINANCIAL CORPORATION	Board of Directors.....		BOARD	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	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	28665	31-0826946		0001279888		THE CINCINNATI CASUALTY COMPANY .....	. OH....	. IA....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	
.0244	CINCINNATI INS GRP	23280	31-1241230		0001279886		THE CINCINNATI INDEMNITY COMPANY .....	. OH....	. RE....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	
.0244	CINCINNATI INS GRP		13037	65-1316588			THE CINCINNATI SPECIALTY UNDERWRITERS INSURANCE COMPANY .....	. DE....	. IA....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	
.0244	CINCINNATI INS GRP		00000	31-0790388			CFC INVESTMENT COMPANY .....	. OH....	. NIA....	CINCINNATI FINANCIAL CORPORATION	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	
.0244	CINCINNATI INS GRP		00000	11-3823180			CSU PRODUCER RESOURCES, INC .....	. OH....	. NIA....	CINCINNATI FINANCIAL CORPORATION	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	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		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	99-0881697			CLIC CSP INVESTMENTS I, LLC .....	. OH....	. NIA....	THE CINCINNATI LIFE 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	83-1627569			CIC UPTOWN INVESTMENTS I, LLC .....	. OH....	. NIA....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	
.0244	CINCINNATI INS GRP		00000	61-1936938			CIC DANAMONT INVESTMENTS I, LLC .....	. OH....	. NIA....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	
.0244	CINCINNATI INS GRP		00000	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	35-2780794			CIC HICKORY INVESTMENTS I, LLC .....	. OH....	. NIA....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	
.0244	CINCINNATI INS GRP		00000	36-5051894			CIC PIMILICO INVESTMENTS I, LLC .....	. OH....	. NIA....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	
.0244	CINCINNATI INS GRP		00000	36-5050938			CIC DISTRICT INVESTMENTS II, LLC .....	. OH....	. NIA....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	
.0244	CINCINNATI INS GRP		00000	98-1489371			CINCINNATI GLOBAL UNDERWRITING LTD. .....	. NIA....		CINCINNATI FINANCIAL CORPORATION	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	
.0244	CINCINNATI INS GRP		00000				CINCINNATI GLOBAL DEDICATED NO. 1 LIMITED .....	. IA....		CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	
.0244	CINCINNATI INS GRP		00000				CINCINNATI GLOBAL DEDICATED NO 2 LIMITED .....	. IA....		CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	
.0244	CINCINNATI INS GRP		00000				CINCINNATI GLOBAL DEDICATED NO 3 LIMITED .....	. IA....		CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	
.0244	CINCINNATI INS GRP		00000				CINCINNATI GLOBAL DEDICATED NO 4 LIMITED .....	. IA....		CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	
.0244	CINCINNATI INS GRP		00000				CINCINNATI GLOBAL DEDICATED NO 5 LIMITED .....	. IA....		CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	
.0244	CINCINNATI INS GRP		00000				CINCINNATI GLOBAL DEDICATED NO 6 LIMITED .....	. IA....		CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	
.0244	CINCINNATI INS GRP		00000				CINCINNATI GLOBAL UNDERWRITING AGENCY LIMITED .....		. NIA....	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	
.0244	CINCINNATI INS GRP		00000				CINCINNATI GLOBAL UNDERWRITING SERVICES LIMITED .....		. NIA....	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	
.0244	CINCINNATI INS GRP		00000							CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	

Asterisk	Explanation

STATEMENT AS OF MARCH 31, 2024 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	5,161,960	2,046,078	39.6	30.9
2.1 Allied Lines	8,281,680	4,082,599	49.3	62.0
2.2 Multiple peril crop				
2.3 Federal flood				
2.4 Private crop				
2.5 Private flood	34,317			
3. Farmowners multiple peril				
4. Homeowners multiple peril				
5.1 Commercial multiple peril (non-liability portion)	21,487,460	5,496,417	25.6	75.5
5.2 Commercial multiple peril (liability portion)	11,535,456	5,694,446	49.4	42.5
6. Mortgage guaranty				
8. Ocean marine				
9.1 Inland marine	2,777,055	1,399,463	50.4	48.2
9.2 Pet insurance				
10. Financial guaranty				
11.1 Medical professional liability - occurrence	521,263	(233,682)	(44.8)	247.6
11.2 Medical professional liability - claims-made	626,813	(121,763)	(19.4)	13.0
12. Earthquake	63,563			(10.1)
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	30,065,212	16,893,113	56.2	48.7
17.1 Other liability - occurrence	21,384,531	19,769,705	92.4	82.8
17.2 Other liability - claims-made	465,603	41,698	9.0	22.7
17.3 Excess workers' compensation				
18.1 Products liability - occurrence	2,311,191	1,803,664	78.0	10.0
18.2 Products liability - claims-made				
19.1 Private passenger auto no-fault (personal injury protection)				
19.2 Other private passenger auto liability	6,769	(400)	(5.9)	(5.1)
19.3 Commercial auto no-fault (personal injury protection)	285,716	43,552	15.2	40.6
19.4 Other commercial auto liability	25,177,752	14,878,533	59.1	82.0
21.1 Private passenger auto physical damage	7,334			110.3
21.2 Commercial auto physical damage	10,615,164	5,617,729	52.9	64.6
22. Aircraft (all perils)				
23. Fidelity				
24. Surety				
26. Burglary and theft	360,109	96,667	26.8	20.2
27. Boiler and machinery	761,356	(73,206)	(9.6)	33.4
28. Credit				
29. International				
30. Warranty				
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business				
35. Totals	141,930,303	77,434,613	54.6	63.4
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page				
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)				

STATEMENT AS OF MARCH 31, 2024 OF THE 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	6,265,196	6,265,196	4,735,523
2.1 Allied Lines	9,574,636	9,574,636	7,215,221
2.2 Multiple peril crop			
2.3 Federal flood			
2.4 Private crop			
2.5 Private flood	61,397	61,397	20,325
3. Farmowners multiple peril			
4. Homeowners multiple peril			
5.1 Commercial multiple peril (non-liability portion)	25,986,998	25,986,998	21,139,365
5.2 Commercial multiple peril (liability portion)	16,400,515	16,400,515	13,781,782
6. Mortgage guaranty			
8. Ocean marine			
9.1 Inland marine	3,147,068	3,147,068	2,826,848
9.2 Pet insurance			
10. Financial guaranty			
11.1 Medical professional liability - occurrence	663,921	663,921	.467,373
11.2 Medical professional liability - claims-made	640,567	640,567	513,112
12. Earthquake	53,216	53,216	39,877
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	40,909,789	40,909,789	42,260,157
17.1 Other liability - occurrence	27,550,653	27,550,653	23,303,498
17.2 Other liability - claims-made	529,052	529,052	.476,785
17.3 Excess workers' compensation			
18.1 Products liability - occurrence	2,168,695	2,168,695	2,245,282
18.2 Products liability - claims-made			
19.1 Private passenger auto no-fault (personal injury protection)			
19.2 Other private passenger auto liability	11,691	11,691	7,827
19.3 Commercial auto no-fault (personal injury protection)	367,751	367,751	268,502
19.4 Other commercial auto liability	32,068,663	32,068,663	26,090,281
21.1 Private passenger auto physical damage	18,444	18,444	9,073
21.2 Commercial auto physical damage	13,214,109	13,214,109	10,395,549
22. Aircraft (all perils)			
23. Fidelity			
24. Surety			
26. Burglary and theft	427,755	427,755	.348,847
27. Boiler and machinery	912,830	912,830	.671,887
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	180,972,945	180,972,945	156,817,115
DETAILS OF WRITE-INS			
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page			
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)			

STATEMENT AS OF MARCH 31, 2024 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 2024 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2024 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2024 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. 2021 + Prior													
2. 2022													
3. Subtotals 2022 + Prior													
4. 2023													
5. Subtotals 2023 + Prior													
6. 2024	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX	XXX
7. Totals													
8. Prior Year-End Surplus As Regards Policyholders											Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1.	2.	3.
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4.

NONE

STATEMENT AS OF MARCH 31, 2024 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

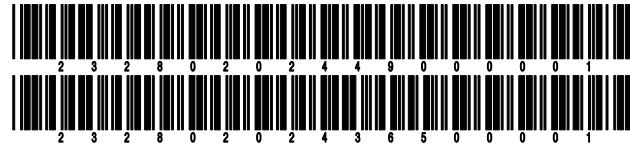
5. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting 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 MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY
OVERFLOW PAGE FOR WRITE-INS

NONE

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	130,978,627	124,886,514
2. Cost of bonds and stocks acquired	2,045,804	12,229,237
3. Accrual of discount	34,960	129,233
4. Unrealized valuation increase/(decrease)	2,164,811	851,014
5. Total gain (loss) on disposals	(539)	2,154
6. Deduct consideration for bonds and stocks disposed of	30,000	5,720,000
7. Deduct amortization of premium	76,423	321,541
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		1,077,983
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	135,117,240	130,978,627
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	135,117,240	130,978,627

STATEMENT AS OF MARCH 31, 2024 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
BONDS								
1. NAIC 1 (a)	64,477,591	2,045,804	30,539	(60,262)	66,432,594			64,477,591
2. NAIC 2 (a)	24,801,251			(10,281)	24,790,970			24,801,251
3. NAIC 3 (a)								
4. NAIC 4 (a)	1,720,465			29,080	1,749,544			1,720,465
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	90,999,306	2,045,804	30,539	(41,463)	92,973,108			90,999,306
PREFERRED STOCK								
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	90,999,306	2,045,804	30,539	(41,463)	92,973,108			90,999,306

(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 \$

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

N O N E

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

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

STATEMENT AS OF MARCH 31, 2024 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
91282C-HV-6	UNITED STATES TREASURY .....	.....	02/22/2024	Bank of America	556,409	555,000	.....	13,418	1.A
91282C-JS-1	UNITED STATES TREASURY .....	.....	03/04/2024	Bank of America	1,489,395	1,500,000	.....	11,384	1.A
0109999999. Subtotal - Bonds - U.S. Governments					2,045,804	2,055,000	.....	24,802	XXX
2509999997. Total - Bonds - Part 3					2,045,804	2,055,000	.....	24,802	XXX
2509999998. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX
2509999999. Total - Bonds					2,045,804	2,055,000	.....	24,802	XXX
4509999997. Total - Preferred Stocks - Part 3					XXX	XXX	.....	XXX	XXX
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks					XXX	XXX	.....	XXX	XXX
5989999997. Total - Common Stocks - Part 3					XXX	XXX	.....	XXX	XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks					XXX	XXX	.....	XXX	XXX
5999999999. Total - Preferred and Common Stocks					XXX	XXX	.....	XXX	XXX
.....
.....
.....
.....
.....
6009999999 - Totals					2,045,804	XXX	.....	24,802	XXX

E04

STATEMENT AS OF MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

SCHEDULE D - PART 4

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

1 CUSIP Ident- ification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admi- nistrative Symbol		
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recogn- ized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book/ Adjusted Carrying Value									
..91282C-JS-1	UNITED STATES TREASURY		03/13/2024	Unknown												421		(421)	(421)		12/31/2025	1.A FE	
0109999999. Subtotal - Bonds - U.S. Governments																421		(421)	(421)		XXX	XXX	
..646080-TH-4	NUSGR 18 181A17		01/25/2024	Call @ 100.00	30,000		30,000		30,246		30,119		(2)		(2)		30,117		(117)	(117)	30	12/01/2034	1.C FE
0909999999. Subtotal - Bonds - U.S. Special Revenues					30,000		30,000		30,246		30,119		(2)		(2)		30,117		(117)	(117)	30	XXX	XXX
2509999997. Total - Bonds - Part 4					30,000		30,000		30,246		30,119		(2)		(2)		30,539		(539)	(539)	30	XXX	XXX
2509999998. Total - Bonds - Part 5					XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	XXX	XXX	XXX	XXX
2509999999. Total - Bonds					30,000		30,000		30,246		30,119		(2)		(2)		30,539		(539)	(539)	30	XXX	XXX
4509999997. Total - Preferred Stocks - Part 4					XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	XXX	XXX	XXX	XXX
4509999998. Total - Preferred Stocks - Part 5					XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks					XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	XXX	XXX	XXX	XXX
5989999997. Total - Common Stocks - Part 4					XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	XXX	XXX	XXX	XXX
5989999998. Total - Common Stocks - Part 5					XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks					XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	XXX	XXX	XXX	XXX
5999999999. Total - Preferred and Common Stocks					XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	XXX	XXX	XXX	XXX
6009999999 - Totals					30,000		XXX		30,246		30,119		(2)		(2)		30,539		(539)	(539)	30	XXX	XXX

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

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

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

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

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

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

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

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

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

STATEMENT AS OF MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Fifth Third Bank .....	.....	0.000	.....	.....	3,905,956	4,188,779	3,600,252	XXX.
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX	.....	.....	.....	.....	.....	XXX
0199999. Totals - Open Depositories	XXX	XXX	.....	.....	3,905,956	4,188,779	3,600,252	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX	.....	.....	.....	.....	.....	XXX
0299999. Totals - Suspended Depositories	XXX	XXX	.....	.....	.....	.....	.....	XXX
0399999. Total Cash on Deposit	XXX	XXX	.....	.....	3,905,956	4,188,779	3,600,252	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	.....	.....	.....	XXX
.....
.....
.....
.....
.....
.....
.....
.....
0599999. Total - Cash	XXX	XXX	.....	.....	3,905,956	4,188,779	3,600,252	XXX

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



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

SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama	AL							
2. Alaska	AK							
3. Arizona	AZ							
4. Arkansas	AR							
5. California	CA							
6. Colorado	CO							
7. Connecticut	CT							
8. Delaware	DE							
9. District of Columbia	DC							
10. Florida	FL							
11. Georgia	GA							
12. Hawaii	HI							
13. Idaho	ID							
14. Illinois	IL	1,298				(44)		134
15. Indiana	IN							
16. Iowa	IA					(4)		2
17. Kansas	KS							
18. Kentucky	KY							
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD							
22. Massachusetts	MA							
23. Michigan	MI	630						
24. Minnesota	MN							
25. Mississippi	MS							
26. Missouri	MO							
27. Montana	MT					(1,300)		3,819
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	283				(362)		2,006
35. North Dakota	ND							
36. Ohio	OH					(543)		273
37. Oklahoma	OK							
38. Oregon	OR							
39. Pennsylvania	PA	652				(205)		3,005
40. Rhode Island	RI							
41. South Carolina	SC							
42. South Dakota	SD							
43. Tennessee	TN							
44. Texas	TX	491						
45. Utah	UT							
46. Vermont	VT							
47. Virginia	VA							
48. Washington	WA	1,725				(437)		7,703
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		5,080				(2,895)		16,942
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 4 4 5 5 0 0 0 1 0 1

SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2024 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					48		15
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					48		
59. Totals								15
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 4 4 5 5 0 0 1 0 1

SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported	
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims		
1. Alabama	AL	1,923	5,381		(14,130)			43,295	
2. Alaska	AK								
3. Arizona	AZ		2,114		(9,524)	22,474	1	22,048	
4. Arkansas	AR	1,170	1,160		(1,365)			7,577	
5. California	CA								
6. Colorado	CO		60		(1,144)			2,317	
7. Connecticut	CT				(433)			965	
8. Delaware	DE		21,508		(13,119)			121,135	
9. District of Columbia	DC								
10. Florida	FL	107,349	138,446		(87,370)	203,702	3	706,865	
11. Georgia	GA	20,938	16,698		3,142	164,957	4	96,743	
12. Hawaii	HI								
13. Idaho	ID	3,908	953		(4,360)			16,793	
14. Illinois	IL	23,274	39,382		(58,485)	41,672	1	257,137	
15. Indiana	IN		1,574		(5,069)			19,682	
16. Iowa	IA	3,524	3,377		(7,094)			32,608	
17. Kansas	KS		1,021		(837)			4,895	
18. Kentucky	KY	1,426	2,862		(4,372)			21,941	
19. Louisiana	LA								
20. Maine	ME								
21. Maryland	MD	5,004	2,935		(1,396)			14,731	
22. Massachusetts	MA								
23. Michigan	MI	24,526	24,849	175,000	1	84,645	29,662	2	183,024
24. Minnesota	MN	19,744	16,361	47,500	1	(21,456)	16,779	1	108,136
25. Mississippi	MS								
26. Missouri	MO	1,537	711		(2,611)			8,540	
27. Montana	MT	4,675	6,513		(11,600)			57,813	
28. Nebraska	NE	139,982	33,617		7,704	131,170	3	1,834	
29. Nevada	NV								
30. New Hampshire	NH		4,312		(1,165)			17,913	
31. New Jersey	NJ				(1,447)			4,046	
32. New Mexico	NM	5,195	8,005		(1,497)			37,228	
33. New York	NY				(2,448)			2,100	
34. North Carolina	NC	12,918	6,658		(13,175)	22,733	1	64,315	
35. North Dakota	ND								
36. Ohio	OH	234,592	96,925		46,490	70,816	2	447,980	
37. Oklahoma	OK								
38. Oregon	OR				(1,070)			3,638	
39. Pennsylvania	PA	17,422	16,679		(52,677)	657,807	10	203,377	
40. Rhode Island	RI								
41. South Carolina	SC	3,569	7,752		(532)			30,361	
42. South Dakota	SD	1,331	324		(208)			2,199	
43. Tennessee	TN	5,336	12,268		(14,227)			85,170	
44. Texas	TX		3,320		(11,935)			48,552	
45. Utah	UT		1,032		(1,369)			6,123	
46. Vermont	VT	119	4,077		(2,130)			21,582	
47. Virginia	VA	112,637	49,652		(14,528)	133,181	6	253,475	
48. Washington	WA		4,679		(3,285)			26,752	
49. West Virginia	WV	7,765	4,824		(3,424)			28,514	
50. Wisconsin	WI	32,227	16,674		(1,227)	15,000	1	107,852	
51. Wyoming	WY	13,434	3,029		(314)			13,225	
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		805,525	559,733	222,500	2	(229,046)	1,509,953	35	3,132,482
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998. Summary of remaining write-ins for Line 58 from overflow page									
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)									



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

SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2024 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				250			4,453
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	1,271	1,371					
17. Kansas	KS				(4)			
18. Kentucky	KY	51,992	129,405	(50,000)	1	(50,718)		3,032
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD		404					
22. Massachusetts	MA							
23. Michigan	MI	19,143	6,099			(9)		35
24. Minnesota	MN	(2)	4,729			5		38
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		25,216			(3,774)	758,838	1
33. New York	NY					22,507	532,275	3
34. North Carolina	NC							
35. North Dakota	ND							
36. Ohio	OH	29,688	54,482			(11,180)		12,025
37. Oklahoma	OK							
38. Oregon	OR							
39. Pennsylvania	PA	340,945	236,352	100,000	1	(91,895)	522,102	5
40. Rhode Island	RI							
41. South Carolina	SC							
42. South Dakota	SD		1,205					
43. Tennessee	TN		51,405			15,387	65,695	1
44. Texas	TX							
45. Utah	UT							
46. Vermont	VT							
47. Virginia	VA	37,928	45,664			(1,328)	29,964	1
48. Washington	WA							
49. West Virginia	WV					(1,896)		(1,032)
50. Wisconsin	WI	17,998	26,930			(899)		2,249
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		498,963	583,263	50,000	2	(123,553)	1,908,874	11
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended MARCH 31, 2024

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
\$ 26,597	\$ 18,842	\$

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: \$ 16,189

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. \$ (64)