



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2024

OF THE CONDITION AND AFFAIRS OF THE

THE CINCINNATI INDEMNITY COMPANY

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

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

Country of Domicile United States of America

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

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

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

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

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

Internet Website Address WWW.CINFIN.COM

Statutory Statement Contact ANDREW SCHNELL (Name) 513-870-2000 (Area Code) (Telephone Number) andrew_schnell@cinfin.com (E-mail Address) 513-603-5500 (FAX Number)

OFFICERS

CHIEF EXECUTIVE OFFICER, PRESIDENT STEPHEN MICHAEL SPRAY SENIOR VICE PRESIDENT THERESA ANN HOFFER

CHIEF FINANCIAL OFFICER, EXECUTIVE VICE PRESIDENT, TREASURER MICHAEL JAMES SEWELL

OTHER

TERESA CURRIN CRACAS, CHIEF RISK OFFICER, EXECUTIVE VICE PRESIDENT	ANGELA OSSELLO DELANEY, SENIOR VICE PRESIDENT	DONALD JOSEPH DOYLE JR, SENIOR VICE PRESIDENT
SEAN MICHAEL GIVLER, SENIOR VICE PRESIDENT	THOMAS CHRISTOPHER HOGAN, CHIEF LEGAL OFFICER, EXECUTIVE VICE PRESIDENT, CORPORATE SECRETARY	STEVEN JUSTUS JOHNSTON, CHAIRMAN OF THE BOARD
JOHN SCOTT KELLINGTON, CHIEF INFORMATION OFFICER, EXECUTIVE VICE PRESIDENT	MARC JON SCHAMBOW, CHIEF CLAIMS OFFICER, SENIOR VICE PRESIDENT	ANTHONY STEVEN SOLORIA, CHIEF INVESTMENT OFFICER, SENIOR VICE PRESIDENT
WILLIAM HAROLD VAN DEN HEUVEL, SENIOR VICE PRESIDENT		

DIRECTORS OR TRUSTEES

THOMAS JEFFREY AARON	NANCY CUNNINGHAM BENACCI	TERESA CURRIN CRACAS
JOHN DIRK DEBBINK	ANGELA OSSELLO DELANEY	DONALD JOSEPH DOYLE JR
SEAN MICHAEL GIVLER	THOMAS CHRISTOPHER HOGAN	STEVEN JUSTUS JOHNSTON
JOHN SCOTT KELLINGTON	JILL PRATT MEYER	DAVID PAUL OSBORN
MARC JON SCHAMBOW	CHARLES ODELL SCHIFF	MICHAEL JAMES SEWELL
ANTHONY STEVEN SOLORIA	STEPHEN MICHAEL SPRAY	JOHN FREDRICK STEELE JR
WILLIAM HAROLD VAN DEN HEUVEL	LARRY RUSSEL WEBB	CHENG-SHENG WU

State of OHIO SS:

County of BUTLER

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

STEPHEN M. SPRAY CHIEF EXECUTIVE OFFICER, PRESIDENT

MICHAEL J. SEWELL CHIEF FINANCIAL OFFICER, EXECUTIVE VICE PRESIDENT

THERESA A. HOFFER SENIOR VICE PRESIDENT, TREASURER

Subscribed and sworn to before me this day of

a. Is this an original filing? Yes [X] No []

b. If no,

1. State the amendment number.....

2. Date filed

3. Number of pages attached.....

STATEMENT AS OF SEPTEMBER 30, 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	99,687,027		99,687,027	90,999,306
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	40,764,485		40,764,485	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 (\$2,390,429), cash equivalents (\$) and short-term investments (\$)	2,390,429		2,390,429	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)	142,841,941		142,841,941	134,985,405
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	1,183,980		1,183,980	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	38,666,190		38,666,190	24,715,846
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts	4,380,431		4,380,431	5,360,448
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon	496,832		496,832	
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	2,219,486		2,219,486	16,992,402
24. Health care (\$) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	177,519	177,519		
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	189,966,378	177,519	189,788,859	183,224,735
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	189,966,378	177,519	189,788,859	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. Miscellaneous Receivable	177,519	177,519		
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)	177,519	177,519		

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)	4,730	4,772
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))		5,692
7.2 Net deferred tax liability	5,697,889	4,692,888
8. Borrowed money \$ and interest thereon \$		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$307,671,869 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)	44,558,411	46,517,802
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others	2,342,622	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	109	122,280
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	52,603,761	53,249,536
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	52,603,761	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)	111,985,098	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)	137,185,098	129,975,199
38. Totals (Page 2, Line 28, Col. 3)	189,788,859	183,224,735
DETAILS OF WRITE-INS		
2501. Accounts Payable Other	109	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)	109	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 OF INCOME

	1	2	3
	Current Year to Date	Prior Year to Date	Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$497,481,726)	447,727,026	397,581,868	535,608,797
1.2 Assumed (written \$1)	1	2	3
1.3 Ceded (written \$497,481,727)	447,727,027	397,581,870	535,608,800
1.4 Net (written \$)			
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	244,336,019	229,967,468	293,792,569
2.2 Assumed	4,786	(10,475)	(27,453)
2.3 Ceded	244,340,806	229,956,993	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	3,645,152	3,274,370	4,411,569
10. Net realized capital gains (losses) less capital gains tax of \$ 105,755	1,475,401	(1,078,512)	(1,076,282)
11. Net investment gain (loss) (Lines 9 + 10)	5,120,553	2,195,858	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)	5,120,553	2,195,859	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)	5,120,553	2,195,859	3,335,287
19. Federal and foreign income taxes incurred	524,313	454,865	611,571
20. Net income (Line 18 minus Line 19)(to Line 22)	4,596,241	1,740,994	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)	4,596,241	1,740,994	2,723,716
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ 797,197	2,998,981	(521,703)	672,301
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	(207,804)	236,167	199,374
27. Change in nonadmitted assets	(177,518)	(138,809)	
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).....	7,209,899	1,316,648	3,595,390
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	137,185,098	127,696,457	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)			

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	(1,959,391)	(5,558,662)	6,336,012
2. Net investment income	3,749,310	3,449,006	4,467,075
3. Miscellaneous income			
4. Total (Lines 1 to 3)	1,789,918	(2,109,656)	10,803,087
5. Benefit and loss related payments	12,970,326	(1,730,257)	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 \$ 84,684 tax on capital gains (losses)	1,132,592	455,462	617,309
10. Total (Lines 5 through 9)	14,102,917	(1,274,795)	4,621,081
11. Net cash from operations (Line 4 minus Line 10)	(12,312,999)	(834,860)	6,182,006
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	4,532,727	3,910,000	5,720,000
12.2 Stocks	4,592,778		
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		1,000,000	
12.8 Total investment proceeds (Lines 12.1 to 12.7)	9,125,505	4,910,000	5,720,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds	13,338,601	9,204,219	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)	13,338,601	9,204,219	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)	(4,213,096)	(4,294,219)	(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)	14,909,746	3,887,646	(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)	14,909,746	3,887,646	(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) .	(1,616,349)	(1,241,434)	(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)	2,390,429	5,084,408	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 September 30, 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	\$ 4,596,241	\$ 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	\$ 4,596,241	\$ 2,723,716
SURPLUS					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 137,185,098	\$ 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	\$ 137,185,098	\$ 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.

	September 30, 2024		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 37,279	\$ 0	\$ 37,279
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	37,279	0	37,279
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	37,279	0	37,279
(f) Deferred Tax Liabilities	\$ 12,318	\$ 5,722,850	\$ 5,735,168
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ 24,961	\$ (5,722,850)	\$ (5,697,889)

	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	\$ 37,279	\$ (81,745)	\$ (44,466)
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	37,279	(81,745)	(44,466)
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	37,279	(81,745)	(44,466)
(f) Deferred Tax Liabilities	\$ (3,227)	\$ 963,762	\$ 960,535
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ 40,506	\$ (1,045,507)	\$ (1,005,001)

NOTES TO FINANCIAL STATEMENTS

2.

	September 30, 2024		
	Ordinary	Capital	Total
Admission Calculation Components SSAP No. 101			
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 37,279	\$ 0	\$ 37,279
(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	20,577,765
(c)Adjusted Gross Deferred Tax Assets (Excluding the amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	0	0	0
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	\$ 37,279	\$ 0	\$ 37,279

	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	\$ 37,279	\$ 0	\$ 37,279
(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	1,081,485
(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))	\$ 37,279	\$ (81,745)	\$ (44,466)

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.

	September 30, 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)	\$ 37,279	\$ 0	\$ 37,279
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)	\$ 37,279	\$ 0	\$ 37,279
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.			

NOTES TO FINANCIAL STATEMENTS

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) 2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies 3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e) 4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	December 31, 2023		
	Ordinary	Capital	Total
	\$ 0	\$ 81,745	\$ 81,745
	0.00%	0.00%	0.00%
	\$ 0	\$ 81,745	\$ 81,745
	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 (a)Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage. 1. Adjusted Gross DTAs amount from Note 9A1(c) 2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies 3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e) 4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	Change		
	Ordinary	Capital	Total
	\$ 37,279	\$ (81,745)	\$ (44,466)
	0.00%	0.00%	0.00%
	\$ 37,279	\$ (81,745)	\$ (44,466)
	0.00%	0.00%	0.00%
(b)The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.			

B. Unrecognized DTLs – Not applicable

C. Current Tax and Change in Deferred Tax

1. Current income tax:	September 30, 2024	December 31, 2023	Change
(a)Federal	\$ 509,414	\$ 592,239	\$ (82,825)
(b)Foreign	14,899	19,332	(4,433)
(c) Subtotal	524,313	611,571	(87,258)
(d)Federal income tax on capital gains/(losses)	105,755	453	105,302
(e)Utilization of capital loss carryforwards	0	0	0
(f) Other	0	0	0
(g)Federal income taxes incurred	\$ 630,068	\$ 612,024	\$ 18,044

2. Deferred tax assets:	September 30, 2024	December 31, 2023	Change
(a)Ordinary			
1. Unearned premium reserve	\$ 0	\$ 0	\$ 0
2. Unpaid loss reserve	0	0	0
3. Contingent commission	0	0	0
4. Nonadmitted assets	37,279	0	37,279
5. Other deferred tax assets	0	0	0
99.Subtotal	\$ 37,279	\$ 0	\$ 37,279
(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))	\$ 37,279	\$ 0	\$ 37,279
(e)Capital			
1. Investments	\$ 0	\$ 81,745	\$ (81,745)
1. Unrealized (gain)/loss on investments	0	0	0
99.Subtotal	\$ 0	\$ 81,745	\$ (81,745)
(f) Statutory valuation allowance adjustment	0	0	0
(g)Nonadmitted	0	0	0
(h)Admitted capital deferred tax assets ((2(e)99- 2(f)-2(g))	\$ 0	\$ 81,745	\$ (81,745)
(i) Admitted deferred tax assets (2(d)+2(h))	\$ 37,279	\$ 81,745	\$ (44,466)

3. Deferred tax liabilities:	September 30, 2024	December 31, 2023	Change
(a)Ordinary			
1. Commission expense	\$ 0	\$ 0	\$ 0
2. Other, net	12,318	15,545	(3,227)
99.Subtotal	\$ 12,318	\$ 15,545	\$ (3,227)
(b)Capital			
2. Investment	\$ 166,564	\$ 0	\$ 166,564
3. Unrealized (gain)/loss on investments	5,556,286	4,759,088	797,198
99.Subtotal	\$ 5,722,850	\$ 4,759,088	\$ 963,762
(c)Deferred tax liabilities (3(a)99+3(b)99)	\$ 5,735,168	\$ 4,774,633	\$ 960,535
4. Net deferred tax assets/(liabilities) (2(i)-3(c)):	\$ (5,697,889)	\$ (4,692,888)	\$ (1,005,001)

NOTES TO FINANCIAL STATEMENTS

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

	September 30, 2024	December 31, 2023	Change
Total deferred tax assets	\$ 37,279	\$ 81,745	\$ (44,466)
Total deferred tax liabilities	5,735,168	4,774,633	960,535
Net deferred tax asset/(liability)	\$ (5,697,889)	\$ (4,692,888)	\$ (1,005,001)
Tax effect of unrealized (gains)/losses			797,198
Change in net deferred income tax (charge)/benefit			\$ (207,803)
	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 September 30, 2024		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 5,226,310	\$ 1,097,525	21.00 %
Net tax exempt interest	(848,310)	(178,145)	(3.41)%
Net dividends received deduction (DRD)	(220,305)	(46,264)	(0.89)%
Other items permanent, net	19	4	0.00 %
DRD on accrued	9,667	2,030	0.04 %
Total	\$ 4,167,381	\$ 875,150	16.74 %
Federal income tax expense incurred/(benefit)	\$ 2,496,729	\$ 524,313	10.03 %
Tax on capital gains/(losses)	503,595	105,755	2.02 %
Change in nonadmitted excluding deferred tax asset	177,519	37,279	0.71 %
Change in net deferred income tax charge/(benefit)	989,538	207,803	3.98 %
Total statutory income taxes incurred/(benefit)	\$ 4,167,381	\$ 875,150	16.74 %

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)	\$ 2,912,243	\$ 611,571	18.33 %
Tax on capital gains/(losses)	2,158	453	0.01 %
Change in nonadmitted excluding deferred tax asset	0	0	0.00 %
Change in net deferred income tax charge/(benefit)	(949,400)	(199,374)	(5.97)%
Total statutory income taxes incurred/(benefit)	\$ 1,965,001	\$ 412,650	12.37 %

E. Operating Loss and Tax Credit Carryforwards

At September 30, 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	\$ 502,408	\$ 112,761	\$ 615,169
2023	592,239	453	592,692
2022	0	20,685	20,685
Total	\$ 1,094,647	\$ 133,899	\$ 1,228,546

At September 30, 2024 the Company had no protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated Federal Income Tax Return

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

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

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

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 September 30, 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. During the third quarter of 2024, we were notified by the Internal Revenue Service (IRS) that the audit of the tax years ended December 31, 2021 and December 31, 2020, has concluded. Despite this, the statute of limitations remains open through September of 2025. 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 September 30, 2024, the Company reported \$2,219,486 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**

NOTES TO FINANCIAL STATEMENTS

- H. Company Stock Held for Special Purposes – Not applicable
- I. Changes in Special Surplus Funds – Not applicable
- J. The portion of unassigned funds (surplus) represented or (reduced) by cumulative unrealized gains/(losses) are \$26,458,504 offset by deferred tax of \$5,556,286 for a net balance of \$20,902,218.
- 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

NOTES TO FINANCIAL STATEMENTS

issuer or broker quotes. However, the Company places in the Level 3 hierarchy securities for which it is unable to obtain the pricing methodology or it could not consider the price provided as binding. Management ultimately determines the fair value for each Level 3 security that it considers to be the best exit price valuation.

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

The following table presents the Company’s assets measured and reported at fair value by level within the fair value hierarchy as of September 30, 2024:

Assets at Fair Value:

	Level 1	Level 2	Level 3	Net Asset Value (NAV) Included in Level 2	Total
Common Stock	\$ 40,764,485	\$ 0	\$ 0	\$ 0	\$ 40,764,485
Total	\$ 40,764,485	\$ 0	\$ 0	\$ 0	\$ 40,764,485

- 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	\$ 97,693,666	\$ 99,687,027	\$ 2,785,115	\$ 94,908,551	\$ 0	\$ 0	\$ 0
Common Stock	40,764,485	40,764,485	40,764,485	0	0	0	0

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

21. Other Items – No significant change
22. Subsequent Events

The Company has considered subsequent events through November 14, 2024, the date of issuance of these statutory financial statements. There were no events occurring subsequent to September 30, 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

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [] No [X]

1.2

If yes, has the report been filed with the domiciliary state?

Yes [] No []

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]

2.2

If yes, date of change:

3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

If yes, complete Schedule Y, Parts 1 and 1A.

Yes [X] No []

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [] No [X]

3.3

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

3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [X] No []

3.5

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

0000020286

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]

4.2

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

1	2	3
Name of Entity	NAIC Company Code	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?

If yes, attach an explanation.

Yes [] No [X] N/A []

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

STATEMENT AS OF SEPTEMBER 30, 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?
(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.

Yes [X] No []
- 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 [X]
- 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 [X]
- 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:\$.....

2,219,486

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

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [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.

\$
- 7.1

STATEMENT AS OF SEPTEMBER 30, 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]

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?
If yes, attach an explanation.
.....

Yes [] No [X] N/A []
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?
If yes, attach an explanation.
.....

Yes [] No [X]
- 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:

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

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

[illegible]

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	8,890,004	8,747,101	1,952,246	3,393,117	7,113,204	7,517,934
2. Alaska	AK						
3. Arizona	AZ	8,690,039	8,228,135	4,330,088	6,955,824	20,424,332	23,658,754
4. Arkansas	AR	6,483,976	4,608,480	1,638,148	1,067,935	7,388,209	6,117,531
5. California	CA	2,070,625	1,584,194	326,875	195,322	2,091,284	1,316,203
6. Colorado	CO	19,233,826	14,202,840	5,838,216	6,488,715	16,134,417	16,883,494
7. Connecticut	CT	2,075,404	1,647,602	309,066	38,491	2,536,108	1,469,749
8. Delaware	DE	2,873,779	1,774,802	867,842	2,068,578	2,712,717	2,853,633
9. District of Columbia	DC	572,238	474,110	822,954	231,200	958,613	1,689,210
10. Florida	FL	33,700,001	36,383,500	13,203,511	11,051,818	46,896,778	50,948,437
11. Georgia	GA	14,754,385	12,255,873	7,328,938	3,964,369	20,814,069	19,666,875
12. Hawaii	HI	81,758	11,835	13,218		39,639	5,696
13. Idaho	ID	9,885,583	7,470,852	2,081,863	2,403,369	8,606,268	6,332,416
14. Illinois	IL	26,886,852	23,025,954	19,169,435	15,659,738	62,432,113	61,054,745
15. Indiana	IN	14,901,073	13,494,932	6,130,159	7,611,021	23,409,172	23,766,461
16. Iowa	IA	9,775,845	7,437,221	5,938,214	5,007,711	19,322,737	24,210,926
17. Kansas	KS	7,519,893	5,438,444	1,471,869	1,755,221	9,040,467	9,473,221
18. Kentucky	KY	11,481,358	8,604,295	4,996,844	3,325,554	12,743,424	12,205,852
19. Louisiana	LA	381,841	130,775	6,082	167,882	386,336	400,981
20. Maine	ME	369,904	677,736	23,238	15,081	627,606	523,467
21. Maryland	MD	8,023,524	7,825,634	3,205,476	1,915,018	10,642,976	13,591,179
22. Massachusetts	MA	4,008,270	3,357,102	499,239	944,932	3,955,430	2,873,288
23. Michigan	MI	14,287,791	12,680,293	3,434,104	5,735,323	18,368,377	16,785,968
24. Minnesota	MN	8,790,958	8,123,917	4,191,569	2,374,522	11,105,950	9,541,853
25. Mississippi	MS	128,515	183,353	20,899	35,011	560,332	559,216
26. Missouri	MO	17,458,785	12,425,636	5,858,177	5,069,659	21,180,572	19,385,061
27. Montana	MT	5,399,658	2,898,121	867,130	135,450	4,315,279	3,870,520
28. Nebraska	NE	5,169,931	3,916,756	1,598,664	860,390	10,103,591	9,636,397
29. Nevada	NV	583,570	376,200	62,928	27,216	809,587	470,097
30. New Hampshire	NH	3,522,619	3,393,016	772,377	1,335,853	4,245,061	4,875,804
31. New Jersey	NJ	4,814,040	2,694,262	1,969,939	287,741	2,795,497	1,341,642
32. New Mexico	NM	10,826,474	8,564,781	9,486,758	4,380,533	13,026,639	19,336,849
33. New York	NY	8,401,124	7,190,594	3,796,704	1,585,695	13,221,436	13,772,793
34. North Carolina	NC	19,406,533	15,190,635	4,028,620	4,156,403	23,316,494	19,603,981
35. North Dakota	ND	1,121,019	922,669	431,418	206,364	957,407	457,616
36. Ohio	OH	45,787,517	36,884,975	20,585,665	14,983,638	47,268,243	36,081,517
37. Oklahoma	OK	367,021	348,724	21,544	6,516	493,656	214,848
38. Oregon	OR	8,732,706	6,735,414	1,268,653	1,365,514	6,490,409	4,076,885
39. Pennsylvania	PA	30,951,908	31,049,587	22,442,832	16,094,973	52,047,521	49,585,218
40. Rhode Island	RI	208,054	445,187	141,523	64,885	358,429	291,045
41. South Carolina	SC	6,002,147	4,176,856	1,122,355	1,862,596	8,869,767	11,017,143
42. South Dakota	SD	2,305,460	1,474,399	313,837	729,523	2,647,356	2,716,800
43. Tennessee	TN	18,282,761	16,179,385	7,110,576	4,228,887	21,140,223	18,026,875
44. Texas	TX	19,837,256	19,160,892	10,881,220	10,476,784	31,811,874	24,688,918
45. Utah	UT	11,378,595	8,358,718	1,883,171	1,255,506	8,453,617	6,253,604
46. Vermont	VT	4,185,473	4,013,882	2,162,166	1,425,811	6,931,062	6,375,745
47. Virginia	VA	26,116,812	22,139,443	6,045,200	6,267,327	27,591,941	23,992,541
48. Washington	WA	16,555,449	14,415,968	4,854,627	4,319,939	15,097,503	11,273,056
49. West Virginia	WV	2,558,016	2,502,620	1,819,117	578,490	3,031,749	3,352,898
50. Wisconsin	WI	7,913,761	6,872,670	2,863,690	2,797,293	12,634,939	13,235,841
51. Wyoming	WY	3,727,594	2,383,286	263,066	442,981	1,316,645	869,170
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	497,481,726	423,083,654	200,452,052	167,351,719	648,467,054	618,249,957
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.....

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

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

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

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

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

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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 Corporation (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 CSP Investments I, LLC	OH	99-0881697	
CLIC PA Investments I, LLC	OH	99-3870238	
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

STATEMENT AS OF SEPTEMBER 30, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
. 0244 ...	CINCINNATI INS GRP .....	.....00000	31-0746871 ..	.....	0000020286 ..	NASDAQ	CINCINNATI FINANCIAL CORPORATION .....	.. OH.....	UIP.....	CINCINNATI FINANCIAL CORPORATION	Board of Directors.....	.....	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 ..	.....	0001426763 ..	.....	THE CINCINNATI SPECIALTY UNDERWRITERS .....	.. 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 ..	.....	0001534469 ..	.....	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	82-1587731 ..	.....	.....	.....	CLIC WSD INVESTMENTS I, LLC .....	.. OH.....	NIA.....	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....00000	82-5173506 ..	.....	.....	.....	CLIC DISTRICT INVESTMENTS I, LLC .....	.. OH.....	NIA.....	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....00000	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	99-3870238 ..	.....	.....	.....	CLIC PA 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 PIMLICO 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 GLOBAL UNDERWRITING LTD.	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.....	.....

Asterisk	Explanation

PART 1 - LOSS EXPERIENCE

Line of Business		Current Year to Date			4
		1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	Prior Year to Date Direct Loss Percentage
1.	Fire	16,889,915	18,512,051	109.6	23.6
2.1	Allied Lines	26,706,304	9,366,440	35.1	57.0
2.2	Multiple peril crop				
2.3	Federal flood				
2.4	Private crop				
2.5	Private flood	127,290	9,000	7.1	75.4
3.	Farmowners multiple peril				
4.	Homeowners multiple peril				
5.1	Commercial multiple peril (non-liability portion)	69,318,135	26,043,461	37.6	67.6
5.2	Commercial multiple peril (liability portion)	37,084,124	19,457,635	52.5	45.2
6.	Mortgage guaranty				
8.	Ocean marine				
9.1	Inland marine	8,501,759	3,738,684	44.0	72.3
9.2	Pet insurance				
10.	Financial guaranty				
11.1	Medical professional liability - occurrence	1,634,911	624,373	38.2	76.1
11.2	Medical professional liability - claims-made	1,915,033	(600,880)	(31.4)	13.9
12.	Earthquake	207,250			(3.0)
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	91,303,209	43,307,824	47.4	45.6
17.1	Other liability - occurrence	68,178,243	59,104,026	86.7	62.9
17.2	Other liability - claims-made	1,426,111	347,391	24.4	23.0
17.3	Excess workers' compensation				
18.1	Products liability - occurrence	7,144,318	4,845,813	67.8	38.4
18.2	Products liability - claims-made				
19.1	Private passenger auto no-fault (personal injury protection)				
19.2	Other private passenger auto liability	20,858	(1,050)	(5.0)	(5.4)
19.3	Commercial auto no-fault (personal injury protection)	863,665	279,913	32.4	37.6
19.4	Other commercial auto liability	79,372,996	41,789,611	52.6	77.8
21.1	Private passenger auto physical damage	23,038	1,098	4.8	33.5
21.2	Commercial auto physical damage	33,384,455	17,107,829	51.2	63.5
22.	Aircraft (all perils)				
23.	Fidelity				
24.	Surety				
26.	Burglary and theft	1,116,773	248,517	22.3	3.9
27.	Boiler and machinery	2,508,642	154,282	6.2	23.6
28.	Credit				
29.	International				
30.	Warranty				
31.	Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business				
35.	Totals	447,727,026	244,336,019	54.6	57.8
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)				

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire	6,370,236	19,380,060	14,133,778
2.1	Allied Lines	10,503,196	30,346,102	22,698,883
2.2	Multiple peril crop			
2.3	Federal flood			
2.4	Private crop			
2.5	Private flood	37,962	180,992	100,609
3.	Farmowners multiple peril			
4.	Homeowners multiple peril			
5.1	Commercial multiple peril (non-liability portion)	25,136,442	78,921,698	59,624,332
5.2	Commercial multiple peril (liability portion)	11,360,947	42,064,267	34,808,368
6.	Mortgage guaranty			
8.	Ocean marine			
9.1	Inland marine	2,640,455	9,246,538	8,244,629
9.2	Pet insurance			
10.	Financial guaranty			
11.1	Medical professional liability - occurrence	792,053	1,993,580	1,602,468
11.2	Medical professional liability - claims-made	504,223	1,812,228	1,742,729
12.	Earthquake	74,185	255,430	203,557
13.1	Comprehensive (hospital and medical) individual			
13.2	Comprehensive (hospital and medical) group			
14.	Credit accident and health			
15.1	Vision only			
15.2	Dental only			
15.3	Disability income			
15.4	Medicare supplement			
15.5	Medicaid Title XIX			
15.6	Medicare Title XVIII			
15.7	Long-term care			
15.8	Federal employees health benefits plan			
15.9	Other health			
16.	Workers' compensation	28,822,142	96,624,057	101,152,225
17.1	Other liability - occurrence	21,336,882	76,123,912	63,111,953
17.2	Other liability - claims-made	610,915	1,613,850	1,412,083
17.3	Excess workers' compensation			
18.1	Products liability - occurrence	2,906,320	7,552,041	6,630,813
18.2	Products liability - claims-made			
19.1	Private passenger auto no-fault (personal injury protection)			
19.2	Other private passenger auto liability	4,606	23,401	17,568
19.3	Commercial auto no-fault (personal injury protection)	187,877	938,253	788,752
19.4	Other commercial auto liability	24,008,857	88,113,948	72,668,274
21.1	Private passenger auto physical damage	1,869	25,811	15,931
21.2	Commercial auto physical damage	10,915,379	38,078,645	30,959,256
22.	Aircraft (all perils)			
23.	Fidelity			
24.	Surety			
26.	Burglary and theft	428,834	1,255,393	1,071,763
27.	Boiler and machinery	986,575	2,931,522	2,095,686
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	147,629,954	497,481,726	423,083,654
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 SEPTEMBER 30, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

PART 3 (\$000 OMITTED)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	2024 Loss and LAE Payments on Claims Reported as of Prior Year-End	2024 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2024 Loss and LAE Payments (Cols. 4+5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7+8+9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols.4+7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	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
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.

STATEMENT AS OF SEPTEMBER 30, 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

Explanations:

1.
3.

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]
3. Medicare Part D Coverage Supplement [Document Identifier 365]



NONE

SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	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)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year to Date	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 points 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)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	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)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	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	13,338,601	12,229,237
3. Accrual of discount	110,390	129,233
4. Unrealized valuation increase/(decrease)	3,796,178	851,014
5. Total gain (loss) on disposals	1,581,155	2,154
6. Deduct consideration for bonds and stocks disposed of	9,158,869	5,720,000
7. Deduct amortization of premium	227,935	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	33,364	
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	140,451,512	130,978,627
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	140,451,512	130,978,627

STATEMENT AS OF SEPTEMBER 30, 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)	69,124,839	7,792,798	2,487,780	(58,340)	66,432,594	69,124,839	74,371,516	64,477,591
2. NAIC 2 (a)	23,514,390			(9,871)	24,790,970	23,514,390	23,504,519	24,801,251
3. NAIC 3 (a)								
4. NAIC 4 (a)	1,779,686			31,305	1,749,544	1,779,686	1,810,991	1,720,465
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	94,418,915	7,792,798	2,487,780	(36,905)	92,973,108	94,418,915	99,687,027	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	94,418,915	7,792,798	2,487,780	(36,905)	92,973,108	94,418,915	99,687,027	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 SEPTEMBER 30, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
033772-AP-9	ANDERSON COUNTY .....	.....	.....08/21/2024	Wells Fargo Securities LLC .....	.....	.....249,688 .....	.....250,000 .....	.....	1.D FE
033772-AQ-7	ANDERSON COUNTY .....	.....	.....08/21/2024	Wells Fargo Securities LLC .....	.....	.....497,450 .....	.....500,000 .....	.....	1.D FE
313081-YX-9	FEDERAL HOME LOAN BANKS .....	.....	.....07/19/2024	CAPITAL INSTITUTIONAL SERVICES .....	.....	.....1,000,000 .....	.....1,000,000 .....	.....	1.B FE
3133ER-LG-4	FEDERAL FARM CREDIT BANKS FUNDING CORP .....	.....	.....07/12/2024	CAPITAL INSTITUTIONAL SERVICES .....	.....	.....2,000,000 .....	.....2,000,000 .....	.....	1.B FE
3133ER-LY-5	FEDERAL FARM CREDIT BANKS FUNDING CORP .....	.....	.....07/17/2024	CAPITAL INSTITUTIONAL SERVICES .....	.....	.....1,000,000 .....	.....1,000,000 .....	.....	1.B FE
3133ER-NA-5	FEDERAL FARM CREDIT BANKS FUNDING CORP .....	.....	.....07/25/2024	CAPITAL INSTITUTIONAL SERVICES .....	.....	.....1,000,000 .....	.....1,000,000 .....	.....	1.B FE
3133ER-SH-5	FEDERAL FARM CREDIT BANKS FUNDING CORP .....	.....	.....09/04/2024	CAPITAL INSTITUTIONAL SERVICES .....	.....	.....1,000,000 .....	.....1,000,000 .....	.....	1.B FE
0909999999. Subtotal - Bonds - U.S. Special Revenues									XXX
74432Q-BU-8	PRUDENTIAL FINANCIAL INC .....	.....	.....08/22/2024	DAIWA CAPITAL MARKETS AMERICA .....	.....	.....6,747,138 .....	.....6,750,000 .....	.....	1.G FE
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						.....1,045,660 .....	.....1,000,000 .....	.....15,628	XXX
2509999997. Total - Bonds - Part 3						.....7,792,798 .....	.....7,750,000 .....	.....15,628	XXX
2509999998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
2509999999. Total - Bonds						.....7,792,798 .....	.....7,750,000 .....	.....15,628	XXX
4509999997. Total - Preferred Stocks - Part 3						.....	XXX	.....	XXX
4509999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks						.....	XXX	.....	XXX
5989999997. Total - Common Stocks - Part 3						.....	XXX	.....	XXX
5989999998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks						.....	XXX	.....	XXX
5999999999. Total - Preferred and Common Stocks						.....	XXX	.....	XXX
6009999999 - Totals						.....7,792,798	XXX	.....15,628	XXX

STATEMENT AS OF SEPTEMBER 30, 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	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Ident- ification	Description	For- eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid- eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other Than Temporary Impairment Recog- nized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con- tractual Maturity Date	NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol
..3130AW-S4-3	FEDERAL HOME LOAN BANKS .....	.....	09/09/2024	Call @ 100.00 .....	.....	772,727	772,727	772,727	772,727	.....	.....	.....	.....	.....	772,727	.....	.....	.....	47,771	08/16/2033	1.B FE
..3133EP-TB-1	FEDERAL FARM CREDIT BANKS FUNDING CORP .....	.....	08/14/2024	Call @ 100.00 .....	.....	1,700,000	1,700,000	1,700,000	1,700,000	.....	.....	.....	.....	.....	1,700,000	.....	.....	.....	107,100	08/14/2043	1.B FE
..646080-TH-4	NJSHGR 18 181A17 .....	.....	07/18/2024	Call @ 100.00 .....	.....	15,000	15,000	15,123	15,059	.....	(7)	.....	(7)	.....	15,053	.....	(53)	(53)	323	12/01/2034	1.C FE
0909999999. Subtotal - Bonds - U.S. Special Revenues						2,487,727	2,487,727	2,487,850	2,487,787	.....	(7)	.....	(7)	.....	2,487,780	.....	(53)	(53)	155,194	XXX	XXX
2509999997. Total - Bonds - Part 4						2,487,727	2,487,727	2,487,850	2,487,787	.....	(7)	.....	(7)	.....	2,487,780	.....	(53)	(53)	155,194	XXX	XXX
2509999998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2509999999. Total - Bonds						2,487,727	2,487,727	2,487,850	2,487,787	.....	(7)	.....	(7)	.....	2,487,780	.....	(53)	(53)	155,194	XXX	XXX
4509999997. Total - Preferred Stocks - Part 4						.....	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
4509999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks						.....	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
..518439-10-4	ESTEE LAUDER CL A ORD .....	.....	07/02/2024	STIFEL NICHOLAUS & CO, INC	7,000,000	739,270	.....	1,011,850	1,023,750	(11,900)	.....	.....	(11,900)	.....	1,011,850	.....	(272,580)	(272,580)	9,240	.....	.....
5019999999. Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated) Publicly Traded						739,270	XXX	1,011,850	1,023,750	(11,900)	.....	.....	(11,900)	.....	1,011,850	.....	(272,580)	(272,580)	9,240	XXX	XXX
5989999997. Total - Common Stocks - Part 4						739,270	XXX	1,011,850	1,023,750	(11,900)	.....	.....	(11,900)	.....	1,011,850	.....	(272,580)	(272,580)	9,240	XXX	XXX
5989999998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks						739,270	XXX	1,011,850	1,023,750	(11,900)	.....	.....	(11,900)	.....	1,011,850	.....	(272,580)	(272,580)	9,240	XXX	XXX
5999999999. Total - Preferred and Common Stocks						739,270	XXX	1,011,850	1,023,750	(11,900)	(11,900)	1,011,850	(272,580)	(272,580)	9,240	XXX	XXX
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6009999999 - Totals						3,226,998	XXX	3,499,700	3,511,537	(11,900)	(7)	(11,907)	3,499,630	(272,632)	(272,632)	164,434	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

SCHEDULE E - PART 1 - CASH

Month End Depository Balances								
1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Fifth Third Bank .....	....	0.000			3,302,847	3,170,525	2,390,429	.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			3,302,847	3,170,525	2,390,429	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			3,302,847	3,170,525	2,390,429	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
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Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter

N O N E

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				(99)			79
14. Illinois	IL	3,884						
15. Indiana	IN							
16. Iowa	IA				14			20
17. Kansas	KS							
18. Kentucky	KY							
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD							
22. Massachusetts	MA							
23. Michigan	MI	1,886						
24. Minnesota	MN							
25. Mississippi	MS							
26. Missouri	MO							
27. Montana	MT				(2,160)			2,959
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	852			(11)			2,357
35. North Dakota	ND							
36. Ohio	OH				205			1,021
37. Oklahoma	OK							
38. Oregon	OR							
39. Pennsylvania	PA	2,578	1,930		290			3,499
40. Rhode Island	RI							
41. South Carolina	SC							
42. South Dakota	SD							
43. Tennessee	TN							
44. Texas	TX	1,471						
45. Utah	UT							
46. Vermont	VT							
47. Virginia	VA							
48. Washington	WA	6,905	5,189		979			9,119
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. Nothern Mariana Islands	MP							
57. Canada	CAN							
58. Aggregate Other Aliens	OT							
59. Totals	9,483	15,212			(781)			19,055
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)								

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

	1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			3	4		6	7	
States, etc.	Direct Premiums Written	Direct Premiums Earned	Amount	No. of Claims	Direct Losses Incurred	Amount Reported	No. of Claims	Direct Losses Incurred But Not Reported
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					121			87
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					121			87
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 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

	1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			3	4		6	7	
States, etc.	Direct Premiums Written	Direct Premiums Earned	Amount	No. of Claims	Direct Losses Incurred	Amount Reported	No. of Claims	Direct Losses Incurred But Not Reported
1. Alabama	37,138	21,006			11,833			69,257
2. Alaska								
3. Arizona	259	6,333			(8,046)	22,327	1	23,673
4. Arkansas	2,314	3,666			49			8,992
5. California								
6. Colorado	156,602	42,974			33,893			37,354
7. Connecticut					83			1,481
8. Delaware	59,264	64,071			34,029	34,626	1	133,658
9. District of Columbia								
10. Florida	435,883	415,329			81,696	239,896	5	839,737
11. Georgia	66,351	53,141			8,408	152,566	4	114,401
12. Hawaii								
13. Idaho	8,396	3,830			(3,513)			17,640
14. Illinois	121,643	117,558			111,093	181,633	3	286,755
15. Indiana	4,528	4,521			(3,640)			21,111
16. Iowa	12,034	9,025			(6,233)			33,469
17. Kansas	15,290	7,315			5,343			11,074
18. Kentucky	8,631	8,230			(2,409)			23,904
19. Louisiana								
20. Maine	224	64						
21. Maryland	9,750	8,018			755			16,882
22. Massachusetts	449	128			115			115
23. Michigan	79,810	77,733	175,000	1	98,763	24,422	1	202,382
24. Minnesota	62,388	52,761	47,500	1	(9,496)	12,800	1	124,075
25. Mississippi								
26. Missouri	4,077	2,699			(39)			11,111
27. Montana	24,422	20,597			(6,422)			62,992
28. Nebraska	140,292	104,912			(40,904)	82,075	2	2,321
29. Nevada								
30. New Hampshire	9,031	12,752			3,465			22,544
31. New Jersey					(2,611)			2,882
32. New Mexico	37,705	25,484			7,233			45,958
33. New York	3,309	390			2,430			6,978
34. North Carolina	28,945	22,756			(33,062)			67,162
35. North Dakota								
36. Ohio	413,306	307,576			177,491	82,827	3	566,971
37. Oklahoma								
38. Oregon					(1,490)			3,218
39. Pennsylvania	56,371	49,042			13,428	735,642	13	191,647
40. Rhode Island								
41. South Carolina	34,115	25,029			9,081			39,974
42. South Dakota	1,331	996			16			2,424
43. Tennessee	22,482	35,042			(5,141)			94,255
44. Texas	17,147	10,331			(16,674)			43,813
45. Utah	3,385	3,090			30,945	30,000	1	8,438
46. Vermont	1,930	12,185	30,000	1	31,745			25,458
47. Virginia	154,787	141,992	15,000	1	(2,698)	99,283	5	284,204
48. Washington	18,517	13,863			(1,406)			28,631
49. West Virginia	20,330	14,811			1,042			32,980
50. Wisconsin	59,945	50,521			14,731	13,418	1	125,391
51. Wyoming	13,433	9,802			3,539			17,078
52. American Samoa								
53. Guam								
54. Puerto Rico								
55. U.S. Virgin Islands								
56. Northern Mariana Islands								
57. Canada								
58. Aggregate Other Aliens								
59. Totals	2,145,814	1,759,574	267,500	4	537,424	1,711,515	41	3,652,390
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 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					1,501			5,704
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	42,581	5,020						
15. Indiana .....IN								
16. Iowa .....IA	1,271	4,136						
17. Kansas .....KS					70			73
18. Kentucky .....KY	475,461	392,422	(50,000)	1	(25,496)	24,601	1	3,654
19. Louisiana .....LA								
20. Maine .....ME								
21. Maryland .....MD	1,660	1,210						
22. Massachusetts .....MA								
23. Michigan .....MI	26,773	19,401			97			141
24. Minnesota .....MN	6,960	13,566			16			49
25. Mississippi .....MS								
26. Missouri .....MO								
27. Montana .....MT								
28. Nebraska .....NE					1			1
29. Nevada .....NV								
30. New Hampshire .....NH								
31. New Jersey .....NJ								
32. New Mexico .....NM	118,561	81,659			(3,564)	757,611	1	4,460
33. New York .....NY					16,342	523,716	3	2,612
34. North Carolina .....NC								
35. North Dakota .....ND								
36. Ohio .....OH	137,991	164,897			2,795			26,000
37. Oklahoma .....OK								
38. Oregon .....OR					7			7
39. Pennsylvania .....PA	492,887	713,890	100,000	1	(480,412)	120,559	3	44,791
40. Rhode Island .....RI								
41. South Carolina .....SC								
42. South Dakota .....SD	4,921	3,626						
43. Tennessee .....TN	144,474	155,487			456	50,764	1	
44. Texas .....TX								
45. Utah .....UT								
46. Vermont .....VT								
47. Virginia .....VA	133,992	137,255			(28,303)			4,746
48. Washington .....WA								
49. West Virginia .....WV					1,927			2,791
50. Wisconsin .....WI	62,979	82,589			1,292			4,440
51. Wyoming .....WY								
52. American Samoa .....AS								
53. Guam .....GU								
54. Puerto Rico .....PR								
55. U.S. Virgin Islands .....VI								
56. Northern Mariana Islands .....MP								
57. Canada .....CAN								
58. Aggregate Other Aliens .....OT								
59. Totals	1,650,511	1,775,159	50,000	2	(513,271)	1,477,251	9	99,468
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended SEPTEMBER 30, 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
\$ 73,062	\$ 59,467	\$ 16,752

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:

\$ 50,425

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.

\$ 23,765