



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF MARCH 31, 2025

OF THE CONDITION AND AFFAIRS OF THE

THE CINCINNATI CASUALTY COMPANY

NAIC Group Code 0244 (Current) 0244 (Prior) NAIC Company Code 28665 Employer's ID Number 31-0826946

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

Country of Domicile United States of America

Incorporated/Organized 12/27/1972 Commenced Business 03/31/1973

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 JAMES SIMS (Name) 513-870-2000 (Area Code) (Telephone Number) james_sims@cinfin.com (E-mail Address) 513-603-5500 (FAX Number)

OFFICERS

CHIEF EXECUTIVE OFFICER, PRESIDENT	STEPHEN MICHAEL SPRAY	SENIOR VICE PRESIDENT, TREASURER	THERESA ANN HOFFER
CHIEF FINANCIAL OFFICER, EXECUTIVE VICE PRESIDENT	MICHAEL JAMES SEWELL	CHIEF LEGAL OFFICER, EXECUTIVE VICE PRESIDENT, CORPORATE SECRETARY	THOMAS CHRISTOPHER HOGAN

OTHER

DAWN SHANNON CHAPEL #, SENIOR VICE PRESIDENT	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 #, EXECUTIVE VICE PRESIDENT	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	SCOTT ALAN SCHULER #, SENIOR VICE PRESIDENT
STEVEN ANTHONY SOLORIA #, CHIEF INVESTMENT OFFICER, EXECUTIVE VICE PRESIDENT	CHET HOGAN SWISHER #, SENIOR VICE PRESIDENT	WILLIAM HAROLD VAN DEN HEUVEL #, EXECUTIVE VICE PRESIDENT

DIRECTORS OR TRUSTEES

NANCY CUNNINGHAM BENACCI	DAWN SHANNON CHAPEL #	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	SCOTT ALAN SCHULER #
MICHAEL JAMES SEWELL	STEVEN ANTHONY SOLORIA	STEPHEN MICHAEL SPRAY
JOHN FREDRICK STEELE JR	CHET HOGAN SWISHER #	WILLIAM HAROLD VAN DEN HEUVEL
LARRY RUSSEL WEBB	CHENG-SHENG WU	

State of OHIO

County of BUTLER

SS:

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

STEPHEN M. SPRAY CHIEF EXECUTIVE OFFICER, PRESIDENT	MICHAEL J. SEWELL CHIEF FINANCIAL OFFICER, EXECUTIVE VICE PRESIDENT	THERESA A. HOFFER SENIOR VICE PRESIDENT, TREASURER
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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.....

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	404,360,506		404,360,506	392,561,070
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	174,485,846		174,485,846	178,558,347
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 (\$ 13,731,889), cash equivalents (\$) and short-term investments (\$)	13,731,889		13,731,889	8,099,406
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)	592,578,242		592,578,242	579,218,822
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	4,468,756		4,468,756	5,314,654
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	67,390,165		67,390,165	72,858,042
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts	11,700,262		11,700,262	10,457,692
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon	169,689		169,689	855,303
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	587,934	587,934		
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	60,231,465		60,231,465	31,697,185
24. Health care (\$) and other amounts receivable				
25. Aggregate write-ins for other than invested assets				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	737,126,513	587,934	736,538,579	700,401,698
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	737,126,513	587,934	736,538,579	700,401,698
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)				

STATEMENT AS OF MARCH 31, 2025 OF THE THE CINCINNATI CASUALTY COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$)		
2. Reinsurance payable on paid losses and loss adjustment expenses		
3. Loss adjustment expenses		
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	6,057	5,013
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))		
7.2 Net deferred tax liability	27,264,140	28,119,069
8. Borrowed money \$ and interest thereon \$		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$843,809,849 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)	133,947,129	113,750,342
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others	3,616,120	3,311,713
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		977
20. Derivatives		
21. Payable for securities	10,304,638	
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	5,225,954	
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	180,364,039	145,187,116
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	180,364,039	145,187,116
29. Aggregate write-ins for special surplus funds		
30. Common capital stock	3,750,000	3,750,000
31. Preferred capital stock		
32. Aggregate write-ins for other than special surplus funds		
33. Surplus notes		
34. Gross paid in and contributed surplus	18,000,000	18,000,000
35. Unassigned funds (surplus)	534,424,540	533,464,582
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)	556,174,540	555,214,582
38. Totals (Page 2, Line 28, Col. 3)	736,538,579	700,401,698
DETAILS OF WRITE-INS		
2501. Accounts Payable Other	5,225,954	
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)	5,225,954	
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 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$435,352,025)	398,977,484	271,268,332	1,275,755,240
1.2 Assumed (written \$)		13	40
1.3 Ceded (written \$435,352,025)	398,977,484	271,268,345	1,275,755,280
1.4 Net (written \$)			
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	236,850,828	160,949,090	772,791,230
2.2 Assumed	361,008	13,146	(30,656)
2.3 Ceded	237,211,836	160,962,236	772,760,574
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	4,776,551	4,461,722	18,922,356
10. Net realized capital gains (losses) less capital gains tax of \$0		502,869	11,616,570
11. Net investment gain (loss) (Lines 9 + 10)	4,776,551	4,964,592	30,538,926
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)	4,776,551	4,964,592	30,538,926
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)	4,776,551	4,964,592	30,538,926
19. Federal and foreign income taxes incurred	715,935	631,659	2,778,165
20. Net income (Line 18 minus Line 19)(to Line 22)	4,060,617	4,332,932	27,760,761
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	555,214,582	517,366,856	517,366,856
22. Net income (from Line 20)	4,060,617	4,332,932	27,760,761
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$(855,338)	(3,217,699)	9,476,012	9,775,090
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	(409)	(3,593)	(227,652)
27. Change in nonadmitted assets	117,448	152,316	539,528
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).....	959,958	13,957,667	37,847,727
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	556,174,540	531,324,523	555,214,582
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)			
1401. Miscellaneous Income			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)			
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page			
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)			

STATEMENT AS OF MARCH 31, 2025 OF THE THE CINCINNATI CASUALTY COMPANY

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	20,196,787	14,773,684	27,610,738
2. Net investment income	5,940,539	5,429,985	19,715,842
3. Miscellaneous income			
4. Total (Lines 1 to 3)	26,137,325	20,203,669	47,326,580
5. Benefit and loss related payments	(4,225,306)	6,840,733	24,286,330
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 \$0 tax on capital gains (losses)	30,320	75,405	6,353,513
10. Total (Lines 5 through 9)	(4,194,986)	6,916,138	30,639,843
11. Net cash from operations (Line 4 minus Line 10)	30,332,311	13,287,532	16,686,737
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	13,245,000	4,660,000	46,378,840
12.2 Stocks		1,479,966	19,854,000
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	10,304,638	1,500,000	
12.8 Total investment proceeds (Lines 12.1 to 12.7)	23,549,638	7,639,966	66,232,840
13. Cost of investments acquired (long-term only):			
13.1 Bonds	25,362,018	14,306,160	76,575,165
13.2 Stocks		1,150,116	1,150,116
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)	25,362,018	15,456,276	77,725,281
14. Net increase/(decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(1,812,380)	(7,816,310)	(11,492,441)
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)	(22,887,448)	(7,147,222)	(2,314,200)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(22,887,448)	(7,147,222)	(2,314,200)
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) .	5,632,483	(1,676,000)	2,880,097
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	8,099,406	5,219,310	5,219,310
19.2 End of period (Line 18 plus Line 19.1)	13,731,889	3,543,310	8,099,406

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 Casualty Company (the Company) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

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

The Company has no prescribed or permitted practices that would result in differences between the NAIC SAP and the state of Ohio basis, as shown below as of March 31, 2025 and December 31, 2024:

	SSAP #	F/S Page	F/S Line #	2025	2024
NET INCOME					
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 4,060,617	\$ 27,760,761
(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	\$ 4,060,617	\$ 27,760,761
SURPLUS					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 556,174,540	\$ 555,214,582
(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	\$ 556,174,540	\$ 555,214,582

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

Effective January 1, 2025, the National Association of Insurance Commissioners (NAIC) promulgated substantive revisions to SSAP 26 – *Bonds* to incorporate their principles-based bond definition project's (Bond Project) concepts on what should be reported as a long-term bond. As a result of these revisions, some investments previously reported on Schedule D – Part 1 could have moved to Schedule BA. In accordance with NAIC transition guidance specifically for the Bond Project, this is not a change in accounting principle. Refer to Note 21C – *Other Items – Other Disclosures* for additional details.

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 – No significant change

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties – No significant change

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 – No significant change

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

NOTES TO FINANCIAL STATEMENTS

18. Gain or Loss to the Reporting Entity from Uninsured Plans and Uninsured Portion of Partially Insured Plans – Not applicable
19. Direct Written Premium/Produced by Managing General Agents/Third Party Administrators – Not applicable
20. Fair Value Measurements

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

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

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

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

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

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

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

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

The following table presents the Company’s assets measured and reported at fair value by level within the fair value hierarchy as of March 31, 2025:

Assets at Fair Value:

	Level 1	Level 2	Level 3	Net Asset Value (NAV) Included in Level 2	Total
Issuer Credit Obligations	\$ 0	\$ 334,907	\$ 0	\$ 0	\$ 334,907
Common Stock	174,485,846	0	0	0	174,485,846
Total	\$174,485,846	\$ 334,907	\$ 0	\$ 0	\$ 174,820,753

NOTES TO FINANCIAL STATEMENTS

- 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)
Issuer Credit Obligations	\$382,917,072	\$404,360,506	\$ 1,948,648	\$380,968,424	\$ 0	\$ 0	\$ 0
Common Stock	174,485,846	174,485,846	174,485,846	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

In accordance with revisions to SSAP 26 – *Bonds*, effective January 1, 2025, the Company had no impacted investments to reclassify from Schedule D and, therefore, no changes in measurement to report as a change in unrealized capital gains/(losses).

22. Subsequent Events

The Company has considered subsequent events through May 15, 2025, the date of issuance of these statutory financial statements. There were no events occurring subsequent to March 31, 2025, which may have a material effect on the Company.

- 23. Reinsurance – No significant change
- 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination – Not applicable
- 25. Changes in Incurred Losses and Loss Adjustment Expense – Not applicable
- 26. Intercompany Pooling Arrangements – Not applicable
- 27. Structured Settlements – Not applicable
- 28. Health Care Receivables – Not applicable
- 29. Participating Policies – Not applicable
- 30. Premium Deficiency Reserves – No significant change
- 31. High Deductibles – Not applicable
- 32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses – No significant change
- 33. Asbestos and Environmental Reserves – No significant change
- 34. Subscriber Savings Accounts – Not applicable
- 35. Multiple Peril Crop Insurance – Not applicable
- 36. Financial Guaranty Insurance – Not applicable
- 37. Other – No significant change

STATEMENT AS OF MARCH 31, 2025 OF THE THE CINCINNATI CASUALTY COMPANY

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

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

Yes [] No [X]
- 1.2

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

Yes [] No []
- 2.1

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

Yes [] No [X]
- 2.2

If yes, date of change:
- 3.1

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

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

Yes [X] No []
- 3.2

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

Yes [X] No []
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
CINCINNATI GLOBAL DEDICATED NO 1, 3-6 LIMITED WERE DISSOLVED DURING 1ST QUARTER 2025
- 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 MARCH 31, 2025 OF THE THE CINCINNATI CASUALTY 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:\$.....60,231,465

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 MARCH 31, 2025 OF THE THE CINCINNATI CASUALTY 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. This includes both primary and sub-advisors. 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 []

Showing All New Reinsurers - Current Year to Date

[illegible]

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

		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	
States, etc.		(a)	To Date	To Date	To Date	To Date	To Date	To Date	
1.	Alabama	AL	L	12,050,710	9,783,247	6,277,844	7,900,704	20,488,913	19,159,276
2.	Alaska	AK	L						
3.	Arizona	AZ	L	17,273,574	9,507,694	4,040,455	1,150,322	38,013,228	18,187,475
4.	Arkansas	AR	L	8,745,716	6,411,511	2,514,957	1,599,053	12,130,832	8,745,437
5.	California	CA	L	148,554	157,020	198,905	164,378	3,437,593	3,268,369
6.	Colorado	CO	L	1,684,206	1,115,443	177,682	109,084	2,906,351	1,854,278
7.	Connecticut	CT	L	9,385,407	3,615,718	5,417,269	533,674	11,079,038	3,736,113
8.	Delaware	DE	L	2,697,012	1,690,582	1,380,281	556,878	7,041,030	5,545,855
9.	District of Columbia	DC	L	91,776	60,985	23,132	12,472	931,627	793,686
10.	Florida	FL	L	2,717,778	2,466,832	7,093,912	1,898,469	14,037,584	7,026,441
11.	Georgia	GA	L	18,381,318	14,555,956	1,257,389	8,593,738	50,829,381	34,884,921
12.	Hawaii	HI	L	32,798	34,280			56,105	68,188
13.	Idaho	ID	L	1,300,950	1,178,305	1,802,348	329,928	6,041,350	4,688,931
14.	Illinois	IL	L	38,702,597	31,189,391	15,528,873	16,217,101	137,497,666	127,137,052
15.	Indiana	IN	L	25,392,849	19,265,993	6,179,879	5,142,380	64,237,799	57,959,026
16.	Iowa	IA	L	4,319,987	3,492,013	4,087,944	3,087,923	16,295,860	24,540,285
17.	Kansas	KS	L	12,047,296	7,727,948	3,166,471	2,879,312	16,640,288	12,863,903
18.	Kentucky	KY	L	17,706,788	13,755,646	9,693,951	4,208,250	36,492,443	22,226,792
19.	Louisiana	LA	L	(7,936)	12,135			133,563	134,621
20.	Maine	ME	L	2,558,862	1,204,524	580,869	422,862	1,628,179	354,768
21.	Maryland	MD	L	11,070,969	7,383,996	4,490,859	2,260,288	23,209,298	21,715,394
22.	Massachusetts	MA	L	1,535,378	1,968,366	983,136	325,579	8,077,591	6,092,225
23.	Michigan	MI	L	20,777,485	16,716,831	6,887,411	4,796,825	51,808,725	43,656,056
24.	Minnesota	MN	L	6,736,548	4,975,606	1,570,083	2,193,836	21,200,192	18,826,173
25.	Mississippi	MS	L	(423)	314,580	58,548	30,308	869,037	729,261
26.	Missouri	MO	L	31,581,234	22,710,007	14,978,607	6,375,728	73,811,724	52,719,419
27.	Montana	MT	L	2,084,081	1,972,930	613,410	149,647	3,815,438	3,102,684
28.	Nebraska	NE	L	869,556	907,560	173,502	943,734	9,468,881	11,216,456
29.	Nevada	NV	L	5,576,579	2,733,846	2,061,396	1,831,545	7,484,567	4,464,411
30.	New Hampshire	NH	L	447,539	530,752	70,431	69,726	3,097,518	3,312,690
31.	New Jersey	NJ	L	1,051,462	1,100,564	432,557	314,738	4,192,214	4,460,376
32.	New Mexico	NM	L	1,486,779	1,237,774	180,492	553,484	3,901,528	3,125,493
33.	New York	NY	L	1,602,329	2,479,770	1,660,006	889,708	14,840,073	14,361,618
34.	North Carolina	NC	L	11,052,490	8,502,509	2,831,801	1,295,886	39,918,370	34,424,467
35.	North Dakota	ND	L	168,482	89,421		(16,645)	137,204	122,978
36.	Ohio	OH	L	58,062,067	47,154,957	18,449,575	16,601,651	84,343,215	57,728,718
37.	Oklahoma	OK	L	220,231	461,837	11,877	52,170	1,081,089	860,875
38.	Oregon	OR	L	6,795,346	4,844,300	1,819,310	2,454,073	20,952,878	16,163,313
39.	Pennsylvania	PA	L	17,082,062	13,168,673	4,908,599	6,095,230	61,217,494	60,436,653
40.	Rhode Island	RI	L	2,456,400	1,931,625	697,451	743,172	4,489,461	2,551,676
41.	South Carolina	SC	L	7,298,080	4,336,739	6,496,868	1,370,254	13,028,844	8,683,355
42.	South Dakota	SD	L	413,010	360,620	143,097	73,426	2,335,327	2,136,881
43.	Tennessee	TN	L	13,483,670	10,372,257	5,545,903	6,534,240	27,578,819	24,672,267
44.	Texas	TX	L	18,425,808	11,338,380	2,304,751	2,250,435	19,373,615	17,238,801
45.	Utah	UT	L	8,297,389	5,069,462	9,794,079	801,969	14,943,526	16,781,560
46.	Vermont	VT	L	1,167,232	1,404,925	260,970	323,594	8,618,989	8,171,276
47.	Virginia	VA	L	14,086,005	9,069,723	3,226,078	2,532,369	32,162,931	27,445,427
48.	Washington	WA	L	3,840,767	4,168,545	851,996	1,516,084	12,711,241	11,270,279
49.	West Virginia	WV	L	1,270,472	991,014	304,786	678,445	2,865,708	3,504,919
50.	Wisconsin	WI	L	10,298,351	7,655,977	2,967,514	2,151,284	27,337,888	22,118,914
51.	Wyoming	WY	L	884,406	738,434	86,124	269,308	1,094,165	557,541
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		435,352,025	323,917,203	164,283,381	121,268,616	1,039,886,380	855,827,574
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 State 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... ..

51

6

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

	Domiciliary Location	FEIN	NAIC Co. Code
Cincinnati Financial 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 2 Limited (Insurer)*	GBR		
Cincinnati Global Underwriting Agency Limited	GBR		
Cincinnati Global Underwriting Services Limited	GBR		

* Participant in Lloyd's Syndicate 0318

STATEMENT AS OF MARCH 31, 2025 OF THE THE CINCINNATI CASUALTY COMPANY

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide 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.....	RE.....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP	 23280	31-1241230 ..	.....	0001279886 ..	.....	THE CINCINNATI INDEMNITY COMPANY	.. OH.....	IA.....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP	 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 2 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
.....	Cincinnati Global Dedicated No 1, 3-6 Limited are now dissolved as of 1/1/25.

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	1,886,363	657,216	34.8	33.2
2.1	Allied Lines	2,551,712	397,839	15.6	8.2
2.2	Multiple peril crop				
2.3	Federal flood				
2.4	Private crop				
2.5	Private flood	497,012	81,000	16.3	21.6
3.	Farmowners multiple peril				
4.	Homeowners multiple peril	143,384,809	78,894,882	55.0	73.8
5.1	Commercial multiple peril (non-liability portion)	29,150,575	15,549,641	53.3	48.3
5.2	Commercial multiple peril (liability portion)	17,503,663	11,441,435	65.4	51.2
6.	Mortgage guaranty				
8.	Ocean marine				
9.1	Inland marine	17,310,616	17,714,875	102.3	32.4
9.2	Pet insurance				
10.	Financial guaranty				
11.1	Medical professional liability - occurrence	530,082	849,828	160.3	9.2
11.2	Medical professional liability - claims-made	170,403	(16,273)	(9.5)	(4.5)
12.	Earthquake	3,303,441			
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	19,095,499	9,117,765	47.7	34.7
17.1	Other liability - occurrence	31,647,914	15,972,720	50.5	56.4
17.2	Other liability - claims-made	588,111	(112,726)	(19.2)	5.9
17.3	Excess workers' compensation				
18.1	Products liability - occurrence	2,754,756	(1,937,906)	(70.3)	34.5
18.2	Products liability - claims-made				
19.1	Private passenger auto no-fault (personal injury protection)	2,229,685	1,525,072	68.4	37.6
19.2	Other private passenger auto liability	46,950,002	38,230,722	81.4	80.0
19.3	Commercial auto no-fault (personal injury protection)	185,531	779,415	420.1	(7.6)
19.4	Other commercial auto liability	11,358,557	7,803,329	68.7	51.0
21.1	Private passenger auto physical damage	61,098,531	37,123,159	60.8	66.6
21.2	Commercial auto physical damage	5,130,787	3,178,591	62.0	69.5
22.	Aircraft (all perils)				
23.	Fidelity				
24.	Surety	1,238,508	185,742	15.0	25.1
26.	Burglary and theft	73,284	3,793	5.2	39.7
27.	Boiler and machinery	337,643	(589,289)	(174.5)	(3.0)
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	398,977,484	236,850,828	59.4	59.3
DETAILS OF WRITE-INS					
3401.	.....				
3402.	.....				
3403.	.....				
3498.	Summary of remaining write-ins for Line 34 from overflow page				
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)				

STATEMENT AS OF MARCH 31, 2025 OF THE THE CINCINNATI CASUALTY COMPANY

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire	1,811,305	1,811,305	1,621,239
2.1	Allied Lines	2,293,958	2,293,958	1,950,116
2.2	Multiple peril crop			
2.3	Federal flood			
2.4	Private crop			
2.5	Private flood	488,802	488,802	332,533
3.	Farmowners multiple peril			
4.	Homeowners multiple peril	157,282,003	157,282,003	99,539,983
5.1	Commercial multiple peril (non-liability portion)	30,200,703	30,200,703	28,058,047
5.2	Commercial multiple peril (liability portion)	18,997,256	18,997,256	18,218,475
6.	Mortgage guaranty			
8.	Ocean marine			
9.1	Inland marine	16,430,244	16,430,244	13,521,422
9.2	Pet insurance			
10.	Financial guaranty			
11.1	Medical professional liability - occurrence	521,691	521,691	599,960
11.2	Medical professional liability - claims-made	250,989	250,989	274,035
12.	Earthquake	3,114,930	3,114,930	2,377,550
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	21,754,056	21,754,056	23,832,858
17.1	Other liability - occurrence	36,156,216	36,156,216	28,138,983
17.2	Other liability - claims-made	700,493	700,493	678,470
17.3	Excess workers' compensation			
18.1	Products liability - occurrence	2,804,381	2,804,381	2,854,182
18.2	Products liability - claims-made			
19.1	Private passenger auto no-fault (personal injury protection)	2,335,560	2,335,560	2,040,245
19.2	Other private passenger auto liability	51,489,126	51,489,126	35,878,611
19.3	Commercial auto no-fault (personal injury protection)	212,420	212,420	290,872
19.4	Other commercial auto liability	12,711,326	12,711,326	12,090,998
21.1	Private passenger auto physical damage	67,954,787	67,954,787	44,006,323
21.2	Commercial auto physical damage	6,037,562	6,037,562	5,627,058
22.	Aircraft (all perils)			
23.	Fidelity			
24.	Surety	1,340,949	1,340,949	1,609,326
26.	Burglary and theft	75,405	75,405	71,513
27.	Boiler and machinery	387,864	387,864	304,404
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	435,352,025	435,352,025	323,917,203
DETAILS OF WRITE-INS				
3401.	.....			
3402.	.....			
3403.	.....			
3498.	Summary of remaining write-ins for Line 34 from overflow page			
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)			

STATEMENT AS OF MARCH 31, 2025 OF THE THE CINCINNATI CASUALTY 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)	2025 Loss and LAE Payments on Claims Reported as of Prior Year-End	2025 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2025 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. 2022 + Prior													
2. 2023													
3. Subtotals 2023 + Prior													
4. 2024													
5. Subtotals 2024 + Prior													
6. 2025	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 MARCH 31, 2025 OF THE THE CINCINNATI CASUALTY 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.

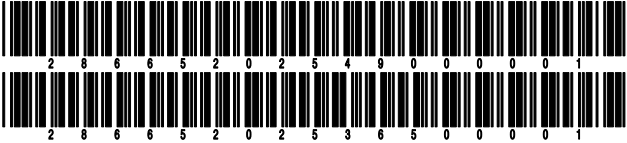
	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	YES
3. Will the Medicare Part D Coverage Supplement be filed with the state 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 paid and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

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, depreciation and proportional amortization		
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	571,119,417	534,173,117
2. Cost of bonds and stocks acquired	25,362,018	73,225,281
3. Accrual of discount	24,794	96,491
4. Unrealized valuation increase/(decrease)	(4,073,036)	12,373,532
5. Total gain (loss) on disposals		14,417,971
6. Deduct consideration for bonds and stocks disposed of	13,245,000	61,732,840
7. Deduct amortization of premium	341,840	1,434,135
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	578,846,354	571,119,417
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	578,846,354	571,119,417

STATEMENT AS OF MARCH 31, 2025 OF THE THE CINCINNATI CASUALTY 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
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a)	306,269,273	20,304,638	11,745,000	(1,106,172)	313,722,739			306,269,273
2. NAIC 2 (a)	85,536,111	5,057,380	1,500,000	784,527	89,878,018			85,536,111
3. NAIC 3 (a)	336,254			(1,346)	334,907			336,254
4. NAIC 4 (a)	419,433			5,409	424,842			419,433
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total ICO	392,561,070	25,362,018	13,245,000	(317,582)	404,360,506			392,561,070
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total ABS								
PREFERRED STOCK								
15. NAIC 1								
16. NAIC 2								
17. NAIC 3								
18. NAIC 4								
19. NAIC 5								
20. NAIC 6								
21. Total Preferred Stock								
22. Total ICO, ABS & Preferred Stock	392,561,070	25,362,018	13,245,000	(317,582)	404,360,506			392,561,070

(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

	1	2	3	4	5
	Book/Adjusted Carrying Value	Prior Year Value	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
7709999999 Totals		XX			

NONE

SCHEDULE DA - VERIFICATION

Short-Term Investments

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

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

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule E - Part 2 - Verification - Cash Equivalents

N O N E

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

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

STATEMENT AS OF MARCH 31, 2025 OF THE THE CINCINNATI CASUALTY 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
CUSIP Identification	Description	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 Admini- strative Symbol
313084-JT-9	FEDERAL HOME LOAN BANKS	01/08/2025	CAPITAL INSTITUTIONAL SERVICES .....	.....	.....2,000,000	2,000,000 .....	.....	1.B FE
313085-KF-4	FEDERAL HOME LOAN BANKS	03/12/2025	CAPITAL INSTITUTIONAL SERVICES .....	.....	.....5,000,000	5,000,000 .....	.....	1.B FE
313085-OF-8	FEDERAL HOME LOAN BANKS	03/26/2025	CAPITAL INSTITUTIONAL SERVICES .....	.....	.....4,700,000	4,700,000 .....	.....	1.A
313085-OG-6	FEDERAL HOME LOAN BANKS	03/25/2025	CAPITAL INSTITUTIONAL SERVICES .....	.....	.....5,000,000	5,000,000 .....	.....	1.A
0029999999. Subtotal - Issuer Credit Obligations - Other U.S. Government Obligations (Not Exempt from RBC)					16,700,000	16,700,000		XXX
01179R-6V-0	ALASKA MUN BD BK ALASKA MUN BD BK AUTH	03/26/2025	RBC CAPITAL MARKETS .....	.....	604,638	585,000		1.E FE
0059999999. Subtotal - Issuer Credit Obligations - Municipal Bonds - Special Revenues					604,638	585,000		XXX
04685A-4G-3	ATHENE GLOBAL FUNDING	01/02/2025	DEUTSCHE BANK SECURITIES, INC. ....	.....	3,000,000	3,000,000		1.E FE
682680-BT-9	ONEOK INC	03/25/2025	DAIWA CAPITAL MARKETS AMERICA .....	.....	2,060,680	2,000,000	51,556	2.B FE
87264A-DT-9	T-MOBILE USA INC	03/24/2025	DEUTSCHE BANK SECURITIES, INC. ....	.....	2,996,700	3,000,000		2.B FE
0089999999. Subtotal - Issuer Credit Obligations - Corporate Bonds (Unaffiliated)					8,057,380	8,000,000	51,556	XXX
0489999999. Total - Issuer Credit Obligations (Unaffiliated)					25,362,018	25,285,000	51,556	XXX
0499999999. Total - Issuer Credit Obligations (Affiliated)								XXX
0509999997. Total - Issuer Credit Obligations - Part 3					25,362,018	25,285,000	51,556	XXX
0509999998. Total - Issuer Credit Obligations - Part 5					XXX	XXX	XXX	XXX
0509999999. Total - Issuer Credit Obligations					25,362,018	25,285,000	51,556	XXX
1889999999. Total - Asset-Backed Securities (Unaffiliated)								XXX
1899999999. Total - Asset-Backed Securities (Affiliated)								XXX
1909999997. Total - Asset-Backed Securities - Part 3								XXX
1909999998. Total - Asset-Backed Securities - Part 5					XXX	XXX	XXX	XXX
1909999999. Total - Asset-Backed Securities								XXX
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities					25,362,018	25,285,000	51,556	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					25,362,018	XXX	51,556	XXX

STATEMENT AS OF MARCH 31, 2025 OF THE THE CINCINNATI CASUALTY 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	Change In Book/Adjusted Carrying Value					15	16	17	18	19	20	21
									10	11	12	13	14							
CUSIP Ident- ification	Description	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 (10 + 11 - 12)	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
..3130AY-ZJ-8	FEDERAL HOME LOAN BANKS	. 02/24/2025 .	Redemption .....	.....	2,250,000	2,250,000	2,250,000	2,250,000	.....	.....	.....	.....	.....	2,250,000	.....	.....	.....	70,313	02/23/2044	1.B FE
..3133ER-LY-5	FEDERAL FARM CREDIT BANKS FUNDING CORP	. 01/29/2025 .	Redemption .....	.....	5,000,000	5,000,000	5,000,000	5,000,000	.....	.....	.....	.....	.....	5,000,000	.....	.....	.....	155,000	07/23/2036	1.B FE
0029999999. Subtotal - Issuer Credit Obligations - Other U.S. Government Obligations (Not Exempt from RBC)					7,250,000	7,250,000	7,250,000	7,250,000	.....	.....	.....	.....	.....	7,250,000	.....	.....	.....	225,313	XXX	XXX
..249174-TV-5	DENVER COLO CITY & CNTY SCH DIST NO 1	. 01/30/2025 .	Redemption .....	.....	1,000,000	1,000,000	1,023,760	1,000,000	.....	.....	.....	.....	.....	1,000,000	.....	.....	.....	5,736	12/01/2028	1.B FE
..487694-PE-5	KELLER TEX INDPT SCH DIST	. 02/15/2025 .	Redemption .....	.....	1,105,000	1,105,000	1,190,847	1,106,237	.....	(1,237)	.....	(1,237)	.....	1,105,000	.....	.....	.....	22,100	02/15/2030	1.A FE
..705880-RJ-3	PELL CITY ALA	. 02/01/2025 .	Redemption .....	.....	390,000	390,000	422,183	390,630	.....	(630)	.....	(630)	.....	390,000	.....	.....	.....	6,338	02/01/2029	1.C FE
0049999999. Subtotal - Issuer Credit Obligations - Municipal Bonds - General Obligations (Direct and Guaranteed)					2,495,000	2,495,000	2,636,790	2,496,867	.....	(1,867)	.....	(1,867)	.....	2,495,000	.....	.....	.....	34,174	XXX	XXX
..512807-AN-8	LAM RESEARCH CORP	. 03/15/2025 .	Maturity .....	.....	2,000,000	2,000,000	1,999,160	1,999,983	.....	17	.....	17	.....	2,000,000	.....	.....	.....	38,000	03/15/2025	1.G FE
..878055-AE-2	HUNTINGTON NATIONAL BANK	. 02/27/2025 .	Maturity .....	.....	1,500,000	1,500,000	1,490,625	1,499,823	.....	177	.....	177	.....	1,500,000	.....	.....	.....	34,500	02/27/2025	2.A FE
0089999999. Subtotal - Issuer Credit Obligations - Corporate Bonds (Unaffiliated)					3,500,000	3,500,000	3,489,785	3,499,806	.....	194	.....	194	.....	3,500,000	.....	.....	.....	72,500	XXX	XXX
0489999999. Total - Issuer Credit Obligations (Unaffiliated)					13,245,000	13,245,000	13,376,575	13,246,672	.....	(1,672)	.....	(1,672)	.....	13,245,000	.....	.....	.....	331,986	XXX	XXX
0499999999. Total - Issuer Credit Obligations (Affiliated)					.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
0509999997. Total - Issuer Credit Obligations - Part 4					13,245,000	13,245,000	13,376,575	13,246,672	.....	(1,672)	.....	(1,672)	.....	13,245,000	.....	.....	.....	331,986	XXX	XXX
0509999998. Total - Issuer Credit Obligations - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0509999999. Total - Issuer Credit Obligations					13,245,000	13,245,000	13,376,575	13,246,672	.....	(1,672)	.....	(1,672)	.....	13,245,000	.....	.....	.....	331,986	XXX	XXX
1889999999. Total - Asset-Backed Securities (Unaffiliated)					.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
1899999999. Total - Asset-Backed Securities (Affiliated)					.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
1909999997. Total - Asset-Backed Securities - Part 4					.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
1909999998. Total - Asset-Backed Securities - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1909999999. Total - Asset-Backed Securities					.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities					13,245,000	13,245,000	13,376,575	13,246,672	.....	(1,672)	.....	(1,672)	.....	13,245,000	.....	.....	.....	331,986	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
5989999997. Total - Common Stocks - Part 4					.....	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	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					.....	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
5999999999. Total - Preferred and Common Stocks					.....	XXX	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
6009999999 - Totals					13,245,000	XXX	13,376,575	13,246,672	.....	(1,672)	.....	(1,672)	.....	13,245,000	.....	.....	.....	331,986	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

Collateral for Derivative Instruments Open as of Current Statement Date

[illegible]

1	2	3	4	5	6	7	8	9
Exchange, Counterparty or Central Clearinghouse	Type of Asset Pledged	CUSIP Identification	Description	Fair Value	Par Value	Book/Adjusted Carrying Value	Maturity Date	Type of Margin (I, V or IV)
NONE								
0299999999 - Total						XXX	XXX	XXX

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

[illegible]

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

N O N E



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2025 OF THE THE CINCINNATI CASUALTY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama	AL							
2. Alaska	AK							
3. Arizona	AZ							
4. Arkansas	AR							
5. California	CA							
6. Colorado	CO							
7. Connecticut	CT							
8. Delaware	DE							
9. District of Columbia	DC							
10. Florida	FL							
11. Georgia	GA	464			(1,465)			5,016
12. Hawaii	HI							
13. Idaho	ID							
14. Illinois	IL							
15. Indiana	IN	3,751	5,243		2,002			16,850
16. Iowa	IA							
17. Kansas	KS							
18. Kentucky	KY	(1)	3,902		495			3,566
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD		1,739		(1,427)			9,575
22. Massachusetts	MA							
23. Michigan	MI							
24. Minnesota	MN	4,724	1,215		368			3,739
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	10,199	4,056		(347)			6,812
35. North Dakota	ND							
36. Ohio	OH	3,226	2,995		6,850	61,100	3	16,454
37. Oklahoma	OK							
38. Oregon	OR							
39. Pennsylvania	PA				(132)			71
40. Rhode Island	RI							
41. South Carolina	SC							
42. South Dakota	SD							
43. Tennessee	TN							
44. Texas	TX		4,384		(42)			29
45. Utah	UT							
46. Vermont	VT							
47. Virginia	VA	102,649	33,677		243			1,749
48. Washington	WA		273		(271)			4,952
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	124,548	57,949			6,273	61,100	3	68,814
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2025 OF THE THE CINCINNATI CASUALTY COMPANY

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

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

		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					(53)			
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					(57)			26
48.	Washington .....WA								
49.	West Virginia .....WV								
50.	Wisconsin .....WI								
51.	Wyoming .....WY								
52.	American Samoa .....AS								
53.	Guam .....GU								
54.	Puerto Rico .....PR								
55.	U.S. Virgin Islands .....VI								
56.	Notherrn Mariana Islands .....MP								
57.	Canada .....CAN								
58.	Aggregate Other Aliens .....OT								
59.	Totals					(109)			26
DETAILS OF WRITE-INS									
58001.	.....								
58002.	.....								
58003.	.....								
58998.	Summary of remaining write-ins for Line 58 from overflow page								
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2025 OF THE THE CINCINNATI CASUALTY 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	AL	3,182	4,736			(5,813)	69,411	1	21,517
2.	Alaska	AK								
3.	Arizona	AZ	5,348	14,263			(1,031)			53,853
4.	Arkansas	AR	2,939	1,910			(1,855)			12,036
5.	California	CA								
6.	Colorado	CO	6,661	2,059			(13,437)	184,478	1	9,617
7.	Connecticut	CT	5,464	1,442			147			5,676
8.	Delaware	DE	65,854	44,701			13,603			92,529
9.	District of Columbia	DC	6,775	1,532			(6,429)			5,786
10.	Florida	FL					(34)			28
11.	Georgia	GA	7,549	11,271			(10,080)	546,007	3	61,737
12.	Hawaii	HI								
13.	Idaho	ID	2,546	8,696			(273)			38,194
14.	Illinois	IL	33,606	20,360			50,513	151,275	3	97,290
15.	Indiana	IN	17,382	15,039			(9,102)	124,419	3	48,529
16.	Iowa	IA	3,257	3,246			(98)			12,687
17.	Kansas	KS	24,383	44,708	350,000	1	(45,234)	115,799	4	213,418
18.	Kentucky	KY	12,948	54,199	70,000	1	7,267	246,221	4	216,459
19.	Louisiana	LA								
20.	Maine	ME					(4)			5
21.	Maryland	MD	4,702	6,935			38,778	338,861	2	24,106
22.	Massachusetts	MA								
23.	Michigan	MI	45,217	38,618			(12,251)			181,840
24.	Minnesota	MN	30,021	21,455			28			94,325
25.	Mississippi	MS								
26.	Missouri	MO	12,847	12,615			(895)			52,389
27.	Montana	MT	9,278	4,290			(1,617)			19,810
28.	Nebraska	NE	20,569	4,347			136			14,970
29.	Nevada	NV								
30.	New Hampshire	NH	3,197	4,225			85,031	110,000	2	16,511
31.	New Jersey	NJ								
32.	New Mexico	NM		568			(1,210)			3,594
33.	New York	NY		5,789			37,013	35,000	1	24,371
34.	North Carolina	NC	43,187	27,533			(8,459)	1,062,404	3	103,629
35.	North Dakota	ND								
36.	Ohio	OH	67,980	74,576			245,993	325,000	2	338,110
37.	Oklahoma	OK								
38.	Oregon	OR		836			(2,243)			5,260
39.	Pennsylvania	PA	24,980	33,232	850,000	1	641,818	76,031	1	137,736
40.	Rhode Island	RI								
41.	South Carolina	SC	1,662	606			(397)			3,063
42.	South Dakota	SD		816			244			3,246
43.	Tennessee	TN	32,021	31,434			(88,147)	61,787	2	139,581
44.	Texas	TX	5,830	6,787			883	79,311	2	8,322
45.	Utah	UT	1,669	1,105	150,000	1	100,165	14,918	1	6,864
46.	Vermont	VT		1,446			(29)			5,067
47.	Virginia	VA	110,553	39,033			25,168	146,482	2	49,860
48.	Washington	WA	24,242	20,158			(3,175)	77,393	1	64,748
49.	West Virginia	WV	10,424	3,931			(2,009)			17,866
50.	Wisconsin	WI	1,859	2,589			(2,297)	15,000	1	14,857
51.	Wyoming	WY					(1,288)			2,163
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		648,132	571,085	1,420,000	4	1,029,383	3,779,796	39	2,221,653
DETAILS OF WRITE-INS										
58001.										
58002.										
58003.										
58998.	Summary of remaining write-ins for Line 58 from overflow page									
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)									



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2025 OF THE THE CINCINNATI CASUALTY 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

	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		42,716			(8,391)	105,587	1	6,124
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					(1,212)			570
14. Illinois .....IL					(1,553)			1,442
15. Indiana .....IN					(72)			3
16. Iowa .....IA								
17. Kansas .....KS								
18. Kentucky .....KY					(129)			
19. Louisiana .....LA								
20. Maine .....ME								
21. Maryland .....MD								
22. Massachusetts .....MA								
23. Michigan .....MI					(1,880)			1,519
24. Minnesota .....MN								
25. Mississippi .....MS								
26. Missouri .....MO								
27. Montana .....MT					(2,185)			2,386
28. Nebraska .....NE								
29. Nevada .....NV								
30. New Hampshire .....NH								
31. New Jersey .....NJ								
32. New Mexico .....NM								
33. New York .....NY					(6)			
34. North Carolina .....NC					(119,794)			285,064
35. North Dakota .....ND								
36. Ohio .....OH					(57,926)			29,507
37. Oklahoma .....OK								
38. Oregon .....OR					(913)			970
39. Pennsylvania .....PA					(7,825)	91,844	1	5,918
40. Rhode Island .....RI								
41. South Carolina .....SC								
42. South Dakota .....SD								
43. Tennessee .....TN		28,735						
44. Texas .....TX								
45. Utah .....UT								
46. Vermont .....VT								
47. Virginia .....VA								
48. Washington .....WA								
49. West Virginia .....WV					(2)			
50. Wisconsin .....WI					(105)			4
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		71,451			(201,992)	197,431	2	333,507
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2025 OF THE THE CINCINNATI CASUALTY COMPANY

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended MARCH 31, 2025

NAIC Group Code 0244 NAIC Company Code 28665

Company Name THE CINCINNATI CASUALTY 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
\$2,488	\$2,092	\$

2. Commercial Multiple Peril (CMP) Packaged Policies

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

2.31 Amount quantified:\$16,799

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. \$