



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF JUNE 30, 2025

OF THE CONDITION AND AFFAIRS OF THE

THE CINCINNATI INDEMNITY COMPANY

NAIC Group Code02440244NAIC Company Code23280Employer's ID Number31-1241230  
(Current)(Prior)

Organized under the Laws ofOHIO, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

Incorporated/Organized05/19/1988Commenced Business01/01/1989

Statutory Home Office6200 SOUTH GILMORE ROADFAIRFIELD, OH, US 45014-5141  
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office6200 SOUTH GILMORE ROADFAIRFIELD, OH, US 45014-5141  
(Street and Number)(City or Town, State, Country and Zip Code)

513-870-2000  
(Area Code) (Telephone Number)

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

Primary Location of Books and Records6200 SOUTH GILMORE ROADFAIRFIELD, OH, US 45014-5141  
(Street and Number)(City or Town, State, Country and Zip Code)

513-870-2000  
(Area Code) (Telephone Number)

Internet Website AddressWWW.CINFIN.COM

Statutory Statement ContactJAMES SIMS513-870-2000  
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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 ofOHIO

County ofBUTLER

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 .....	103,896,639		103,896,639	100,411,408
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....	41,257,710		41,257,710	40,206,427
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens.....				
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....				
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....				
4.3 Properties held for sale (less \$ ..... encumbrances) .....				
5. Cash (\$ .....2,608,714 ), cash equivalents (\$ ..... ) and short-term investments (\$ ..... ) .....	2,608,714		2,608,714	3,282,636
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) .....	147,763,063		147,763,063	143,900,471
13. Title plants less \$ ..... charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	1,331,946		1,331,946	1,301,354
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	22,639,529		22,639,529	22,058,254
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....	5,797,265		5,797,265	5,142,634
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon ....				15,750
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....				
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....				
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	25,482,113		25,482,113	27,856,251
24. Health care (\$ ..... ) and other amounts receivable .....				
25. Aggregate write-ins for other than invested assets .....	460,303	460,303		
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	203,474,218	460,303	203,013,915	200,274,712
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Total (Lines 26 and 27)	203,474,218	460,303	203,013,915	200,274,712
DETAILS OF WRITE-INS				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501. Miscellaneous Receivables .....	460,303	460,303		
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)	460,303	460,303		

STATEMENT AS OF JUNE 30, 2025 OF THE THE CINCINNATI INDEMNITY COMPANY

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ ..... ) .....		
2. Reinsurance payable on paid losses and loss adjustment expenses .....		
3. Loss adjustment expenses .....		
4. Commissions payable, contingent commissions and other similar charges .....		
5. Other expenses (excluding taxes, licenses and fees) .....	4,803	3,789
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....		
7.1 Current federal and foreign income taxes (including \$ ..... 96 on realized capital gains (losses)) .....	22,079	
7.2 Net deferred tax liability .....	5,753,825	5,619,207
8. Borrowed money \$ ..... and interest thereon \$ .....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ .....374,336,064 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) .....	54,034,909	54,576,542
13. Funds held by company under reinsurance treaties .....		
14. Amounts withheld or retained by company for account of others .....	2,488,078	2,097,378
15. Remittances and items not allocated .....		
16. Provision for reinsurance (including \$ ..... certified) .....		
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		
18. Drafts outstanding .....		
19. Payable to parent, subsidiaries and affiliates .....		
20. Derivatives .....		
21. Payable for securities .....		
22. Payable for securities lending .....		
23. Liability for amounts held under uninsured plans .....		
24. Capital notes \$ ..... and interest thereon \$ .....		
25. Aggregate write-ins for liabilities .....	57,622	
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	62,361,315	62,296,915
27. Protected cell liabilities .....		
28. Total liabilities (Lines 26 and 27) .....	62,361,315	62,296,915
29. Aggregate write-ins for special surplus funds .....		
30. Common capital stock .....	3,600,000	3,600,000
31. Preferred capital stock .....		
32. Aggregate write-ins for other than special surplus funds .....		
33. Surplus notes .....		
34. Gross paid in and contributed surplus .....	21,600,000	21,600,000
35. Unassigned funds (surplus) .....	115,452,600	112,777,797
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) .....	140,652,600	137,977,797
38. Totals (Page 2, Line 28, Col. 3)	203,013,915	200,274,712
DETAILS OF WRITE-INS		
2501. Accounts Payable Other .....	57,622	
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)	57,622	
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 \$ .....412,847,413 ) .....	351,529,928	291,261,118	612,063,702
1.2 Assumed (written \$ ..... ) .....		1	1
1.3 Ceded (written \$ .....412,847,413 ) .....	351,529,928	291,261,119	612,063,703
1.4 Net (written \$ ..... ) .....			
DEDUCTIONS:			
2. Losses incurred (current accident year \$ ..... ):			
2.1 Direct .....	195,352,946	172,597,562	315,921,927
2.2 Assumed .....	(3,505)	5,672	(9,890)
2.3 Ceded .....	195,349,441	172,603,234	315,912,037
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 .....	2,603,461	2,388,023	4,933,762
10. Net realized capital gains (losses) less capital gains tax of \$ .....1,440 .....	5,256	1,457,397	1,475,264
11. Net investment gain (loss) (Lines 9 + 10) .....	2,608,716	3,845,421	6,409,026
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) .....	2,608,716	3,845,421	6,409,026
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) .....	2,608,716	3,845,421	6,409,026
19. Federal and foreign income taxes incurred .....	390,276	334,813	718,229
20. Net income (Line 18 minus Line 19)(to Line 22) .....	2,218,440	3,510,608	5,690,797
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year .....	137,977,797	129,975,199	129,975,199
22. Net income (from Line 20) .....	2,218,440	3,510,608	5,690,797
23. Net transfers (to) from Protected Cell accounts .....			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....220,770 .....	830,514	(619,084)	2,558,115
25. Change in net unrealized foreign exchange capital gain (loss) .....			
26. Change in net deferred income tax .....	86,152	(10,991)	(246,314)
27. Change in nonadmitted assets .....	(460,302)	(355,037)	
28. Change in provision for reinsurance .....			
29. Change in surplus notes .....			
30. Surplus (contributed to) withdrawn from protected cells .....			
31. Cumulative effect of changes in accounting principles .....			
32. Capital changes:			
32.1 Paid in .....			
32.2 Transferred from surplus (Stock Dividend) .....			
32.3 Transferred to surplus .....			
33. Surplus adjustments:			
33.1 Paid in .....			
33.2 Transferred to capital (Stock Dividend) .....			
33.3 Transferred from capital .....			
34. Net remittances from or (to) Home Office .....			
35. Dividends to stockholders .....			
36. Change in treasury stock .....			
37. Aggregate write-ins for gains and losses in surplus .....			
38. Change in surplus as regards policyholders (Lines 22 through 37).....	2,674,803	2,525,495	8,002,598
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	140,652,600	132,500,694	137,977,797
DETAILS OF WRITE-INS			
0501. ....			
0502. ....			
0503. ....			
0598. Summary of remaining write-ins for Line 5 from overflow page .....			
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)			
1401. Miscellaneous Income .....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....			
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)			
3701. ....			
3702. ....			
3703. ....			
3798. Summary of remaining write-ins for Line 37 from overflow page .....			
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)			

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance .....	(541,633)	(2,497,924)	8,058,740
2. Net investment income .....	2,641,374	2,415,839	4,955,057
3. Miscellaneous income .....			
4. Total (Lines 1 to 3) .....	2,099,741	(82,086)	13,013,797
5. Benefit and loss related payments .....	1,235,906	13,052,721	(2,875,407)
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 \$ ..... 1,248 tax on capital gains (losses) .....	353,887	339,922	845,389
10. Total (Lines 5 through 9) .....	1,589,793	13,392,643	(2,030,018)
11. Net cash from operations (Line 4 minus Line 10) .....	509,948	(13,474,728)	15,043,815
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	12,440,000	2,045,000	8,815,000
12.2 Stocks .....		3,853,508	4,592,778
12.3 Mortgage loans .....			
12.4 Real estate .....			
12.5 Other invested assets .....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7 Miscellaneous proceeds .....			
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	12,440,000	5,898,508	13,407,778
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	15,986,028	5,545,804	18,380,881
13.2 Stocks .....			
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....			
13.6 Miscellaneous applications .....		3,853,508	
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	15,986,028	9,399,311	18,380,881
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) .....	(3,546,028)	(3,500,804)	(4,973,103)
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) .....	2,362,158	16,073,979	(10,794,853)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	2,362,158	16,073,979	(10,794,853)
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) .	(673,922)	(901,553)	(724,142)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	3,282,636	4,006,778	4,006,778
19.2 End of period (Line 18 plus Line 19.1) .....	2,608,714	3,105,225	3,282,636

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

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NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

The Company has no prescribed or permitted practices that would result in differences between the NAIC SAP and the state of Ohio basis, as shown below as of June 30, 2025 and December 31, 2024:

	SSAP #	F/S Page	F/S Line #	2025	2024
<b>NET INCOME</b>					
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 2,218,440	\$ 5,690,797
(2) State Prescribed Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(3) State Permitted Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 2,218,440	\$ 5,690,797
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 140,652,600	\$ 137,977,797
(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	\$ 140,652,600	\$ 137,977,797

B. Use of Estimates in the Preparation of the Financial Statements – No significant change

C. Accounting Policies

2. Fixed maturities (bonds and notes) with an NAIC designation of 1 or 2 are valued and reported in accordance with the NAIC *Purposes and Procedures Manual of the NAIC Investment Analysis Office*, generally at amortized cost using the scientific interest method. Fixed maturities with an NAIC designation 3 through 6 are carried at the lower of amortized cost or fair value, with the difference reflected in assigned surplus.

D. Going Concern

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

2. Accounting Changes and Correction of Errors – No significant change

3. Business Combinations and Goodwill – Not applicable

4. Discontinued Operations – Not applicable

5. Investments – No significant change

6. Joint Ventures, Partnerships and Limited Liability Companies – Not applicable

7. Investment Income – No significant change

8. Derivative Instruments – Not applicable

9. Income Taxes – 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 June 30, 2025:

Assets at Fair Value:

	Level 1	Level 2	Level 3	Net Asset Value (NAV) Included in Level 2	Total
Common Stock	\$ 41,257,710	\$ 0	\$ 0	\$ 0	\$ 41,257,710
Total	\$ 41,257,710	\$ 0	\$ 0	\$ 0	\$ 41,257,710

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	\$100,336,342	\$103,896,639	\$ 3,795,430	\$ 96,540,912	\$ 0	\$ 0	\$ 0
Common Stock	41,257,710	41,257,710	41,257,710	0	0	0	0

D. Reasons Not Practical to Estimate Fair Values – Not applicable

E. Nature and Risk of Investments Measured Using NAV Practical Expedient – Not applicable

21. Other Items – No significant change

22. Subsequent Events

The Company has considered subsequent events through August 15, 2025, the date of issuance of these statutory financial statements. There were no events occurring subsequent to June 30, 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 JUNE 30, 2025 OF THE THE CINCINNATI INDEMNITY COMPANY

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

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

Yes [ ] No [ X ]
- 1.2

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

Yes [ ] No [ ]
- 2.1

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

Yes [ ] No [ X ]
- 2.2

If yes, date of change: .....
- 3.1

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

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

Yes [ X ] No [ ]
- 3.2

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

Yes [ ] No [ X ]
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes. ....
- 3.4

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

Yes [ X ] No [ ]
- 3.5

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

0000020286
- 4.1

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

Yes [ ] No [ X ]
- 4.2

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

1	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. ....

12/31/2024
- 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 JUNE 30, 2025 OF THE THE CINCINNATI INDEMNITY COMPANY

GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? .....  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

Yes [ X ] No [ ]
- 9.11

If the response to 9.1 is No, please explain:  
.....
- 9.2

Has the code of ethics for senior managers been amended? .....

Yes [ ] No [ X ]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).  
.....
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers? .....

Yes [ ] No [ X ]
- 9.31

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

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? .....

Yes [ X ] No [ ]
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount: .....\$.....25,482,113

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 JUNE 30, 2025 OF THE THE CINCINNATI INDEMNITY COMPANY

GENERAL INTERROGATORIES

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

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

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [ X ]
- 17.4 If yes, give full information relating thereto:

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

- 17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. 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 [ ]

STATEMENT AS OF JUNE 30, 2025 OF THE THE CINCINNATI INDEMNITY COMPANY

## SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

[illegible]

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

		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	8,537,417	5,475,927	1,332,060	1,618,318	9,718,056	6,705,930
2.	Alaska	AK	L						
3.	Arizona	AZ	L	7,593,797	6,734,478	2,391,862	3,442,723	23,459,129	19,306,862
4.	Arkansas	AR	L	5,352,121	4,336,837	1,325,675	1,279,854	7,288,907	7,195,716
5.	California	CA	L	2,583,468	1,686,783	166,306	121,702	2,507,780	2,051,460
6.	Colorado	CO	L	14,645,113	13,207,041	3,622,184	3,820,369	18,948,868	16,311,547
7.	Connecticut	CT	L	992,205	1,189,427	157,672	263,492	3,199,578	2,375,085
8.	Delaware	DE	L	2,402,465	2,129,699	198,176	741,088	2,780,502	2,541,617
9.	District of Columbia	DC	L	544,140	498,997	120,741	765,568	2,361,997	1,275,097
10.	Florida	FL	L	23,836,218	24,101,996	20,213,880	4,521,215	51,872,013	50,916,934
11.	Georgia	GA	L	11,924,744	10,073,178	1,956,156	5,750,224	22,849,938	20,618,029
12.	Hawaii	HI	L	145,066	82,004	15,922	6,937	75,813	36,281
13.	Idaho	ID	L	7,989,213	6,225,679	2,331,456	1,289,119	10,146,028	8,377,707
14.	Illinois	IL	L	23,746,991	19,606,880	9,816,229	11,324,815	92,295,750	64,350,044
15.	Indiana	IN	L	10,603,036	11,077,932	2,614,803	5,107,895	24,296,311	22,945,720
16.	Iowa	IA	L	9,082,695	6,803,455	1,171,608	4,919,866	17,921,684	20,750,568
17.	Kansas	KS	L	6,369,037	4,289,822	873,043	950,843	10,022,120	8,610,638
18.	Kentucky	KY	L	7,790,324	8,646,000	3,884,336	4,080,844	13,123,119	10,017,961
19.	Louisiana	LA	L	84,027	348,201	16,019	4,337	385,086	391,525
20.	Maine	ME	L	553,549	257,171	18,402	20,144	474,380	606,351
21.	Maryland	MD	L	7,825,502	5,660,719	550,804	1,973,033	13,133,513	11,996,262
22.	Massachusetts	MA	L	3,135,281	2,574,811	383,086	322,892	5,567,000	3,556,739
23.	Michigan	MI	L	10,884,426	10,566,334	2,126,793	2,220,505	18,449,232	18,346,695
24.	Minnesota	MN	L	7,687,396	6,265,260	1,587,691	2,750,328	12,280,554	11,146,516
25.	Mississippi	MS	L	321,030	106,889	14,441	14,230	602,711	555,734
26.	Missouri	MO	L	16,513,549	11,753,773	2,904,512	4,499,676	24,097,510	19,771,081
27.	Montana	MT	L	6,093,257	3,459,891	540,474	523,667	4,781,144	5,048,184
28.	Nebraska	NE	L	3,532,353	2,697,362	676,144	994,021	10,982,321	9,863,918
29.	Nevada	NV	L	319,317	288,380	44,893	39,029	798,636	560,274
30.	New Hampshire	NH	L	3,076,025	2,531,198	458,284	613,118	5,579,066	4,167,489
31.	New Jersey	NJ	L	5,526,315	3,918,635	127,298	1,783,682	4,276,364	2,163,735
32.	New Mexico	NM	L	7,868,433	6,739,230	1,955,703	8,873,898	14,266,087	12,707,970
33.	New York	NY	L	7,453,358	6,161,133	807,712	3,309,107	18,020,896	14,192,022
34.	North Carolina	NC	L	14,647,616	12,774,434	5,008,754	2,493,273	21,902,307	22,313,199
35.	North Dakota	ND	L	984,168	991,296	109,664	413,304	1,113,600	1,082,630
36.	Ohio	OH	L	43,768,068	32,429,374	19,547,544	17,082,978	41,837,398	43,852,552
37.	Oklahoma	OK	L	384,976	344,263	2,103	15,280	416,988	450,075
38.	Oregon	OR	L	7,910,970	6,132,096	1,348,359	913,112	8,709,184	5,499,225
39.	Pennsylvania	PA	L	21,518,565	22,625,881	12,718,462	8,448,483	55,451,309	55,499,820
40.	Rhode Island	RI	L	201,389	192,287	86,607	68,810	523,692	438,671
41.	South Carolina	SC	L	4,390,416	4,101,304	1,283,674	860,122	9,065,630	8,407,478
42.	South Dakota	SD	L	1,633,823	1,786,374	410,657	186,053	2,585,352	2,355,391
43.	Tennessee	TN	L	14,807,087	13,215,592	2,427,788	5,156,748	23,803,572	20,421,853
44.	Texas	TX	L	16,262,350	15,642,497	3,495,051	5,760,421	32,402,292	32,357,757
45.	Utah	UT	L	10,400,690	8,285,119	1,328,370	938,595	10,736,123	8,016,143
46.	Vermont	VT	L	3,446,728	2,454,924	1,962,698	586,775	7,741,491	8,096,507
47.	Virginia	VA	L	21,994,879	18,192,396	6,844,896	3,881,138	35,147,241	27,003,111
48.	Washington	WA	L	12,069,023	10,598,777	4,211,128	2,780,732	18,543,823	13,819,289
49.	West Virginia	WV	L	1,955,025	1,944,149	498,480	831,531	4,467,459	3,647,011
50.	Wisconsin	WI	L	8,297,384	6,137,855	2,234,382	1,440,354	12,586,882	13,322,644
51.	Wyoming	WY	L	3,162,391	2,508,032	423,256	192,603	2,736,241	1,138,747
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		412,847,413	349,851,772	128,346,236	129,996,853	736,332,680	647,183,795
DETAILS OF WRITE-INS									
58001.		XXX							
58002.		XXX							
58003.		XXX							
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX							
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX							

- (a) Active Status Counts:
1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....

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

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

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

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

6. N - None of the above - Not allowed to write business in the state... ..
- 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 JUNE 30, 2025 OF THE THE CINCINNATI INDEMNITY 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.....	IA.....	THE CINCINNATI INSURANCE COMPANY .....	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	..... 23280 ....	31-1241230 ..	.....	0001279886 ..	.....	THE CINCINNATI INDEMNITY COMPANY .....	.. OH.....	RE.....	THE CINCINNATI INSURANCE COMPANY .....	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	..... 13037 ....	65-1316588 ..	.....	0001426763 ..	.....	THE CINCINNATI SPECIALTY UNDERWRITERS .....	.. DE.....	IA.....	THE CINCINNATI INSURANCE COMPANY .....	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	..... 00000 ....	31-0790388 ..	.....	.....	.....	CFC INVESTMENT COMPANY .....	.. OH.....	NIA.....	CINCINNATI FINANCIAL CORPORATION .....	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	..... 00000 ....	11-3823180 ..	.....	0001534469 ..	.....	CSU PRODUCER RESOURCES, INC .....	.. OH.....	NIA.....	CINCINNATI FINANCIAL CORPORATION .....	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	..... 00000 ....	81-1908205 ..	.....	.....	.....	CLIC BP INVESTMENTS B, LLC .....	.. OH.....	NIA.....	THE CINCINNATI LIFE INSURANCE COMPANY .....	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	..... 00000 ....	81-4633687 ..	.....	.....	.....	CLIC BP INVESTMENTS H, LLC .....	.. OH.....	NIA.....	THE CINCINNATI LIFE INSURANCE COMPANY .....	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	..... 00000 ....	82-1587731 ..	.....	.....	.....	CLIC WSD INVESTMENTS I, LLC .....	.. OH.....	NIA.....	THE CINCINNATI LIFE INSURANCE COMPANY .....	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	..... 00000 ....	82-5173506 ..	.....	.....	.....	CLIC DISTRICT INVESTMENTS I, LLC .....	.. OH.....	NIA.....	THE CINCINNATI LIFE INSURANCE COMPANY .....	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	..... 00000 ....	99-0881697 ..	.....	.....	.....	CLIC CSP INVESTMENTS I, LLC .....	.. OH.....	NIA.....	THE CINCINNATI LIFE INSURANCE COMPANY .....	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	..... 00000 ....	99-3870238 ..	.....	.....	.....	CLIC PA INVESTMENTS I, LLC .....	.. OH.....	NIA.....	THE CINCINNATI LIFE INSURANCE COMPANY .....	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	..... 00000 ....	83-1627569 ..	.....	.....	.....	CIC UPTOWN INVESTMENTS I, LLC .....	.. OH.....	NIA.....	THE CINCINNATI INSURANCE COMPANY .....	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	..... 00000 ....	61-1936938 ..	.....	.....	.....	CIC DANAMONT INVESTMENTS I, LLC .....	.. OH.....	NIA.....	THE CINCINNATI INSURANCE COMPANY .....	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	..... 00000 ....	35-2698966 ..	.....	.....	.....	CIC BP INVESTMENTS G, LLC .....	.. OH.....	NIA.....	THE CINCINNATI INSURANCE COMPANY .....	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	..... 00000 ....	35-2780794 ..	.....	.....	.....	CIC HICKORY INVESTMENTS I, LLC .....	.. OH.....	NIA.....	THE CINCINNATI INSURANCE COMPANY .....	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	..... 00000 ....	36-5051894 ..	.....	.....	.....	CIC PIMLICO INVESTMENTS I, LLC .....	.. OH.....	NIA.....	THE CINCINNATI INSURANCE COMPANY .....	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	..... 00000 ....	36-5050938 ..	.....	.....	.....	CIC DISTRICT INVESTMENTS II, LLC .....	.. OH.....	NIA.....	THE CINCINNATI INSURANCE COMPANY .....	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	..... 00000 ....	98-1489371 ..	.....	.....	.....	CINCINNATI GLOBAL UNDERWRITING LTD. ....	.....	NIA.....	CINCINNATI GLOBAL UNDERWRITING LTD. ....	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	..... 00000 ....	.....	.....	.....	.....	CINCINNATI GLOBAL DEDICATED NO 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



PART 1 - LOSS EXPERIENCE

Line of Business		Current Year to Date			4 Prior Year to Date Direct Loss Percentage
		1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1.	Fire .....	14,463,023	8,053,098	55.7	165.0
2.1	Allied Lines .....	22,215,114	6,733,337	30.3	45.5
2.2	Multiple peril crop .....				
2.3	Federal flood .....				
2.4	Private crop .....				
2.5	Private flood .....	106,273	5,000	4.7	
3.	Farmowners multiple peril .....				
4.	Homeowners multiple peril .....				
5.1	Commercial multiple peril (non-liability portion) .....	58,121,520	17,131,571	29.5	36.1
5.2	Commercial multiple peril (liability portion) .....	29,215,825	15,288,464	52.3	52.4
6.	Mortgage guaranty .....				
8.	Ocean marine .....				
9.1	Inland marine .....	6,247,031	662,666	10.6	48.2
9.2	Pet insurance .....				
10.	Financial guaranty .....				
11.1	Medical professional liability - occurrence .....	1,183,251	73,703	6.2	4.6
11.2	Medical professional liability - claims-made .....	1,359,621	496,615	36.5	(11.1)
12.	Earthquake .....	179,145			
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 .....	63,814,425	32,124,438	50.3	50.3
17.1	Other liability - occurrence .....	53,661,849	57,311,004	106.8	90.4
17.2	Other liability - claims-made .....	1,109,184	61,522	5.5	12.4
17.3	Excess workers' compensation .....				
18.1	Products liability - occurrence .....	5,402,904	5,068,643	93.8	124.8
18.2	Products liability - claims-made .....				
19.1	Private passenger auto no-fault (personal injury protection) .....				
19.2	Other private passenger auto liability .....	16,959	(367)	(2.2)	(5.4)
19.3	Commercial auto no-fault (personal injury protection) .....	643,188	203,732	31.7	15.5
19.4	Other commercial auto liability .....	63,823,693	38,835,111	60.8	55.0
21.1	Private passenger auto physical damage .....	22,205	8,242	37.1	3.4
21.2	Commercial auto physical damage .....	26,857,606	12,085,618	45.0	48.7
22.	Aircraft (all perils) .....				
23.	Fidelity .....				
24.	Surety .....				
26.	Burglary and theft .....	845,603	259,997	30.7	19.6
27.	Boiler and machinery .....	2,241,509	950,554	42.4	2.9
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	351,529,928	195,352,946	55.6	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 JUNE 30, 2025 OF THE THE CINCINNATI INDEMNITY COMPANY

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire .....	8,416,768	17,173,948	13,009,824
2.1	Allied Lines .....	12,497,655	25,262,459	19,842,906
2.2	Multiple peril crop .....			
2.3	Federal flood .....			
2.4	Private crop .....			
2.5	Private flood .....	42,547	150,215	143,030
3.	Farmowners multiple peril .....			
4.	Homeowners multiple peril .....			
5.1	Commercial multiple peril (non-liability portion) .....	34,620,600	67,939,566	53,785,256
5.2	Commercial multiple peril (liability portion) .....	16,389,144	36,676,851	30,703,320
6.	Mortgage guaranty .....			
8.	Ocean marine .....			
9.1	Inland marine .....	3,827,236	7,397,683	6,606,083
9.2	Pet insurance .....			
10.	Financial guaranty .....			
11.1	Medical professional liability - occurrence .....	546,647	1,096,869	1,201,527
11.2	Medical professional liability - claims-made .....	414,620	1,121,951	1,308,005
12.	Earthquake .....	139,301	229,283	181,245
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 .....	27,895,020	72,043,290	67,801,915
17.1	Other liability - occurrence .....	30,521,119	63,647,124	54,787,029
17.2	Other liability - claims-made .....	562,087	1,234,444	1,002,935
17.3	Excess workers' compensation .....			
18.1	Products liability - occurrence .....	2,696,506	5,477,950	4,645,722
18.2	Products liability - claims-made .....			
19.1	Private passenger auto no-fault (personal injury protection) .....			
19.2	Other private passenger auto liability .....	10,408	26,537	18,795
19.3	Commercial auto no-fault (personal injury protection) .....	390,055	802,462	750,376
19.4	Other commercial auto liability .....	37,137,901	76,119,994	64,105,091
21.1	Private passenger auto physical damage .....	10,511	39,349	23,942
21.2	Commercial auto physical damage .....	16,544,223	32,483,763	27,163,266
22.	Aircraft (all perils) .....			
23.	Fidelity .....			
24.	Surety .....			
26.	Burglary and theft .....	464,014	949,769	826,559
27.	Boiler and machinery .....	1,560,618	2,973,908	1,944,947
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	194,686,980	412,847,413	349,851,772
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 JUNE 30, 2025 OF THE THE CINCINNATI INDEMNITY COMPANY

**PART 3 (\$000 OMITTED)**

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year- End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	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 JUNE 30, 2025 OF THE THE CINCINNATI INDEMNITY COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

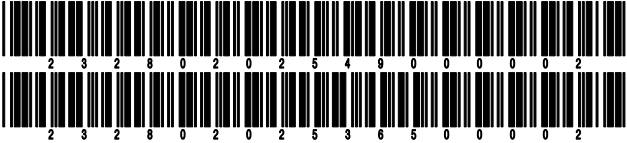
	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? .....	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement? .....	YES
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....	NO
4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....	YES
AUGUST FILING	
5. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter. ....	YES

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 premium 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 .....	140,617,835	130,978,627
2. Cost of bonds and stocks acquired .....	15,986,028	18,380,881
3. Accrual of discount .....	78,120	148,557
4. Unrealized valuation increase/(decrease) .....	1,051,283	3,238,120
5. Total gain (loss) on disposals .....	6,695	1,580,982
6. Deduct consideration for bonds and stocks disposed of .....	12,441,066	13,441,142
7. Deduct amortization of premium .....	145,612	301,555
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 .....	1,066	33,364
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	145,154,349	140,617,835
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12)	145,154,349	140,617,835

STATEMENT AS OF JUNE 30, 2025 OF THE THE CINCINNATI INDEMNITY COMPANY

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a) .....	76,978,238	7,000,000	6,440,006	(309,430)	76,978,238	77,228,802		75,032,730
2. NAIC 2 (a) .....	26,520,750	1,994,100	3,999,323	242,136	26,520,750	24,757,663		23,535,585
3. NAIC 3 (a) .....								
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....	1,875,795			34,378	1,875,795	1,910,174		1,843,093
6. NAIC 6 (a) .....								
7. Total ICO	105,374,783	8,994,100	10,439,328	(32,915)	105,374,783	103,896,639		100,411,408
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	105,374,783	8,994,100	10,439,328	(32,915)	105,374,783	103,896,639		100,411,408

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

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

Schedule DA - Part 1 - Short-Term Investments

**N O N E**

Schedule DA - Verification - Short-Term Investments

**N O N E**

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

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule E - Part 2 - Verification - Cash Equivalents

**N O N E**

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

**N O N E**

Schedule A - Part 3 - Real Estate Disposed

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**



STATEMENT AS OF JUNE 30, 2025 OF THE THE CINCINNATI INDEMNITY COMPANY

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9
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
313085-VN-5 .....	FEDERAL HOME LOAN BANKS .....	.....04/09/2025 .....	CAPITAL INSTITUTIONAL SERVICES .....	.....	2,000,000	2,000,000	.....	1.A .....
313085-WJ-3 .....	FEDERAL HOME LOAN BANKS .....	.....04/11/2025 .....	CAPITAL INSTITUTIONAL SERVICES .....	.....	1,000,000	1,000,000	.....	1.A .....
313086-CL-8 .....	FEDERAL HOME LOAN BANKS .....	.....05/06/2025 .....	CAPITAL INSTITUTIONAL SERVICES .....	.....	2,000,000	2,000,000	.....	1.A .....
313086-L9-5 .....	FEDERAL HOME LOAN BANKS .....	.....06/05/2025 .....	CAPITAL INSTITUTIONAL SERVICES .....	.....	2,000,000	2,000,000	.....	1.A .....
0029999999. Subtotal - Issuer Credit Obligations - Other U.S. Government Obligations (Not Exempt from RBC)					7,000,000	7,000,000	.....	XXX
025676-AQ-0 .....	AMERICAN NATIONAL GROUP INC .....	.....06/24/2025 .....	Wells Fargo Securities LLC .....	.....	1,994,100	2,000,000	.....	2.B FE .....
0089999999. Subtotal - Issuer Credit Obligations - Corporate Bonds (Unaffiliated)					1,994,100	2,000,000	.....	XXX
0489999999. Total - Issuer Credit Obligations (Unaffiliated)					8,994,100	9,000,000	.....	XXX
0499999999. Total - Issuer Credit Obligations (Affiliated)					.....	.....	.....	XXX
0509999997. Total - Issuer Credit Obligations - Part 3					8,994,100	9,000,000	.....	XXX
0509999998. Total - Issuer Credit Obligations - Part 5					XXX	XXX	XXX	XXX
0509999999. Total - Issuer Credit Obligations					8,994,100	9,000,000	.....	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					8,994,100	9,000,000	.....	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					8,994,100	XXX	.....	XXX

STATEMENT AS OF JUNE 30, 2025 OF THE THE CINCINNATI INDEMNITY COMPANY

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	Change In Book/Adjusted Carrying Value					15	16	17	18	19	20	21
									10	11	12	13	14							
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	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 Contractual Maturity Date	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
..3130B1-2D-8	FEDERAL HOME LOAN BANKS .....	. 04/25/2025 .	Call @ 100.00 .....	.....	..... 1,000,000	..... 1,000,000	..... 1,000,000	..... 1,000,000	.....	.....	.....	.....	.....	..... 1,000,000	.....	.....	.....	..... 31,500	. 04/25/2044 .	1.B FE ....
..3133EP-P5-8	FEDERAL FARM CREDIT BANKS FUNDING CORP .....	. 04/14/2025 .	Call @ 100.00 .....	.....	..... 1,000,000	..... 1,000,000	..... 1,000,000	..... 1,000,000	.....	.....	.....	.....	.....	..... 1,000,000	.....	.....	.....	..... 18,683	. 12/20/2038 .	1.B FE ....
0029999999. Subtotal - Issuer Credit Obligations - Other U.S. Government Obligations (Not Exempt from RBC)					2,000,000	2,000,000	2,000,000	2,000,000	.....	.....	.....	.....	.....	2,000,000	.....	.....	.....	50,183	XXX	XXX
..838736-WH-5	SOUTH LYON MICH CMNTY SCHS .....	. 06/17/2025 .	Call @ 100.00 .....	.....	..... 1,300,000	..... 1,300,000	..... 1,332,877	..... 1,301,310	.....	..... (1,310)	.....	..... (1,310)	.....	..... 1,300,000	.....	.....	.....	32,644	. 05/01/2030 .	1.D FE ....
0049999999. Subtotal - Issuer Credit Obligations - Municipal Bonds - General Obligations (Direct and Guaranteed)					1,300,000	1,300,000	1,332,877	1,301,310	.....	..... (1,310)	.....	..... (1,310)	.....	1,300,000	.....	.....	.....	32,644	XXX	XXX
..01179R-GK-3	ALASKA MUN BD BK ALASKA MUN BD BK AUTH .....	. 04/08/2025 .	Call @ 100.00 .....	.....	..... 1,630,000	..... 1,630,000	..... 1,713,146	..... 1,630,000	.....	.....	.....	.....	.....	..... 1,630,000	.....	.....	.....	33,788	. 10/01/2030 .	1.D FE ....
..161037-F7-6	CHARLOTTE N C CTFB PARTN .....	. 06/01/2025 .	Maturity @ 100.00 .....	.....	..... 500,000	..... 500,000	..... 550,465	..... 500,000	.....	.....	.....	.....	.....	..... 500,000	.....	.....	.....	10,000	. 06/01/2025 .	1.B FE ....
..917567-AT-6	UTAH TRAN AUTH SALES TAX REV .....	. 06/15/2025 .	Call @ 100.00 .....	.....	..... 1,000,000	..... 1,000,000	..... 1,167,650	..... 1,008,933	.....	..... (8,933)	.....	..... (8,933)	.....	..... 1,000,000	.....	.....	.....	25,000	. 06/15/2031 .	1.C FE ....
..92428C-LP-7	VERMONT ST STUDENT ASSIS TANCE CORP ED LN .....	. 06/15/2025 .	Call @ 100.00 .....	.....	..... 10,000	..... 10,000	..... 10,041	..... 10,008	.....	..... (3)	.....	..... (3)	.....	..... 10,006	.....	..... (6)	..... (6)	200	. 06/15/2032 .	1.F FE ....
0059999999. Subtotal - Issuer Credit Obligations - Municipal Bonds - Special Revenues					3,140,000	3,140,000	3,441,302	3,148,941	.....	..... (8,935)	.....	..... (8,935)	.....	3,140,006	.....	..... (6)	..... (6)	68,988	XXX	XXX
..042735-BE-9	ARROW ELECTRONICS INC .....	. 04/01/2025 .	Maturity @ 100.00 .....	.....	..... 1,000,000	..... 1,000,000	..... 990,310	..... 999,716	.....	..... 284	.....	..... 284	.....	..... 1,000,000	.....	.....	.....	20,000	. 04/01/2025 .	2.C FE ....
..12505B-AD-2	CBRE SERVICES INC .....	. 05/28/2025 .	Call @ 100.00 .....	.....	..... 1,001,066	..... 1,000,000	..... 992,400	..... 998,974	.....	..... 349	.....	..... 349	.....	..... 999,323	.....	..... 677	..... 677	37,223	. 03/01/2026 .	2.A FE ....
..189754-AA-2	TAPESTRY INC .....	. 04/01/2025 .	Maturity @ 100.00 .....	.....	..... 1,000,000	..... 1,000,000	..... 994,450	..... 999,838	.....	..... 162	.....	..... 162	.....	..... 1,000,000	.....	.....	.....	21,250	. 04/01/2025 .	2.B FE ....
..26884U-AB-5	EPR PROPERTIES .....	. 04/01/2025 .	Maturity @ 100.00 .....	.....	..... 1,000,000	..... 1,000,000	..... 996,380	..... 999,892	.....	..... 108	.....	..... 108	.....	..... 1,000,000	.....	.....	.....	22,500	. 04/01/2025 .	2.C FE ....
0089999999. Subtotal - Issuer Credit Obligations - Corporate Bonds (Unaffiliated)					4,001,066	4,000,000	3,973,540	3,998,420	.....	..... 902	.....	..... 902	.....	3,999,323	.....	..... 677	..... 677	100,973	XXX	XXX
0489999999. Total - Issuer Credit Obligations (Unaffiliated)					10,441,066	10,440,000	10,747,719	10,448,671	.....	..... (9,342)	.....	..... (9,342)	.....	10,439,328	.....	..... 672	..... 672	252,788	XXX	XXX
0499999999. Total - Issuer Credit Obligations (Affiliated)					.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	XXX	XXX
0509999997. Total - Issuer Credit Obligations - Part 4					10,441,066	10,440,000	10,747,719	10,448,671	.....	..... (9,342)	.....	..... (9,342)	.....	10,439,328	.....	..... 672	..... 672	252,788	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					10,441,066	10,440,000	10,747,719	10,448,671	.....	..... (9,342)	.....	..... (9,342)	.....	10,439,328	.....	..... 672	..... 672	252,788	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					10,441,066	10,440,000	10,747,719	10,448,671	.....	..... (9,342)	.....	..... (9,342)	.....	10,439,328	.....	..... 672	..... 672	252,788	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					10,441,066	XXX	10,747,719	10,448,671	.....	..... (9,342)	.....	..... (9,342)	.....	10,439,328	.....	..... 672	..... 672	252,788	XXX	XXX

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

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

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

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

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

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

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

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

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

## SCHEDULE E - PART 1 - CASH

[illegible]

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

**N O N E**



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2025 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

States, etc.	1  Direct Premiums Written	2  Direct Premiums Earned	Direct Losses Paid		5  Direct Losses Incurred	Direct Losses Unpaid		8  Direct Losses Incurred But Not Reported
			3  Amount	4  No. of Claims		6  Amount Reported	7  No. of Claims	
1. Alabama .....	AL							
2. Alaska .....	AK							
3. Arizona .....	AZ							
4. Arkansas .....	AR							
5. California .....	CA							
6. Colorado .....	CO							
7. Connecticut .....	CT							
8. Delaware .....	DE							
9. District of Columbia .....	DC							
10. Florida .....	FL							
11. Georgia .....	GA							
12. Hawaii .....	HI							
13. Idaho .....	ID				(33)			36
14. Illinois .....	IL	(1,909)	1,324					
15. Indiana .....	IN							
16. Iowa .....	IA				(5)			6
17. Kansas .....	KS							
18. Kentucky .....	KY							
19. Louisiana .....	LA							
20. Maine .....	ME							
21. Maryland .....	MD							
22. Massachusetts .....	MA							
23. Michigan .....	MI		1,405					
24. Minnesota .....	MN							
25. Mississippi .....	MS							
26. Missouri .....	MO							
27. Montana .....	MT				(1,006)			1,529
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				(650)			1,456
35. North Dakota .....	ND							
36. Ohio .....	OH				(316)			537
37. Oklahoma .....	OK							
38. Oregon .....	OR							
39. Pennsylvania .....	PA		1,300		169			3,885
40. Rhode Island .....	RI							
41. South Carolina .....	SC							
42. South Dakota .....	SD							
43. Tennessee .....	TN							
44. Texas .....	TX	1,164	2,122					
45. Utah .....	UT							
46. Vermont .....	VT							
47. Virginia .....	VA							
48. Washington .....	WA	20,884	4,123		1,251			10,984
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	20,139	10,274			(591)			18,433
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 JUNE 30, 2025 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

		1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
				3	4		6	7	
States, etc.		Direct Premiums Written	Direct Premiums Earned	Amount	No. of Claims	Direct Losses Incurred	Amount Reported	No. of Claims	Direct Losses Incurred But Not Reported
1.	Alabama .....AL								
2.	Alaska .....AK								
3.	Arizona .....AZ								
4.	Arkansas .....AR								
5.	California .....CA								
6.	Colorado .....CO								
7.	Connecticut .....CT								
8.	Delaware .....DE								
9.	District of Columbia .....DC								
10.	Florida .....FL								
11.	Georgia .....GA								
12.	Hawaii .....HI								
13.	Idaho .....ID								
14.	Illinois .....IL								
15.	Indiana .....IN								
16.	Iowa .....IA								
17.	Kansas .....KS								
18.	Kentucky .....KY								
19.	Louisiana .....LA								
20.	Maine .....ME								
21.	Maryland .....MD								
22.	Massachusetts .....MA								
23.	Michigan .....MI								
24.	Minnesota .....MN								
25.	Mississippi .....MS								
26.	Missouri .....MO								
27.	Montana .....MT								
28.	Nebraska .....NE								
29.	Nevada .....NV								
30.	New Hampshire .....NH								
31.	New Jersey .....NJ								
32.	New Mexico .....NM								
33.	New York .....NY								
34.	North Carolina .....NC								
35.	North Dakota .....ND								
36.	Ohio .....OH								
37.	Oklahoma .....OK								
38.	Oregon .....OR								
39.	Pennsylvania .....PA								
40.	Rhode Island .....RI								
41.	South Carolina .....SC								
42.	South Dakota .....SD								
43.	Tennessee .....TN								
44.	Texas .....TX								
45.	Utah .....UT								
46.	Vermont .....VT								
47.	Virginia .....VA								
48.	Washington .....WA								
49.	West Virginia .....WV								
50.	Wisconsin .....WI					(16)			13
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					(16)			13
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 JUNE 30, 2025 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

	1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			3	4		6	7	
States, etc.	Direct Premiums Written	Direct Premiums Earned	Amount	No. of Claims	Direct Losses Incurred	Amount Reported	No. of Claims	Direct Losses Incurred But Not Reported
1. Alabama .....	19,911	25,691			4,485			72,388
2. Alaska .....								
3. Arizona .....	18	4,978			(24,438)			19,998
4. Arkansas .....	1,655	2,767			(276)			8,783
5. California .....								
6. Colorado .....	600	72,708			89,932	45,000	3	110,447
7. Connecticut .....					(394)			789
8. Delaware .....	25,658	37,543			(39,613)			133,313
9. District of Columbia .....								
10. Florida .....	181,415	286,182	290,000	2	225,856	153,091	6	879,039
11. Georgia .....	54,038	45,024	30,000	1	12,693	108,721	2	127,705
12. Hawaii .....								
13. Idaho .....	3,902	7,117			1,150			18,600
14. Illinois .....	111,896	90,351			(492)	172,635	4	281,283
15. Indiana .....	865	2,935			(3,552)			15,934
16. Iowa .....	3,394	4,413			(6,102)			25,861
17. Kansas .....	16,312	9,345			5,373			19,169
18. Kentucky .....	8,994	5,464			(2,118)			21,000
19. Louisiana .....								
20. Maine .....	246	112			74			179
21. Maryland .....	5,405	4,859			(472)			16,765
22. Massachusetts .....	449	440			374			585
23. Michigan .....	52,189	56,474			(37,757)			184,494
24. Minnesota .....	31,449	37,851			(1,941)			124,819
25. Mississippi .....								
26. Missouri .....	7,405	2,987			(415)			9,934
27. Montana .....	20,450	14,617			(5,193)			55,666
28. Nebraska .....	130,640	67,545			(758)	85,597	3	2,243
29. Nevada .....								
30. New Hampshire .....	4,284	7,799			608			23,965
31. New Jersey .....					(976)			1,467
32. New Mexico .....	3,243	18,552			3,419			53,424
33. New York .....	125	1,716			(739)			5,399
34. North Carolina .....	24,452	19,487			67,852	69,474	1	65,339
35. North Dakota .....								
36. Ohio .....	229,161	183,195			(17,642)			609,164
37. Oklahoma .....								
38. Oregon .....					(1,003)			1,776
39. Pennsylvania .....	33,109	37,549	75,000	2	(103,806)	538,319	11	155,502
40. Rhode Island .....								
41. South Carolina .....	10,217	19,441			6,336			49,995
42. South Dakota .....	1,331	661			(61)			2,320
43. Tennessee .....	19,836	24,886			30,065	35,000	1	88,212
44. Texas .....	10,527	14,993			34,489	39,854	1	36,032
45. Utah .....		2,660			(74)	30,000	1	8,338
46. Vermont .....	1,434	8,386			161			26,530
47. Virginia .....	89,950	99,971			(48,185)	28,100	2	299,974
48. Washington .....	26,221	9,470			226			29,933
49. West Virginia .....	11,819	10,820			284			34,148
50. Wisconsin .....	44,622	30,344			(22,061)			115,997
51. Wyoming .....	32,264	10,178			4,619			23,018
52. American Samoa .....								
53. Guam .....								
54. Puerto Rico .....								
55. U.S. Virgin Islands .....								
56. Northern Mariana Islands .....								
57. Canada .....								
58. Aggregate Other Aliens .....								
59. Totals	1,219,486	1,279,513	395,000	5	169,927	1,305,790	35	3,759,525
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 JUNE 30, 2025 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama .....AL					(772)			2,817
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		15,991						
15. Indiana .....IN								
16. Iowa .....IA	1,476	3,124						
17. Kansas .....KS					(26)			4
18. Kentucky .....KY	183,638	298,639			71,388	96,964	2	2,289
19. Louisiana .....LA								
20. Maine .....ME								
21. Maryland .....MD		837						
22. Massachusetts .....MA								
23. Michigan .....MI	31,008	14,463			(17)			26
24. Minnesota .....MN		7,442			(5)			23
25. Mississippi .....MS								
26. Missouri .....MO								
27. Montana .....MT	29,280	1,014						
28. Nebraska .....NE								
29. Nevada .....NV								
30. New Hampshire .....NH								
31. New Jersey .....NJ								
32. New Mexico .....NM	138,840	61,314	1,000,000	1	220,060	(21,077)	1	2,889
33. New York .....NY					(35,741)	226,812	2	1,994
34. North Carolina .....NC								
35. North Dakota .....ND								
36. Ohio .....OH	132,944	99,487			206,294	334,007	3	14,198
37. Oklahoma .....OK								
38. Oregon .....OR	5,117	177			(3)			
39. Pennsylvania .....PA	361,786	487,165			(75,591)	56,750	1	26,250
40. Rhode Island .....RI								
41. South Carolina .....SC								
42. South Dakota .....SD	6,061	2,580						
43. Tennessee .....TN		112,973	155,000	1	18,170	75,000	1	
44. Texas .....TX								
45. Utah .....UT								
46. Vermont .....VT								
47. Virginia .....VA	43,140	102,681			(1,090)			2,438
48. Washington .....WA								
49. West Virginia .....WV					(676)			1,242
50. Wisconsin .....WI	45,905	45,197			(992)			1,859
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	979,195	1,253,084	1,155,000	2	400,999	768,456	10	56,029
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 JUNE 30, 2025 OF THE THE CINCINNATI INDEMNITY COMPANY

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended JUNE 30, 2025

NAIC Group Code 0244 NAIC Company Code 23280

Company Name THE CINCINNATI INDEMNITY COMPANY

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

1. Monoline Policies

1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred
\$ 61,358	\$ 47,799	\$ 16,752

2. Commercial Multiple Peril (CMP) Packaged Policies

- 2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy?

Yes [ 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:

\$ 44,415

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.

\$