



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF JUNE 30, 2025
OF THE CONDITION AND AFFAIRS OF THE

THE CINCINNATI CASUALTY COMPANY

NAIC Group Code 0244 (Current) 0244 (Prior) NAIC Company Code 28665 Employer's ID Number 31-0826946
State of Domicile or Port of Entry OH

Organized under the Laws of _____ (Country or State) OHIO, State of Domicile or Port of Entry OH

Country of Domicile _____ United States of America

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

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

Main Administrative Office 6200 SOUTH GILMORE ROAD
(Street and Number)
FAIRFIELD, OH, US 45014-5141 513-870-2000

(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

(Street and Number or P.O. Box) (City or Town, State, County and Zip Code)

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

Internet Website Address WWW.CINFIN.COM

Statutory Statement Contact JAMES SIMS, 513-870-2000
(Name) (Area Code) (Telephone Number)
james.sims@cinfin.com, 513-603-5500
(E-mail Address) (FAX Number)

OFFICERS

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

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

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

State of OHIO SS: _____
County of BUTLER

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

STEPHEN M. SPRAY
CHIEF EXECUTIVE OFFICER, PRESIDENT

MICHAEL J. SEWELL
CHIEF FINANCIAL OFFICER, EXECUTIVE VICE
PRESIDENT

THERESA A. HOFFER
SENIOR VICE PRESIDENT, TREASURER

Subscribed and sworn to before me this
day of

- a. Is this an original filing? Yes [] 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	405,598,648		405,598,648	392,561,070
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	188,835,613		188,835,613	178,558,347
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$ 7,322,916), cash equivalents (\$) and short-term investments (\$)	7,322,916		7,322,916	8,099,406
6. Contract loans (including \$ premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	601,757,177		601,757,177	579,218,822
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	5,307,703		5,307,703	5,314,654
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	93,709,480		93,709,480	72,858,042
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts	13,182,194		13,182,194	10,457,692
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon .....				.855,303
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	470,486		470,486	
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	48,459,796		48,459,796	31,697,185
24. Health care (\$) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	1,481,654		1,481,654	
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	764,368,490		1,952,140	762,416,350
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	764,368,490		1,952,140	762,416,350
				700,401,698
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501. Miscellaneous Receivables	1,481,654		1,481,654	
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)	1,481,654		1,481,654	

STATEMENT AS OF JUNE 30, 2025 OF THE THE CINCINNATI CASUALTY COMPANY
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$)		
2. Reinsurance payable on paid losses and loss adjustment expenses		
3. Loss adjustment expenses		
4. Commissions payable, contingent commissions and other similar charges		
5. Other expenses (excluding taxes, licenses and fees)	8,042	5,013
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1 Current federal and foreign income taxes (including \$ 569 on realized capital gains (losses))	93,506	
7.2 Net deferred tax liability	29,915,677	28,119,069
8. Borrowed money \$ and interest thereon \$		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 934,550,303 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)	155,800,312	113,750,342
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others	3,786,266	3,311,713
15. Remittances and items not allocated		
16. Provision for reinsurance (including \$ certified)		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates		977
20. Derivatives		
21. Payable for securities	1,994,680	
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	141,152	
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	191,739,635	145,187,116
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	191,739,635	145,187,116
29. Aggregate write-ins for special surplus funds		
30. Common capital stock	3,750,000	3,750,000
31. Preferred capital stock		
32. Aggregate write-ins for other than special surplus funds		
33. Surplus notes		
34. Gross paid in and contributed surplus	18,000,000	18,000,000
35. Unassigned funds (surplus)	548,926,715	533,464,582
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$)		
36.2 shares preferred (value included in Line 31 \$)		
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	570,676,715	555,214,582
38. Totals (Page 2, Line 28, Col. 3)	762,416,350	700,401,698
DETAILS OF WRITE-INS		
2501. Accounts Payable Other	141,152	
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)	141,152	
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page		
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)		
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page		
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)		

STATEMENT AS OF JUNE 30, 2025 OF THE THE CINCINNATI CASUALTY COMPANY
STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 955,335,653)	827,296,002	570,657,698	1,275,755,240
1.2 Assumed (written \$ 0)		40	40
1.3 Ceded (written \$ 955,335,653)	827,296,002	570,657,738	1,275,755,280
1.4 Net (written \$)			
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	539,389,671	346,871,059	772,791,230
2.2 Assumed	301,305	77,951	(30,656)
2.3 Ceded	539,690,976	346,949,010	772,760,574
2.4 Net			
3. Loss adjustment expenses incurred			
4. Other underwriting expenses incurred			
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)			
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)			
INVESTMENT INCOME			
9. Net investment income earned	9,930,721	9,126,469	18,922,356
10. Net realized capital gains (losses) less capital gains tax of \$ 8,468	31,541	504,214	11,616,570
11. Net investment gain (loss) (Lines 9 + 10)	9,962,262	9,630,683	30,538,926
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$)			
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income			
15. Total other income (Lines 12 through 14)			
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	9,962,262	9,630,683	30,538,926
17. Dividends to policyholders			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	9,962,262	9,630,683	30,538,926
19. Federal and foreign income taxes incurred	1,518,518	1,320,275	2,778,165
20. Net income (Line 18 minus Line 19)(to Line 22)	8,443,744	8,310,408	27,760,761
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	555,214,582	517,366,856	517,366,856
22. Net income (from Line 20)	8,443,744	8,310,408	27,760,761
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ 2,112,968	7,948,785	9,224,512	9,775,090
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	316,360	231,756	(227,652)
27. Change in nonadmitted assets	(1,246,757)	(791,301)	539,528
28. Change in provision for reinsurance			
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in			
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			
37. Aggregate write-ins for gains and losses in surplus			
38. Change in surplus as regards policyholders (Lines 22 through 37)	15,462,132	16,975,375	37,847,727
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	570,676,714	534,342,230	555,214,582
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)			
1401. Miscellaneous Income			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)			
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page			
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)			

STATEMENT AS OF JUNE 30, 2025 OF THE THE CINCINNATI CASUALTY COMPANY
CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	42,049,970	32,108,444	27,610,738
2. Net investment income	10,569,022	9,488,573	19,715,842
3. Miscellaneous income			
4. Total (Lines 1 to 3)	52,618,991	41,597,018	47,326,580
5. Benefit and loss related payments	23,575,940	7,468,092	24,286,330
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions			
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ 6,687 tax on capital gains (losses)	578,177	1,576,500	6,353,513
10. Total (Lines 5 through 9)	24,154,117	9,044,592	30,639,843
11. Net cash from operations (Line 4 minus Line 10)	28,464,874	32,552,426	16,686,737
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	33,679,680	8,660,000	46,378,840
12.2 Stocks		1,479,966	19,854,000
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds	1,994,680		
12.8 Total investment proceeds (Lines 12.1 to 12.7)	35,674,360	10,139,966	66,232,840
13. Cost of investments acquired (long-term only):			
13.1 Bonds	47,521,083	19,663,143	76,575,165
13.2 Stocks		1,150,116	1,150,116
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	47,521,083	20,813,259	77,725,281
14. Net increase/(decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(11,846,723)	(10,673,293)	(11,492,441)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	(17,394,640)	(23,580,143)	(2,314,200)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(17,394,640)	(23,580,143)	(2,314,200)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(776,490)	(1,701,010)	2,880,097
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	8,099,406	5,219,310	5,219,310
19.2 End of period (Line 18 plus Line 19.1)	7,322,916	3,518,300	8,099,406

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

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NOTES TO FINANCIAL STATEMENTS

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

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

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

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

	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>2025</u>	<u>2024</u>
NET INCOME					
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 8,443,744	\$ 27,760,761
(2) State Prescribed Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(3) State Permitted Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 8,443,744	\$ 27,760,761
SURPLUS					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 570,676,715	\$ 555,214,582
(6) State Prescribed Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(7) State Permitted Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 570,676,715	\$ 555,214,582

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 – Not applicable**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****18. Gain or Loss to the Reporting Entity from Uninsured Plans and Uninsured Portion of Partially Insured Plans – Not**

NOTES TO FINANCIAL STATEMENTS

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
Issuer Credit Obligations	\$ 0	\$ 984,110	\$ 0	\$ 0	\$ 984,110
Common Stock	188,835,613	0	0	0	188,835,613
Total	\$188,835,613	\$ 984,110	\$ 0	\$ 0	\$ 189,819,723

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	\$384,701,690	\$405,598,648	\$ 1,960,607	\$382,741,083	\$ 0	\$ 0	\$ 0
Common Stock	188,835,613	188,835,613	188,835,613	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 CASUALTY COMPANY
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change: _____
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
 If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.

- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [X] No []
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0000020286
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

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

- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2024
- 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

STATEMENT AS OF JUNE 30, 2025 OF THE THE CINCINNATI CASUALTY COMPANY
GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [] No []

 - (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - (c) Compliance with applicable governmental laws, rules and regulations;
 - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 - (e) Accountability for adherence to the code.

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

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

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

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

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

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 48,459,796

INVESTMENT

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

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

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

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

14.2 If yes, please complete the following:

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

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

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

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

**STATEMENT AS OF JUNE 30, 2025 OF THE THE CINCINNATI CASUALTY COMPANY
GENERAL INTERROGATORIES**

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

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

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

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

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

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

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

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

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

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

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [] No []
- 18.2 If no, list exceptions:
-

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

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

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

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

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

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

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

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

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

STATEMENT AS OF JUNE 30, 2025 OF THE THE CINCINNATI CASUALTY COMPANY
GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

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

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

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

3.2 If yes, give full and complete information thereto.

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

4.2 If yes, complete the following schedule:

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

5. Operating Percentages:

5.1 A&H loss percent %

5.2 A&H cost containment percent %

5.3 A&H expense percent excluding cost containment expenses %

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

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

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

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

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

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

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

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

STATEMENT AS OF JUNE 30, 2025 OF THE THE CINCINNATI CASUALTY COMPANY
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama	AL	26,517,295	21,431,979	11,840,381	11,819,791	24,945,821	19,283,330
2. Alaska	AK	L	33,787,933	21,916,643	14,425,305	3,496,574	34,234,670
3. Arizona	AZ	L	16,082,153	11,938,818	7,840,606	4,801,044	14,716,086
4. Arkansas	AR	L	348,782	338,950	331,140	362,926	3,342,238
5. California	CA	L	4,217,837	1,863,872	236,144	236,159	3,345,006
6. Colorado	CO	L	6,065,149	4,303,643	1,725,189	1,001,939	2,939,369
7. Connecticut	CT	L	460,363	469,137	24,864	15,806	14,445,219
8. Delaware	DE	L	6,543,051	6,872,126	15,407,305	3,476,777	7,121,937
9. District of Columbia	DC	L	46,432,936	34,615,137	11,335,855	15,412,645	52,112,079
10. Florida	FL	L	33,271	31,428	1,882,151	426,511	53,661
11. Georgia	GA	L	2,470,647	2,388,437	37,956,719	42,695,412	5,608,892
12. Hawaii	HI	L	82,637,215	68,921,979	17,546,573	14,301,354	129,979,524
13. Idaho	ID	L	48,055,410	36,506,937	6,010,674	4,887,301	7,662,534
14. Illinois	IL	L	9,547,831	7,764,997	6,069,207	6,191,947	130,084,918
15. Indiana	IN	L	27,218,388	17,019,462	27,210,485	30,346,551	18,682,223
16. Iowa	IA	L	34,465,191	121,396	10,098,260	10,098,260	13,662,527
17. Kansas	KS	L	113,918	1,335,083	753,280	1,588,221	131,974
18. Kentucky	KY	L	6,329,128	17,702,373	8,900,714	6,856,095	425,370
19. Louisiana	LA	L	25,385,772	4,691,536	1,132,671	512,279	24,997,052
20. Maine	ME	L	4,615,298	431,797	3,822,362	4,347,362	19,013,646
21. Maryland	MD	L	14,883,263	10,700,506	76,507	51,319	8,706,086
22. Massachusetts	MA	L	252,819	49,659,179	53,857,829	24,168,800	6,115,371
23. Michigan	MI	L	70,094,824	3,529,387	1,014,774	674,726	54,216,509
24. Minnesota	MN	L	3,462,033	1,835,944	2,186,619	1,439,524	44,270,941
25. Mississippi	MS	L	11,668,414	6,225,066	623,029	9,129,933	20,236,937
26. Missouri	MO	L	581,002	834,003	177,484	2,596,257	10,019,606
27. Montana	MT	L	3,477,284	2,106,344	580,079	164,732	3,518,125
28. Nebraska	NE	L	2,561,292	4,235,191	849,568	1,014,474	3,300,100
29. Nevada	NV	L	4,108,840	17,027,961	2,345,063	1,016,474	101,893,351
30. New Hampshire	NH	L	23,214,656	13,593,354	4,794,754	2,695,118	54,651,661
31. New Jersey	NJ	L	163,980	62,277	41,963	10,555,591	42,085,582
32. New Mexico	NM	L	128,465,075	105,229,677	48,051,857	30,428,451	134,662
33. New York	NY	L	261,670	541,721	25,603	38,615,784	126,123
34. North Carolina	NC	L	16,751,117	13,966,943	5,022,535	94,159	94,582,977
35. North Dakota	ND	L	33,683,324	26,634,567	9,374,391	4,329,294	1,108,806
36. Ohio	OH	L	5,872,128	4,745,480	2,690,754	25,235,441	950,247
37. Oklahoma	OK	L	17,913,792	11,984,248	8,289,181	3,103,271	15,613,516
38. Oregon	OR	L	646,315	561,375	213,143	92,453	13,691,598
39. Pennsylvania	PA	L	30,836,667	24,284,880	12,332,960	10,555,591	2,849,235
40. Rhode Island	RI	L	7,943,682	8,002,241	1,839,790	1,128,850	2,121,846
41. South Carolina	SC	L	24,406,192	17,290,317	8,685,254	3,011,924	32,899,889
42. South Dakota	SD	L	1,668,869	1,312,035	130,415	4,667,308	12,741,955
43. Tennessee	TN	L	955,335,653	712,308,456	397,631,603	369,330	11,507,782
44. Texas	TX	L	18,088,665	12,040,715	4,93,817	2,018,411	17,477,734
45. Utah	UT	L	2,682,316	2,784,284	493,817	475,977	8,395,606
46. Vermont	VT	L	32,144,448	20,300,915	8,087,393	5,557,857	8,172,387
47. Virginia	VA	L	7,155,934	1,595,028	910,347	1,016,474	32,899,889
48. Washington	WA	L	24,406,192	17,290,317	8,685,254	4,667,308	2,949,774
49. West Virginia	WV	L	1,668,869	1,312,035	130,415	29,358,116	3,566,862
50. Wisconsin	WI	L	XXX	XXX	XXX	XXX	23,472,623
51. Wyoming	WY	L	XXX	XXX	XXX	XXX	694,472
52. American Samoa	AS	N	XXX	XXX	XXX	XXX	XXX
53. Guam	GU	N	XXX	XXX	XXX	XXX	XXX
54. Puerto Rico	PR	N	XXX	XXX	XXX	XXX	XXX
55. U.S. Virgin Islands	VI	N	XXX	XXX	XXX	XXX	XXX
56. Northern Mariana Islands	MP	N	XXX	XXX	XXX	XXX	XXX
57. Canada	CAN	N	XXX	XXX	XXX	XXX	XXX
58. Aggregate Other Alien OT	XXX	XXX	XXX	XXX	XXX	XXX	XXX
59. Totals	XXX	XXX	XXX	XXX	XXX	XXX	XXX
DETAILS OF WRITE-INS		XXX	XXX	XXX	XXX	XXX	XXX
58001.	XXX	XXX	XXX	XXX	XXX	XXX	XXX
58002.	XXX	XXX	XXX	XXX	XXX	XXX	XXX
58003.	XXX	XXX	XXX	XXX	XXX	XXX	XXX
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	XXX	XXX	XXX	XXX	XXX	XXX
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 51 4. Q - Qualified - Qualified or accredited reinsurer.....
 2. R - Registered - Non-domiciled RRGs..... 52 5. D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities
 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state
 (other than their state of domicile - see DSLI)..... 53 authorized to write surplus lines in the state of domicile.....
 6. N - None of the above - Not allowed to write business in the state..... 54

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

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	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.0244	CINCINNATI INS GRP	00000	31-0746871		0000020286 ..	NASDAQ	CINCINNATI FINANCIAL CORPORATION .....	.. OH....	.. UIP....	CINCINNATI FINANCIAL CORPORATION	Board of Directors.....		BOARD	NO.....	
.0244	CINCINNATI INS GRP	10677	31-0542366		0001279885 ..		THE CINCINNATI INSURANCE COMPANY .....	.. OH....	.. UDP....	CINCINNATI FINANCIAL CORPORATION	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	
.0244	CINCINNATI INS GRP	76236	31-1213778		0001279887 ..		THE CINCINNATI LIFE INSURANCE COMPANY .....	.. OH....	.. IA....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	
.0244	CINCINNATI INS GRP	28665	31-0826946		0001279888 ..		THE CINCINNATI CASUALTY COMPANY .....	.. OH....	.. RE....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	
.0244	CINCINNATI INS GRP	23280	31-1241230		0001279886 ..		THE CINCINNATI INDEMNITY COMPANY .....	.. OH....	.. IA....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	
.0244	CINCINNATI INS GRP						THE CINCINNATI SPECIALTY UNDERWRITERS INSURANCE COMPANY .....	.. DE....	.. IA....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	
.0244	CINCINNATI INS GRP		13037	65-1316588		0001426763 ..				CINCINNATI FINANCIAL CORPORATION	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 PIMILICO INVESTMENTS I, LLC .....	.. OH....	.. NIA....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	
.0244	CINCINNATI INS GRP		00000	36-5050938			CIC DISTRICT INVESTMENTS II, LLC .....	.. OH....	.. NIA....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	NO.....	
.0244	CINCINNATI INS GRP		00000	98-1489371			CINCINNATI GLOBAL UNDERWRITING LTD. .....		.. NIA....	CINCINNATI 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

STATEMENT AS OF JUNE 30, 2025 OF THE THE CINCINNATI CASUALTY COMPANY
PART 1 - LOSS EXPERIENCE

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire	3,777,084	828,320	21.9	52.5
2.1 Allied Lines	5,180,121	1,277,813	24.7	15.2
2.2 Multiple peril crop				
2.3 Federal flood				
2.4 Private crop				
2.5 Private flood	1,029,808	109,035	10.6	27.2
3. Farmowners multiple peril				
4. Homeowners multiple peril	302,981,810	226,352,857	74.7	81.8
5.1 Commercial multiple peril (non-liability portion)	58,406,731	28,182,560	48.3	36.3
5.2 Commercial multiple peril (liability portion)	35,128,902	21,265,002	60.5	52.4
6. Mortgage guaranty				
8. Ocean marine				
9.1 Inland marine	35,377,637	22,378,956	63.3	28.2
9.2 Pet insurance				
10. Financial guaranty				
11.1 Medical professional liability - occurrence	1,077,854	1,090,876	101.2	15.6
11.2 Medical professional liability - claims-made	338,045	(13,690)	(4.0)	33.1
12. Earthquake	6,795,708			
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	37,079,411	15,295,147	41.2	28.7
17.1 Other liability - occurrence	65,577,048	40,731,270	62.1	48.6
17.2 Other liability - claims-made	1,178,640	588,688	49.9	26.2
17.3 Excess workers' compensation				
18.1 Products liability - occurrence	5,555,022	(2,471,833)	(44.5)	70.6
18.2 Products liability - claims-made				
19.1 Private passenger auto no-fault (personal injury protection)	4,668,085	3,723,371	79.8	42.3
19.2 Other private passenger auto liability	98,201,352	77,439,503	78.9	78.8
19.3 Commercial auto no-fault (personal injury protection)	394,884	856,924	217.0	(4.5)
19.4 Other commercial auto liability	22,599,205	17,129,487	75.8	46.0
21.1 Private passenger auto physical damage	128,353,040	77,810,095	60.6	71.3
21.2 Commercial auto physical damage	10,278,222	6,527,873	63.5	62.1
22. Aircraft (all perils)				
23. Fidelity				
24. Surety	2,491,405	513,012	20.6	19.6
26. Burglary and theft	147,704	103,140	69.8	34.0
27. Boiler and machinery	678,285	(328,736)	(48.5)	11.1
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	827,296,002	539,389,671	65.2	60.8
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page				
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)				

STATEMENT AS OF JUNE 30, 2025 OF THE THE CINCINNATI CASUALTY COMPANY
PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire	1,936,049	3,747,354	3,345,174
2.1 Allied Lines	2,416,502	4,710,460	4,547,647
2.2 Multiple peril crop			
2.3 Federal flood			
2.4 Private crop			
2.5 Private flood	594,757	1,083,559	.773,527
3. Farmowners multiple peril			
4. Homeowners multiple peril .....	.209,697,481	.366,979,484	.237,748,247
5.1 Commercial multiple peril (non-liability portion)	29,419,070	59,619,772	56,489,976
5.2 Commercial multiple peril (liability portion)	17,640,845	36,638,101	34,868,469
6. Mortgage guaranty			
8. Ocean marine			
9.1 Inland marine	22,583,858	39,014,102	33,073,486
9.2 Pet insurance			
10. Financial guaranty			
11.1 Medical professional liability - occurrence	725,430	1,247,122	1,004,981
11.2 Medical professional liability - claims-made	244,470	495,459	422,541
12. Earthquake	4,031,086	7,146,016	5,637,582
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	18,744,397	40,498,453	41,215,892
17.1 Other liability - occurrence	39,671,020	75,827,235	58,952,143
17.2 Other liability - claims-made	650,202	1,350,694	1,272,949
17.3 Excess workers' compensation			
18.1 Products liability - occurrence	3,114,524	5,918,905	5,969,119
18.2 Products liability - claims-made			
19.1 Private passenger auto no-fault (personal injury protection)	2,895,648	5,231,208	4,653,916
19.2 Other private passenger auto liability	63,593,827	115,082,953	81,655,554
19.3 Commercial auto no-fault (personal injury protection)	223,714	436,134	.528,137
19.4 Other commercial auto liability	12,664,381	25,375,707	23,471,479
21.1 Private passenger auto physical damage	82,060,401	150,015,188	102,774,490
21.2 Commercial auto physical damage	5,689,959	11,727,521	10,619,986
22. Aircraft (all perils)			
23. Fidelity			
24. Surety	1,007,321	2,348,270	2,520,099
26. Burglary and theft	85,570	160,975	152,268
27. Boiler and machinery	293,117	680,981	610,795
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	519,983,628	955,335,653	712,308,456
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 CASUALTY COMPANY

PART 3 (\$000 OMITTED)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

Years in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	4 2025 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2025 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2025 Loss and LAE Payments (Cols. 4+5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	9 Q.S. Date IBNR Loss and LAE Reserves	10 Total Q.S. Loss and LAE Reserves (Cols. 7+8+9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4+7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2022 + Prior													
2. 2023													
3. Subtotals 2023 + Prior													
4. 2024													
5. Subtotals 2024 + Prior													
6. 2025	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX	XXX
7. Totals													
8. Prior Year-End Surplus As Regards Policyholders											Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1.	2.	3.
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4.

NONE

STATEMENT AS OF JUNE 30, 2025 OF THE THE CINCINNATI CASUALTY COMPANY
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

AUGUST FILING

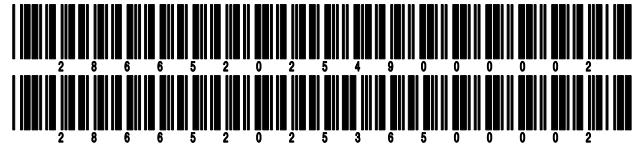
5. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting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

- 1.
- 3.

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]



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



STATEMENT AS OF JUNE 30, 2025 OF THE THE CINCINNATI CASUALTY COMPANY
OVERFLOW PAGE FOR WRITE-INS

NONE

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

SCHEDULE A - VERIFICATION

Real Estate

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

NONE**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

NONE**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase/(decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium, 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)		

NONE**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	571,119,417	534,173,117
2. Cost of bonds and stocks acquired	47,521,083	73,225,281
3. Accrual of discount	48,643	96,491
4. Unrealized valuation increase/(decrease)	10,061,753	12,373,532
5. Total gain (loss) on disposals	40,009	14,417,971
6. Deduct consideration for bonds and stocks disposed of	33,681,813	61,732,840
7. Deduct amortization of premium	676,965	1,434,135
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	2,133	
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	594,434,262	571,119,417
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	594,434,262	571,119,417

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

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a)	313,722,739	17,173,235	14,396,026	(232,501)	313,722,739	316,267,447		306,269,273
2. NAIC 2 (a)	89,878,018	4,985,830	5,998,645	(948,610)	89,878,018	87,916,593		85,536,111
3. NAIC 3 (a)	334,907			73	334,907	334,980		336,254
4. NAIC 4 (a)	424,842			5,655	424,842	430,497		419,433
5. NAIC 5 (a)				649,131		649,131		
6. NAIC 6 (a)								
7. Total ICO	404,360,506	22,159,065	20,394,671	(526,253)	404,360,506	405,598,648		392,561,070
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total ABS								
PREFERRED STOCK								
15. NAIC 1								
16. NAIC 2								
17. NAIC 3								
18. NAIC 4								
19. NAIC 5								
20. NAIC 6								
21. Total Preferred Stock								
22. Total ICO, ABS & Preferred Stock	404,360,506	22,159,065	20,394,671	(526,253)	404,360,506	405,598,648		392,561,070

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

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

SCHEDULE DA - PART 1

Short-Term Investments

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

NONE**SCHEDULE DA - VERIFICATION**

Short-Term Investments

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

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

Schedule DB - Part B - Verification - Futures Contracts
N O N E

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

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

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

Schedule E - Part 2 - Verification - Cash Equivalents
N O N E

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

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

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

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

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

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

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

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Date Acquired	4 Name of Vendor	5 Number of Shares of Stock	6 Actual Cost	7 Par Value	8 Paid for Accrued Interest and Dividends	9 NAIC Designation, NAIC Designation Modifier and SVO Adminis- trative Symbol
313085-VN-5	FEDERAL HOME LOAN BANKS	04/09/2025	CAPITAL INSTITUTIONAL SERVICES	1,000,000	1,000,000	1,000,000		1.A
313085-IU-3	FEDERAL HOME LOAN BANKS	04/11/2025	CAPITAL INSTITUTIONAL SERVICES	4,000,000	4,000,000	4,000,000		1.A
313086-CL-8	FEDERAL HOME LOAN BANKS	05/06/2025	CAPITAL INSTITUTIONAL SERVICES	4,000,000	4,000,000	4,000,000		1.A
313086-K5-4	FEDERAL HOME LOAN BANKS	05/21/2025	CAPITAL INSTITUTIONAL SERVICES	3,000,000	3,000,000	3,000,000		1.A
313086-L9-5	FEDERAL HOME LOAN BANKS	06/05/2025	CAPITAL INSTITUTIONAL SERVICES	4,000,000	4,000,000	4,000,000		1.A
0029999999. Subtotal - Issuer Credit Obligations - Other U.S. Government Obligations (Not Exempt from RBC)						16,000,000	16,000,000	XXX
19645U-UK-8	COLORADO EDL & CULTURAL FACS AUTH REV	06/05/2025	DAVIDSON D.A. + COMPANY INC	248,425	250,000	250,000		1.C FE
352882-CZ-5	FRANKLIN CNTY MO PUB WTR SUPPLY DIST NO	04/24/2025	Piper Jaffray & Co/ALGO	358,750	350,000	350,000		1.E FE
868104-AT-7	SUPERIOR TOWN COLORADO	06/05/2025	Stifel Nicolaus & Co.	566,060	550,000	550,000		1.C FE
0059999999. Subtotal - Issuer Credit Obligations - Municipal Bonds - Special Revenues						1,173,235	1,150,000	XXX
025676-AQ-0	AMERICAN NATIONAL GROUP INC	06/24/2025	Wells Fargo Securities LLC	2,991,150	3,000,000	3,000,000		2.B FE
87406B-AB-8	TAKEDA US FINANCING INC	06/26/2025	JP MORGAN SECURITIES LLC	1,994,680	2,000,000	2,000,000		2.A FE
0089999999. Subtotal - Issuer Credit Obligations - Corporate Bonds (Unaffiliated)						4,985,830	5,000,000	XXX
0489999999. Total - Issuer Credit Obligations (Unaffiliated)						22,159,065	22,150,000	XXX
0499999999. Total - Issuer Credit Obligations (Affiliated)								XXX
0509999997. Total - Issuer Credit Obligations - Part 3						22,159,065	22,150,000	XXX
0509999998. Total - Issuer Credit Obligations - Part 5						XXX	XXX	XXX
0509999999. Total - Issuer Credit Obligations						22,159,065	22,150,000	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
1909999999. Total - Asset-Backed Securities								XXX
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities						22,159,065	22,150,000	XXX
4509999997. Total - Preferred Stocks - Part 3						XXX		XXX
4509999998. Total - Preferred Stocks - Part 5						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
5989999999. Total - Common Stocks						XXX		XXX
5999999999. Total - Preferred and Common Stocks						XXX		XXX
6009999999 - Totals						22,159,065	XXX	XXX

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

SCHEDULE D - PART 4

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

1 CUSIP Ident- ification	2 Description	3 Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consid- eration	7 Par Value	8 Actual Cost	9 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					15 Book/ Adjusted Carrying Value at Disposal Date	16 Foreign Exchange Gain (Loss) on Disposal	17 Realized Gain (Loss) on Disposal	18 Total Gain (Loss) on Disposal	19 Bond Interest/ Stock Dividends Received During Year	20 Stated Con- tractual Maturity Date	21 NAIC Design- nation, NAIC Design- nation Modifier and SVO Adminis- trative Symbol			
									10 Unrealized Valuation Increase/ (Decrease)	11 Current Year's Other Than Temporary Impairment Recogn- ized	12 Current Year's Temporar- y Impairment Recogn- ized	13 Total Change in Book/ Adjusted Carrying Value (10 + 11 - 12)	14 Total Foreign Exchange Change in Book/ Adjusted Carrying Value										
..313081-20-8	FEDERAL HOME LOAN BANKS	04/25/2025	Call @ 100.00			1,000,000	1,000,000	1,000,000							1,000,000				31,500	04/25/2044	1.B FE		
..313081-MU-8	FEDERAL HOME LOAN BANKS	04/03/2025	Call @ 100.00			1,000,000	1,000,000	1,000,000							1,000,000				22,083	06/03/2054	1.B FE		
..313081-W2-9	FEDERAL HOME LOAN BANKS	04/10/2025	Call @ 100.00			2,000,000	2,000,000	2,000,000							2,000,000				99,375	07/10/2054	1.B FE		
..3133EP-P5-8	FEDERAL FARM CREDIT BANKS FUNDING CORP	04/14/2025	Call @ 100.00			2,000,000	2,000,000	2,000,000							2,000,000				37,367	12/20/2038	1.B FE		
0029999999. Subtotal - Issuer Credit Obligations - Other U.S. Government Obligations (Not Exempt from RBC)				6,000,000	6,000,000	6,000,000	6,000,000								6,000,000				190,325	XXX	XXX		
..121637-7E-6	BURLINGTON CNTY N J	05/15/2025	Maturity @ 100.00			1,000,000	1,000,000	971,930	999,001		999		999		1,000,000				11,875	05/15/2025	1.C FE		
..616327-DF-6	MOOSE LAKE MINN INDPT SCH DIST NO 097	05/19/2025	Call @ 100.00			1,900,000	1,900,000	2,037,921	1,901,419		(1,419)		(1,419)		1,900,000				60,800	02/01/2029	1.B FE		
0049999999. Subtotal - Issuer Credit Obligations - Municipal Bonds - General Obligations (Direct and Guaranteed)				2,900,000	2,900,000	3,009,851	2,900,420			(420)			(420)		2,900,000				72,675	XXX	XXX		
..161037-F7-6	CHARLOTTE N C CTF'S 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		
..687909-EK-3	OSCEOLA CNTY FLA SALES TAX REV	04/21/2025	Call @ 100.00			1,000,000	1,000,000	1,165,290	1,004,701		(4,701)		(4,701)		1,000,000				27,778	10/01/2030	1.C FE		
..687909-EL-1	OSCEOLA CNTY FLA SALES TAX REV	04/21/2025	Call @ 100.00			1,000,000	1,000,000	1,159,680	1,004,553		(4,553)		(4,553)		1,000,000				27,778	10/01/2031	1.C FE		
0059999999. Subtotal - Issuer Credit Obligations - Municipal Bonds - Special Revenues				2,500,000	2,500,000	2,875,435	2,509,254			(9,254)			(9,254)		2,500,000				65,556	XXX	XXX		
..035240-AQ-3	ANHEUSER-BUSCH INBEV WORLDWIDE INC	05/30/2025	Not Available			3,034,680	3,000,000	2,990,550	2,995,619		406		406		2,996,026				38,654	121,521	01/23/2029	1.G FE	
..125058-AD-2	CBRE SERVICES INC	05/28/2025	Call @ 100.00			2,002,133	2,000,000	1,984,800	1,997,947		698		698		1,998,645				1,355	74,445	03/01/2026	2.A FE	
..189754-AA-2	TAPESTRY INC	04/01/2025	Maturity @ 100.00			2,000,000	2,000,000	1,988,900	1,999,675		325		325		2,000,000				42,500	04/01/2025	2.B FE		
..20727P-AD-6	CONGRESSIONAL BANCSHARES INC	06/30/2025	Not Available			2,000,000	2,000,000	2,000,000	2,000,000						2,000,000				140,000	12/30/2026	2.A FE		
0089999999. Subtotal - Issuer Credit Obligations - Corporate Bonds (Unaffiliated)				9,036,813	9,000,000	8,964,250	8,993,242			1,429			1,429		8,994,671				40,009	40,009	378,466	XXX	XXX
0489999999. Total - Issuer Credit Obligations (Unaffiliated)				20,436,813	20,400,000	20,849,536	20,402,917			(8,246)			(8,246)		20,394,671				40,009	40,009	707,021	XXX	XXX
0499999999. Total - Issuer Credit Obligations (Affiliated)																						XXX	XXX
0509999997. Total - Issuer Credit Obligations - Part 4				20,436,813	20,400,000	20,849,536	20,402,917			(8,246)			(8,246)		20,394,671				40,009	40,009	707,021	XXX	XXX
0509999998. Total - Issuer Credit Obligations - Part 5				XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX	XXX	XXX				XXX	XXX
0509999999. Total - Issuer Credit Obligations				20,436,813	20,400,000	20,849,536	20,402,917			(8,246)			(8,246)		20,394,671				40,009	40,009	707,021	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
1909999999. Total - Asset-Backed Securities																						XXX	XXX
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities				20,436,813	20,400,000	20,849,536	20,402,917			(8,246)			(8,246)		20,394,671				40,009	40,009	707,021	XXX	XXX
4509999997. Total - Preferred Stocks - Part 4																						XXX	XXX
4509999998. Total - Preferred Stocks - Part 5				XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks																						XXX	XXX
5989999997. Total - Common Stocks - Part 4																						XXX	XXX
5989999998. Total - Common Stocks - Part 5				XXX	XXX	XXX	XXX	XXX	XXX						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks																						XXX	XXX
5999999999. Total - Preferred and Common Stocks																						XXX	XXX
6009999999 - Totals				20,436,813	XXX	20,849,536	20,402,917			(8,246)			(8,246)		20,394,671				40,009	40,009	707,021	XXX	XXX

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

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

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

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

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

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

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

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

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

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

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

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



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

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama	AL							
2. Alaska	AK							
3. Arizona	AZ							
4. Arkansas	AR							
5. California	CA							
6. Colorado	CO							
7. Connecticut	CT							
8. Delaware	DE							
9. District of Columbia	DC							
10. Florida	FL							
11. Georgia	GA		464			(1,863)		4,618
12. Hawaii	HI							
13. Idaho	ID							
14. Illinois	IL							
15. Indiana	IN	3,316	10,196			827		15,675
16. Iowa	IA							
17. Kansas	KS							
18. Kentucky	KY	11,422	7,874			431		3,503
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD		3,477			(1,537)		9,465
22. Massachusetts	MA							
23. Michigan	MI							
24. Minnesota	MN	4,724	2,406			403		3,774
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	16,486	8,179			(326)		6,833
35. North Dakota	ND							
36. Ohio	OH	6,117	4,175			3,305	59,457	3
37. Oklahoma	OK							
38. Oregon	OR					(56)		146
39. Pennsylvania	PA							
40. Rhode Island	RI							
41. South Carolina	SC							
42. South Dakota	SD							
43. Tennessee	TN							
44. Texas	TX		8,763			(23)		49
45. Utah	UT							
46. Vermont	VT							
47. Virginia	VA	106,102	54,600			146		1,651
48. Washington	WA		273			(1,298)		3,926
49. West Virginia	WV							
50. Wisconsin	WI							
51. Wyoming	WY							
52. American Samoa	AS							
53. Guam	GU							
54. Puerto Rico	PR							
55. U.S. Virgin Islands	VI							
56. Northern Mariana Islands	MP							
57. Canada	CAN							
58. Aggregate Other Aliens	OT							
59. Totals		148,167	100,409			8	59,457	3
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



2 8 6 6 5 2 0 2 5 4 5 5 0 0 1 0 2

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

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama	AL							
2. Alaska	AK							
3. Arizona	AZ							
4. Arkansas	AR							
5. California	CA							
6. Colorado	CO							
7. Connecticut	CT							
8. Delaware	DE							
9. District of Columbia	DC							
10. Florida	FL							
11. Georgia	GA							
12. Hawaii	HI							
13. Idaho	ID							
14. Illinois	IL							
15. Indiana	IN					(45)		8
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					(36)		46
47. Virginia	VA							
48. Washington	WA							
49. West Virginia	WV							
50. Wisconsin	WI							
51. Wyoming	WY							
52. American Samoa	AS							
53. Guam	GU							
54. Puerto Rico	PR							
55. U.S. Virgin Islands	VI							
56. Northern Mariana Islands	MP							
57. Canada	CAN							
58. Aggregate Other Aliens	OT							
59. Totals						(81)		54
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



2 8 6 6 5 2 0 2 5 4 5 5 0 0 1 0 2

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

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

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

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	7,840	9,511		(6,430)	68,104	1	22,208	
2. Alaska	AK								
3. Arizona	AZ	38,117	26,396		(1,254)			53,631	
4. Arkansas	AR	7,244	3,767		(2,155)			11,737	
5. California	CA								
6. Colorado	CO	6,420	4,171		(26,335)	171,438	1	9,759	
7. Connecticut	CT	5,900	2,926		58			5,586	
8. Delaware	DE	136,531	79,501		18,362			97,287	
9. District of Columbia	DC	6,775	3,002		(4,397)			7,819	
10. Florida	FL				(21)			41	
11. Georgia	GA	19,183	19,462		(19,906)	539,092	3	58,826	
12. Hawaii	HI								
13. Idaho	ID	32,463	17,033		(1,181)			37,287	
14. Illinois	IL	53,121	40,956		50,376	150,759	4	97,669	
15. Indiana	IN	36,840	44,331		(7,786)	127,098	3	47,166	
16. Iowa	IA	6,560	6,539		(108)			12,677	
17. Kansas	KS	78,237	85,686	350,000	1	(35,261)	130,589	4	208,601
18. Kentucky	KY	36,662	110,281	70,000	1	96,377	337,638	5	214,152
19. Louisiana	LA								
20. Maine	ME				(1)			8	
21. Maryland	MD	9,260	14,235		27,214	327,547	2	23,857	
22. Massachusetts	MA								
23. Michigan	MI	60,384	78,786		(14,568)			179,523	
24. Minnesota	MN	35,628	44,111		(2,808)			91,489	
25. Mississippi	MS								
26. Missouri	MO	27,631	25,894		(1,307)			51,977	
27. Montana	MT	11,970	8,739		(1,547)			19,881	
28. Nebraska	NE	23,694	11,320		2,002			16,835	
29. Nevada	NV								
30. New Hampshire	NH	3,697	8,528		83,158	108,208	2	16,430	
31. New Jersey	NJ								
32. New Mexico	NM		852		(1,062)			3,742	
33. New York	NY		11,573		35,107	35,000	1	22,465	
34. North Carolina	NC	66,785	55,324		(22,803)	1,049,405	2	102,284	
35. North Dakota	ND								
36. Ohio	OH	211,609	150,326		274,588	349,310	3	342,394	
37. Oklahoma	OK								
38. Oregon	OR	2,883	1,689		(1,441)			6,062	
39. Pennsylvania	PA	116,635	80,575	850,000	1	677,560	103,339	3	146,170
40. Rhode Island	RI								
41. South Carolina	SC	1,662	1,229		(373)			3,086	
42. South Dakota	SD		1,631		97			3,099	
43. Tennessee	TN	159,756	72,384	150,000	1	78,104	73,149	4	144,469
44. Texas	TX	5,830	13,791		(572)	77,651	2	8,528	
45. Utah	UT	1,733	2,242	150,000	1	99,987	14,685	1	6,918
46. Vermont	VT	2,589	2,867		182			5,278	
47. Virginia	VA	117,459	72,891	100,000	1	2,005	20,332	1	52,847
48. Washington	WA	37,713	40,661	50,000	1	(27,756)	5,235	1	62,325
49. West Virginia	WV	16,493	8,175		(1,434)			18,442	
50. Wisconsin	WI	2,739	5,199		(2,532)	15,000	1	14,622	
51. Wyoming	WY				(1,082)			2,369	
52. American Samoa	AS								
53. Guam	GU								
54. Puerto Rico	PR								
55. U.S. Virgin Islands	VI								
56. Northern Mariana Islands	MP								
57. Canada	CAN								
58. Aggregate Other Aliens	OT								
59. Totals		1,388,043	1,166,587	1,720,000	7	1,261,057	3,703,579	44	2,229,545
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998. Summary of remaining write-ins for Line 58 from overflow page									
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)									



2 8 6 6 5 2 0 2 5 4 5 5 0 0 1 0 2

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

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

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

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	206,371	91,468		(8,842)	103,089	1	8,170
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				(452)			1,330
14. Illinois	IL				(799)			2,196
15. Indiana	IN				(33)			41
16. Iowa	IA							
17. Kansas	KS							
18. Kentucky	KY				(100)			29
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD							
22. Massachusetts	MA							
23. Michigan	MI				(1,041)			2,358
24. Minnesota	MN							
25. Mississippi	MS							
26. Missouri	MO							
27. Montana	MT				(1,297)			3,274
28. Nebraska	NE							
29. Nevada	NV							
30. New Hampshire	NH							
31. New Jersey	NJ							
32. New Mexico	NM							
33. New York	NY				(6)			
34. North Carolina	NC				(140,837)			264,022
35. North Dakota	ND							
36. Ohio	OH				(24,736)			62,697
37. Oklahoma	OK							
38. Oregon	OR							1,348
39. Pennsylvania	PA				(5,054)	91,832	1	8,701
40. Rhode Island	RI							
41. South Carolina	SC							
42. South Dakota	SD							
43. Tennessee	TN	57,435						
44. Texas	TX							
45. Utah	UT							
46. Vermont	VT							
47. Virginia	VA							
48. Washington	WA							
49. West Virginia	WV				(2)			
50. Wisconsin	WI				(66)			43
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		206,371	148,903		(183,799)	194,921	2	354,210
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 CASUALTY COMPANY

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended JUNE 30, 2025

NAIC Group Code 0244

NAIC Company Code 28665

Company Name THE CINCINNATI CASUALTY COMPANY

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

1. Monoline Policies

1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred
\$7,979	\$7,116	\$29,197

2. Commercial Multiple Peril (CMP) Packaged Policies

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

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

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

2.31 Amount quantified: \$61,893

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. \$