



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2025

OF THE CONDITION AND AFFAIRS OF THE

THE CINCINNATI INDEMNITY COMPANY

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

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

Country of Domicile United States of America

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

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

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

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

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

Internet Website Address WWW.CINFIN.COM

Statutory Statement Contact JAMES SIMS (Name) 513-870-2000 (Area Code) (Telephone Number) JAMES_SIMS@CINFIN.COM (E-mail Address) 513-603-5500 (FAX Number)

OFFICERS

CHIEF EXECUTIVE OFFICER, PRESIDENT	STEPHEN MICHAEL SPRAY	SENIOR VICE PRESIDENT, TREASURER	ANDREW MICHAEL SCHNELL #
CHIEF FINANCIAL OFFICER, EXECUTIVE VICE PRESIDENT, TREASURER	MICHAEL JAMES SEWELL	CHIEF LEGAL OFFICER, EXECUTIVE VICE PRESIDENT, CORPORATE SECRETARY	THOMAS CHRISTOPHER HOGAN

OTHER

DAWN SHANNON CHAPEL #, SENIOR VICE PRESIDENT	TERESA CURRIN CRACAS, CHIEF RISK OFFICER, EXECUTIVE VICE PRESIDENT	ANGELA OSSELLO DELANEY, SENIOR VICE PRESIDENT
DONALD JOSEPH DOYLE JR, SENIOR VICE PRESIDENT	SEAN MICHAEL GIVLER #, EXECUTIVE VICE PRESIDENT	STEVEN JUSTUS JOHNSTON, CHAIRMAN OF THE BOARD
JOHN SCOTT KELLINGTON, CHIEF INFORMATION OFFICER, EXECUTIVE VICE PRESIDENT	MARC JON SCHAMBOW, CHIEF CLAIMS OFFICER, SENIOR VICE PRESIDENT	SCOTT ALAN SCHULER #, SENIOR VICE PRESIDENT
STEVEN ANTHONY SOLORIA #, CHIEF INVESTMENT OFFICER, EXECUTIVE VICE PRESIDENT	CHET HOGAN SWISHER #, SENIOR VICE PRESIDENT	WILLIAM HAROLD VAN DEN HEUVEL #, EXECUTIVE VICE PRESIDENT

DIRECTORS OR TRUSTEES

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

State of OHIO

County of BUTLER

SS:

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

STEPHEN M. SPRAY
CHIEF EXECUTIVE OFFICER, PRESIDENT

MICHAEL J. SEWELL
CHIEF FINANCIAL OFFICER, EXECUTIVE VICE PRESIDENT

ANDREW M. SCHNELL
SENIOR VICE PRESIDENT, TREASURER

Subscribed and sworn to before me this day of

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

b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	99,364,271		99,364,271	100,411,408
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	41,293,997		41,293,997	40,206,427
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens.....				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$ 7,721,163), cash equivalents (\$) and short-term investments (\$)	7,721,163		7,721,163	3,282,636
6. Contract loans (including \$ premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	148,379,431		148,379,431	143,900,471
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	1,236,284		1,236,284	1,301,354
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	27,585,747		27,585,747	22,058,254
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts	4,981,257		4,981,257	5,142,634
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				15,750
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	15,298,793		15,298,793	27,856,251
24. Health care (\$) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	230,151	230,151		
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	197,711,664	230,151	197,481,513	200,274,712
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	197,711,664	230,151	197,481,513	200,274,712
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501. Misc. Receivable	230,151	230,151		
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)	230,151	230,151		

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)	3,762	3,789
6. Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1 Current federal and foreign income taxes (including \$ 94 on realized capital gains (losses))	24,101	
7.2 Net deferred tax liability	5,818,911	5,619,207
8. Borrowed money \$ and interest thereon \$		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$363,185,557 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)	47,237,724	54,576,542
13. Funds held by company under reinsurance treaties		
14. Amounts withheld or retained by company for account of others	2,297,056	2,097,378
15. Remittances and items not allocated		
16. Provision for reinsurance (including \$ certified)		
17. Net adjustments in assets and liabilities due to foreign exchange rates		
18. Drafts outstanding		
19. Payable to parent, subsidiaries and affiliates		
20. Derivatives		
21. Payable for securities		
22. Payable for securities lending		
23. Liability for amounts held under uninsured plans		
24. Capital notes \$ and interest thereon \$		
25. Aggregate write-ins for liabilities	53,104	
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	55,434,659	62,296,915
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	55,434,659	62,296,915
29. Aggregate write-ins for special surplus funds		
30. Common capital stock	3,600,000	3,600,000
31. Preferred capital stock		
32. Aggregate write-ins for other than special surplus funds		
33. Surplus notes		
34. Gross paid in and contributed surplus	21,600,000	21,600,000
35. Unassigned funds (surplus)	116,846,854	112,777,797
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$)		
36.2 shares preferred (value included in Line 31 \$)		
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	142,046,854	137,977,797
38. Totals (Page 2, Line 28, Col. 3)	197,481,513	200,274,712
DETAILS OF WRITE-INS		
2501. Accounts Payable Other	53,104	
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)	53,104	
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page		
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)		
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page		
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)		

STATEMENT OF INCOME

	1	2	3
	Current Year to Date	Prior Year to Date	Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$585,650,172)	535,399,366	447,727,026	612,063,702
1.2 Assumed (written \$)		1	1
1.3 Ceded (written \$585,650,172)	535,399,366	447,727,027	612,063,703
1.4 Net (written \$)			
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	282,664,258	244,336,019	315,921,927
2.2 Assumed	(1,051)	4,786	(9,890)
2.3 Ceded	282,663,208	244,340,806	315,912,037
2.4 Net			
3. Loss adjustment expenses incurred			
4. Other underwriting expenses incurred			
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)			
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)			
INVESTMENT INCOME			
9. Net investment income earned	3,954,472	3,645,152	4,933,762
10. Net realized capital gains (losses) less capital gains tax of \$2,105	69,487	1,475,401	1,475,264
11. Net investment gain (loss) (Lines 9 + 10)	4,023,958	5,120,553	6,409,026
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$)			
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income			
15. Total other income (Lines 12 through 14)			
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	4,023,958	5,120,553	6,409,026
17. Dividends to policyholders			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	4,023,958	5,120,553	6,409,026
19. Federal and foreign income taxes incurred	609,922	524,313	718,229
20. Net income (Line 18 minus Line 19)(to Line 22)	3,414,036	4,596,241	5,690,797
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	137,977,797	129,975,199	129,975,199
22. Net income (from Line 20)	3,414,036	4,596,241	5,690,797
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$227,825	857,053	2,998,981	2,558,115
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	28,119	(207,804)	(246,314)
27. Change in nonadmitted assets	(230,151)	(177,518)	
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).....	4,069,057	7,209,899	8,002,598
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	142,046,854	137,185,098	137,977,797
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)			
1401. Miscellaneous Income			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)			
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page			
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)			

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	(7,338,818)	(1,959,391)	8,058,740
2. Net investment income	4,121,578	3,749,310	4,955,057
3. Miscellaneous income			
4. Total (Lines 1 to 3)	(3,217,240)	1,789,918	13,013,797
5. Benefit and loss related payments	5,366,117	12,970,326	(2,875,407)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions			
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ 1,747 tax on capital gains (losses)	572,176	1,132,592	845,389
10. Total (Lines 5 through 9)	5,938,293	14,102,917	(2,030,018)
11. Net cash from operations (Line 4 minus Line 10)	(9,155,533)	(12,312,999)	15,043,815
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	22,000,000	4,532,727	8,815,000
12.2 Stocks		4,592,778	4,592,778
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	22,000,000	9,125,505	13,407,778
13. Cost of investments acquired (long-term only):			
13.1 Bonds	20,986,028	13,338,601	18,380,881
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			
13.7 Total investments acquired (Lines 13.1 to 13.6)	20,986,028	13,338,601	18,380,881
14. Net increase/(decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	1,013,972	(4,213,096)	(4,973,103)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	12,580,089	14,909,746	(10,794,853)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	12,580,089	14,909,746	(10,794,853)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .	4,438,528	(1,616,349)	(724,142)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	3,282,636	4,006,778	4,006,778
19.2 End of period (Line 18 plus Line 19.1)	7,721,164	2,390,429	3,282,636

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

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NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

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

	SSAP #	F/S Page	F/S Line #	2025	2024
NET INCOME					
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 3,414,036	\$ 5,690,797
(2) State Prescribed Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(3) State Permitted Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 3,414,036	\$ 5,690,797
SURPLUS					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 142,046,854	\$ 137,977,797
(6) State Prescribed Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(7) State Permitted Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 142,046,854	\$ 137,977,797

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

C. Accounting Policies

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

D. Going Concern

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

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

3. Business Combinations and Goodwill – Not applicable

4. Discontinued Operations – Not applicable

5. Investments – No significant change

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

7. Investment Income – No significant change

8. Derivative Instruments – Not applicable

9. Income Taxes – No significant change

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

11. Debt – Not applicable

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans – No significant change

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations – No significant change

14. Liabilities, Contingencies and Assessments – No significant change

15. Leases – Not applicable

16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk – Not applicable

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities – Not applicable

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 September 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	\$ 251,052	\$ 0	\$ 0	\$ 251,052
Common Stock	41,293,997	0	0	0	41,293,997
Total	\$ 41,293,997	\$ 251,052	\$ 0	\$ 0	\$ 41,545,049

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	\$ 96,931,826	\$ 99,364,271	\$ 3,251,561	\$ 93,680,265	\$ 0	\$ 0	\$ 0
Common Stock	41,293,997	41,293,997	41,293,997	0	0	0	0

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

21. Other Items – No significant change

22. Subsequent Events

The Company has considered subsequent events through November 12, 2025, the date of issuance of these statutory financial statements. There were no events occurring subsequent to September 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 SEPTEMBER 30, 2025 OF THE THE CINCINNATI INDEMNITY COMPANY

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

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

Yes [] No [X]
- 1.2

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

Yes [] No []
- 2.1

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

Yes [] No [X]
- 2.2

If yes, date of change:
- 3.1

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

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

Yes [X] No []
- 3.2

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

Yes [X] No []
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
CLIC JETWAY INVESTMENTS I, LLC WAS ESTABLISHED DURING 3RD QUARTER 2025
- 3.4

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

Yes [X] No []
- 3.5

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

0000020286
- 4.1

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

Yes [] No [X]
- 4.2

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

1	2	3
Name of Entity	NAIC Company Code	State of Domicile
5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

If yes, attach an explanation.

Yes [] No [X] N/A []
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2024
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2019
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

05/28/2021
- 6.4

By what department or departments?
Ohio
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [] No [] N/A [X]
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [] No [] N/A [X]
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

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

GENERAL INTERROGATORIES

- 9.1

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

Yes [X] No []
- 9.11

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

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 9.21

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

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

Yes [] No [X]
- 9.31

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

FINANCIAL

- 10.1

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

Yes [X] No []
- 10.2

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

15,298,793

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]
- 11.2

If yes, give full and complete information relating thereto:
.....
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$.....
13.

Amount of real estate and mortgages held in short-term investments:

\$.....
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]
- 14.2

If yes, please complete the following:

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

15.1

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

Yes [] No [X]

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
If no, attach a description with this statement.
.....

16.

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

16.1

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

\$

16.2

Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$

16.3

Total payable for securities lending reported on the liability page.

\$
- 7.1

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

GENERAL INTERROGATORIES

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

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

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.

If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change?
If yes, attach an explanation.
.....

Yes [] No [X] N/A []
2.

Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?
If yes, attach an explanation.
.....

Yes [] No [X]
- 3.1

Have any of the reporting entity's primary reinsurance contracts been canceled?

Yes [] No [X]
- 3.2

If yes, give full and complete information thereto.
.....
- 4.1

Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of " tabular reserves") discounted at a rate of interest greater than zero?

Yes [] No [X]

4.2 If yes, complete the following schedule:

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

5.

Operating Percentages:

5.1 A&H loss percent %

5.2 A&H cost containment percent %

5.3 A&H expense percent excluding cost containment expenses %
- 6.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]
- 6.2

If yes, please provide the amount of custodial funds held as of the reporting date\$.....
- 6.3

Do you act as an administrator for health savings accounts?

Yes [] No [X]
- 6.4

If yes, please provide the balance of the funds administered as of the reporting date \$.....
7.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [X] No []
- 7.1

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

Yes [] No []

SCHEDULE F - CEDED REINSURANCE

[illegible]

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

		1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
			2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
States, etc.		(a)	To Date	To Date	To Date	To Date	To Date	To Date
1. Alabama	AL	L	13,110,802	8,890,004	1,990,490	1,952,246	10,051,545	7,113,204
2. Alaska	AK	L						
3. Arizona	AZ	L	9,867,879	8,690,039	3,042,057	4,330,088	23,378,166	20,424,332
4. Arkansas	AR	L	7,938,195	6,483,976	1,712,759	1,638,148	7,064,708	7,388,209
5. California	CA	L	3,256,348	2,070,625	273,726	326,875	2,841,547	2,091,284
6. Colorado	CO	L	21,040,059	19,233,826	6,190,065	5,838,216	19,144,276	16,134,417
7. Connecticut	CT	L	1,880,587	2,075,404	224,548	309,066	3,728,928	2,536,108
8. Delaware	DE	L	3,877,146	2,873,779	245,625	867,842	2,836,854	2,712,717
9. District of Columbia	DC	L	655,214	572,238	278,996	822,954	2,871,157	958,613
10. Florida	FL	L	33,223,087	33,700,001	25,363,266	13,203,511	54,515,242	46,896,778
11. Georgia	GA	L	18,162,961	14,754,385	3,489,869	7,328,938	22,337,773	20,814,069
12. Hawaii	HI	L	155,989	81,758	27,888	13,218	213,220	39,639
13. Idaho	ID	L	11,803,196	9,885,583	3,791,433	2,081,863	9,515,109	8,606,268
14. Illinois	IL	L	31,337,044	26,886,852	27,991,463	19,169,435	77,019,074	62,432,113
15. Indiana	IN	L	15,105,253	14,901,073	3,463,018	6,130,159	25,210,240	23,409,172
16. Iowa	IA	L	13,350,713	9,775,845	1,656,064	5,938,214	18,724,298	19,322,737
17. Kansas	KS	L	10,327,011	7,519,893	1,283,229	1,471,869	11,948,007	9,040,467
18. Kentucky	KY	L	11,733,787	11,481,358	5,883,784	4,996,844	13,651,215	12,743,424
19. Louisiana	LA	L	169,316	381,841	98,345	6,082	415,447	386,336
20. Maine	ME	L	604,857	369,904	15,465	23,238	463,816	627,606
21. Maryland	MD	L	11,224,343	8,023,524	2,638,273	3,205,476	12,598,374	10,642,976
22. Massachusetts	MA	L	4,824,171	4,008,270	790,319	499,239	5,417,809	3,955,430
23. Michigan	MI	L	15,445,596	14,287,791	3,554,189	3,434,104	19,065,572	18,368,377
24. Minnesota	MN	L	10,428,325	8,790,958	2,325,459	4,191,569	13,855,038	11,105,950
25. Mississippi	MS	L	365,360	128,515	26,011	20,899	592,451	560,332
26. Missouri	MO	L	23,570,820	17,458,785	7,347,263	5,858,177	25,848,519	21,180,572
27. Montana	MT	L	8,109,671	5,399,658	864,383	867,130	5,409,306	4,315,279
28. Nebraska	NE	L	4,970,271	5,169,931	1,399,578	1,598,664	9,967,356	10,103,591
29. Nevada	NV	L	673,533	583,570	87,189	62,928	871,651	809,587
30. New Hampshire	NH	L	4,260,760	3,522,619	1,698,203	772,377	8,943,553	4,245,061
31. New Jersey	NJ	L	6,227,391	4,814,040	551,819	1,969,939	4,911,996	2,795,497
32. New Mexico	NM	L	11,917,015	10,826,474	3,177,253	9,486,758	15,504,662	13,026,639
33. New York	NY	L	9,303,892	8,401,124	1,505,827	3,796,704	18,473,066	13,221,436
34. North Carolina	NC	L	22,101,211	19,406,533	6,018,891	4,028,620	21,795,175	23,316,494
35. North Dakota	ND	L	1,149,180	1,121,019	132,144	431,418	1,529,755	957,407
36. Ohio	OH	L	63,568,168	45,787,517	25,360,639	20,585,665	43,459,704	47,268,243
37. Oklahoma	OK	L	420,510	367,021	(4,871)	21,544	433,260	493,656
38. Oregon	OR	L	11,137,562	8,732,706	1,532,501	1,268,653	12,333,466	6,490,409
39. Pennsylvania	PA	L	31,221,753	30,951,908	18,894,845	22,442,832	58,152,208	52,047,521
40. Rhode Island	RI	L	402,896	208,054	124,479	141,523	537,370	358,429
41. South Carolina	SC	L	6,667,634	6,002,147	1,780,914	1,122,355	9,567,528	8,869,767
42. South Dakota	SD	L	2,467,756	2,305,460	752,073	313,837	2,818,424	2,647,356
43. Tennessee	TN	L	20,329,034	18,282,761	3,302,123	7,110,576	24,997,346	21,140,223
44. Texas	TX	L	21,229,285	19,837,256	5,062,559	10,881,220	36,033,544	31,811,874
45. Utah	UT	L	13,944,694	11,378,595	1,965,360	1,883,171	10,761,434	8,453,617
46. Vermont	VT	L	4,903,944	4,185,473	2,231,651	2,162,166	7,895,222	6,931,062
47. Virginia	VA	L	30,104,961	26,116,812	9,106,729	6,045,200	35,817,333	27,591,941
48. Washington	WA	L	18,466,753	16,555,449	5,165,824	4,854,627	19,278,542	15,097,503
49. West Virginia	WV	L	2,705,687	2,558,016	900,865	1,819,117	4,281,492	3,031,749
50. Wisconsin	WI	L	11,159,983	7,913,761	2,909,190	2,863,690	12,617,284	12,634,939
51. Wyoming	WY	L	4,748,572	3,727,594	1,293,023	263,066	2,774,375	1,316,645
52. American Samoa	AS	N						
53. Guam	GU	N						
54. Puerto Rico	PR	N						
55. U.S. Virgin Islands	VI	N						
56. Northern Mariana Islands	MP	N						
57. Canada	CAN	N						
58. Aggregate Other Alien OT	OT	XXX						
59. Totals		XXX	585,650,172	497,481,726	199,516,794	200,452,052	752,473,434	648,467,054
DETAILS OF WRITE-INS								
58001.		XXX						
58002.		XXX						
58003.		XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX						
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX						

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

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

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

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

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

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

51

6

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

	Domiciliary Location	FEIN	NAIC Co. Code
Cincinnati Financial Corporation (Parent)	OH	31-0746871	
CFC Investment Company	OH	31-0790388	
The Cincinnati Insurance Company (Insurer)	OH	31-0542366	10677
The Cincinnati Casualty Company (Insurer)	OH	31-0826946	28665
The Cincinnati Indemnity Company (Insurer)	OH	31-1241230	23280
The Cincinnati Life Insurance Company (Insurer)	OH	31-1213778	76236
CLIC District Investments I, LLC	OH	82-5173506	
CLIC BP Investments B, LLC	OH	81-1908205	
CLIC BP Investments H, LLC	OH	81-4633687	
CLIC WSD Investments I, LLC	OH	82-1587731	
CLIC CSP Investments I, LLC	OH	99-0881697	
CLIC PA Investments I, LLC	OH	99-3870238	
CLIC Jetway Investments I, LLC	OH	39-3980539	
The Cincinnati Specialty Underwriters Insurance Company (Insurer)	DE	65-1316588	13037
CIC Uptown Investments I, LLC	OH	83-1627569	
CIC Danamont Investments I, LLC	OH	61-1936938	
CIC BP Investments G, LLC	OH	35-2698966	
CIC Hickory Investments I, LLC	OH	35-2780794	
CIC Pimlico Investments I, LLC	OH	36-5051894	
CIC District Investments II, LLC	OH	36-5050938	
CSU Producer Resources, Inc	OH	11-3823180	
Cincinnati Global Underwriting LTD.	GBR	98-1489371	
Cincinnati Global Dedicated No 2 Limited (Insurer)*	GBR		
Cincinnati Global Underwriting Agency Limited	GBR		
Cincinnati Global Underwriting Services Limited	GBR		

* Participant in Lloyd's Syndicate 0318

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

SCHEDULE Y

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
. 0244 ...	CINCINNATI INS GRP	00000	31-0746871 ..	.....	0000020286 ..	NASDAQ	CINCINNATI FINANCIAL CORPORATION	.. OH.....	UIP.....	CINCINNATI FINANCIAL CORPORATION	Board of Directors.....	.....	BOARD	 NO.....	.....
. 0244 ...	CINCINNATI INS GRP	10677	31-0542366 ..	.....	0001279885 ..	.....	THE CINCINNATI INSURANCE COMPANY	.. OH.....	UDP.....	CINCINNATI FINANCIAL CORPORATION	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	 NO.....	.....
. 0244 ...	CINCINNATI INS GRP	76236	31-1213778 ..	.....	0001279887 ..	.....	THE CINCINNATI LIFE INSURANCE COMPANY	.. OH.....	IA.....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	 NO.....	.....
. 0244 ...	CINCINNATI INS GRP	28665	31-0826946 ..	.....	0001279888 ..	.....	THE CINCINNATI CASUALTY COMPANY	.. OH.....	IA.....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	 NO.....	.....
. 0244 ...	CINCINNATI INS GRP	23280	31-1241230 ..	.....	0001279886 ..	.....	THE CINCINNATI INDEMNITY COMPANY	.. OH.....	RE.....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	 NO.....	.....
. 0244 ...	CINCINNATI INS GRP	13037	65-1316588 ..	.....	0001426763 ..	.....	THE CINCINNATI SPECIALTY UNDERWRITERS	.. DE.....	IA.....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	 NO.....	.....
. 0244 ...	CINCINNATI INS GRP	00000	31-0790388 ..	.....	.....	.....	CFC INVESTMENT COMPANY	.. OH.....	NIA.....	CINCINNATI FINANCIAL CORPORATION	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	 NO.....	.....
. 0244 ...	CINCINNATI INS GRP	00000	11-3823180 ..	.....	0001534469 ..	.....	CSU PRODUCER RESOURCES, INC	.. OH.....	NIA.....	CINCINNATI FINANCIAL CORPORATION	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	 NO.....	.....
. 0244 ...	CINCINNATI INS GRP	00000	81-1908205 ..	.....	.....	.....	CLIC BP INVESTMENTS B, LLC	.. OH.....	NIA.....	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	 NO.....	.....
. 0244 ...	CINCINNATI INS GRP	00000	81-4633687 ..	.....	.....	.....	CLIC BP INVESTMENTS H, LLC	.. OH.....	NIA.....	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	 NO.....	.....
. 0244 ...	CINCINNATI INS GRP	00000	82-1587731 ..	.....	.....	.....	CLIC WSD INVESTMENTS I, LLC	.. OH.....	NIA.....	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	 NO.....	.....
. 0244 ...	CINCINNATI INS GRP	00000	82-5173506 ..	.....	.....	.....	CLIC DISTRICT INVESTMENTS I, LLC	.. OH.....	NIA.....	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	 NO.....	.....
. 0244 ...	CINCINNATI INS GRP	00000	99-0881697 ..	.....	.....	.....	CLIC CSP INVESTMENTS I, LLC	.. OH.....	NIA.....	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	 NO.....	.....
. 0244 ...	CINCINNATI INS GRP	00000	99-3870238 ..	.....	.....	.....	CLIC PA INVESTMENTS I, LLC	.. OH.....	NIA.....	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	 NO.....	.....
. 0244 ...	CINCINNATI INS GRP	13037	39-3980539 ..	.....	.....	.....	CLIC JETWAY INVESTMENTS I, LLC	.. OH.....	NIA.....	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	 NO.....	.....
. 0244 ...	CINCINNATI INS GRP	00000	83-1627569 ..	.....	.....	.....	CIC UPTOWN INVESTMENTS I, LLC	.. OH.....	NIA.....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	 NO.....	.....
. 0244 ...	CINCINNATI INS GRP	00000	61-1936938 ..	.....	.....	.....	CIC DANAMONT INVESTMENTS I, LLC	.. OH.....	NIA.....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	 NO.....	.....
. 0244 ...	CINCINNATI INS GRP	00000	35-2698966 ..	.....	.....	.....	CIC BP INVESTMENTS G, LLC	.. OH.....	NIA.....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	 NO.....	.....
. 0244 ...	CINCINNATI INS GRP	00000	35-2780794 ..	.....	.....	.....	CIC HICKORY INVESTMENTS I, LLC	.. OH.....	NIA.....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	 NO.....	.....
. 0244 ...	CINCINNATI INS GRP	00000	36-5051894 ..	.....	.....	.....	CIC PIMLICO INVESTMENTS I, LLC	.. OH.....	NIA.....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	 NO.....	.....
. 0244 ...	CINCINNATI INS GRP	00000	36-5050938 ..	.....	.....	.....	CIC DISTRICT INVESTMENTS II, LLC	.. OH.....	NIA.....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	 NO.....	.....
. 0244 ...	CINCINNATI INS GRP	00000	98-1489371 ..	.....	.....	.....	CINCINNATI GLOBAL UNDERWRITING LTD. .....	.....	NIA.....	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	 NO.....	.....
. 0244 ...	CINCINNATI INS GRP	00000 .....	.....	.....	.....	.....	CINCINNATI GLOBAL DEDICATED NO 2 LIMITED ..	.....	IA.....	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	 NO.....	.....
. 0244 ...	CINCINNATI INS GRP	00000 .....	.....	.....	.....	.....	CINCINNATI GLOBAL UNDERWRITING AGENCY ..	.....	.....	.....	.....	.....	.....	.....	.....
. 0244 ...	CINCINNATI INS GRP	00000 .....	.....	.....	.....	.....	LIMITED .....	.....	NIA.....	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	 NO.....	.....
. 0244 ...	CINCINNATI INS GRP	00000 .....	.....	.....	.....	.....	CINCINNATI GLOBAL UNDERWRITING SERVICES ..	.....	.....	.....	.....	.....	.....	.....	.....
. 0244 ...	CINCINNATI INS GRP	00000 .....	.....	.....	.....	.....	LIMITED .....	.....	NIA.....	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership.....	100.000 ...	CINCINNATI FINANCIAL CORPORATION	 NO.....	.....

Asterisk	Explanation
.....	CINCINNATI GLOBAL DEDICATED NO 1, 3-6 LIMITED ARE NOW DISSOLVED AS OF 1/1/25.

PART 1 - LOSS EXPERIENCE

Line of Business		Current Year to Date			4 Prior Year to Date Direct Loss Percentage
		1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1.	Fire	22,143,891	9,077,068	41.0	109.6
2.1	Allied Lines	34,030,453	11,859,332	34.8	35.1
2.2	Multiple peril crop				
2.3	Federal flood				
2.4	Private crop				
2.5	Private flood	155,804	7,000	4.5	7.1
3.	Farmowners multiple peril				
4.	Homeowners multiple peril				
5.1	Commercial multiple peril (non-liability portion)	89,883,974	21,778,361	24.2	37.6
5.2	Commercial multiple peril (liability portion)	44,610,893	24,734,546	55.4	52.5
6.	Mortgage guaranty				
8.	Ocean marine				
9.1	Inland marine	9,521,565	1,199,647	12.6	44.0
9.2	Pet insurance				
10.	Financial guaranty				
11.1	Medical professional liability - occurrence	1,749,786	285,987	16.3	38.2
11.2	Medical professional liability - claims-made	2,086,639	1,847,435	88.5	(31.4)
12.	Earthquake	280,742			
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	93,970,414	53,182,920	56.6	47.4
17.1	Other liability - occurrence	81,956,304	75,705,636	92.4	86.7
17.2	Other liability - claims-made	1,691,327	209,292	12.4	24.4
17.3	Excess workers' compensation				
18.1	Products liability - occurrence	8,318,601	5,500,818	66.1	67.8
18.2	Products liability - claims-made				
19.1	Private passenger auto no-fault (personal injury protection)				
19.2	Other private passenger auto liability	26,725	(733)	(2.7)	(5.0)
19.3	Commercial auto no-fault (personal injury protection)	973,398	274,640	28.2	32.4
19.4	Other commercial auto liability	97,803,194	58,307,496	59.6	52.6
21.1	Private passenger auto physical damage	34,774	8,468	24.4	4.8
21.2	Commercial auto physical damage	41,368,488	16,871,534	40.8	51.2
22.	Aircraft (all perils)				
23.	Fidelity				
24.	Surety				
26.	Burglary and theft	1,283,481	428,469	33.4	22.3
27.	Boiler and machinery	3,508,913	1,386,342	39.5	6.2
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	535,399,366	282,664,258	52.8	54.6
DETAILS OF WRITE-INS					
3401.	.....				
3402.	.....				
3403.	.....				
3498.	Summary of remaining write-ins for Line 34 from overflow page				
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)				

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire	6,991,287	24,165,235	19,380,060
2.1	Allied Lines	11,973,900	37,236,359	30,346,102
2.2	Multiple peril crop			
2.3	Federal flood			
2.4	Private crop			
2.5	Private flood	24,774	174,989	180,992
3.	Farmowners multiple peril			
4.	Homeowners multiple peril			
5.1	Commercial multiple peril (non-liability portion)	32,936,393	100,875,959	78,921,698
5.2	Commercial multiple peril (liability portion)	14,096,538	50,773,389	42,064,267
6.	Mortgage guaranty			
8.	Ocean marine			
9.1	Inland marine	2,797,515	10,195,198	9,246,538
9.2	Pet insurance			
10.	Financial guaranty			
11.1	Medical professional liability - occurrence	712,800	1,809,669	1,993,580
11.2	Medical professional liability - claims-made	855,036	1,976,987	1,812,228
12.	Earthquake	129,934	359,217	255,430
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	26,036,197	98,079,487	96,624,057
17.1	Other liability - occurrence	25,769,767	89,416,891	76,123,912
17.2	Other liability - claims-made	652,816	1,887,260	1,613,850
17.3	Excess workers' compensation			
18.1	Products liability - occurrence	2,886,289	8,364,239	7,552,041
18.2	Products liability - claims-made			
19.1	Private passenger auto no-fault (personal injury protection)			
19.2	Other private passenger auto liability	8,233	34,770	23,401
19.3	Commercial auto no-fault (personal injury protection)	243,904	1,046,366	938,253
19.4	Other commercial auto liability	30,520,191	106,640,185	88,113,948
21.1	Private passenger auto physical damage	2,601	41,950	25,811
21.2	Commercial auto physical damage	14,466,940	46,950,703	38,078,645
22.	Aircraft (all perils)			
23.	Fidelity			
24.	Surety			
26.	Burglary and theft	452,139	1,401,908	1,255,393
27.	Boiler and machinery	1,245,505	4,219,413	2,931,522
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	172,802,759	585,650,172	497,481,726
DETAILS OF WRITE-INS				
3401.	.....			
3402.	.....			
3403.	.....			
3498.	Summary of remaining write-ins for Line 34 from overflow page			
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)			

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

PART 3 (\$000 OMITTED)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

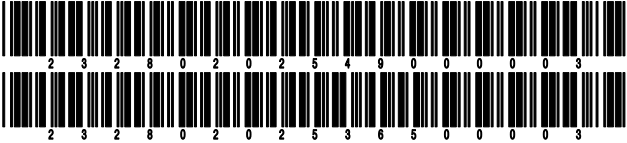
	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	YES
3. Will the Medicare Part D Coverage Supplement be filed with the state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

Explanations:

1.
3.

Bar Codes:

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



NONE

SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	140,617,835	130,978,627
2. Cost of bonds and stocks acquired	20,986,028	18,380,881
3. Accrual of discount	108,460	148,557
4. Unrealized valuation increase/(decrease)	1,084,877	3,238,120
5. Total gain (loss) on disposals	71,592	1,580,982
6. Deduct consideration for bonds and stocks disposed of	22,001,066	13,441,142
7. Deduct amortization of premium	210,524	301,555
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	1,066	33,364
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	140,658,268	140,617,835
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	140,658,268	140,617,835

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

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
ISSUER CREDIT OBLIGATIONS (ICO)								
1. NAIC 1 (a)	77,228,802	5,000,000	7,560,013	(46,914)	76,978,238	77,228,802	74,621,875	75,032,730
2. NAIC 2 (a)	24,757,663			(266,319)	26,520,750	24,757,663	24,491,344	23,535,585
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)	1,910,174		1,935,090	275,969	1,875,795	1,910,174	251,053	1,843,093
6. NAIC 6 (a)								
7. Total ICO	103,896,639	5,000,000	9,495,103	(37,264)	105,374,783	103,896,639	99,364,272	100,411,408
ASSET-BACKED SECURITIES (ABS)								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total ABS								
PREFERRED STOCK								
15. NAIC 1								
16. NAIC 2								
17. NAIC 3								
18. NAIC 4								
19. NAIC 5								
20. NAIC 6								
21. Total Preferred Stock								
22. Total ICO, ABS & Preferred Stock	103,896,639	5,000,000	9,495,103	(37,264)	105,374,783	103,896,639	99,364,272	100,411,408

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

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

Schedule DA - Part 1 - Short-Term Investments

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

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

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule E - Part 2 - Verification - Cash Equivalents

N O N E

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

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Admini- strative Symbol
313087-HU-1	FEDERAL HOME LOAN BANKS	08/14/2025	CAPITAL INSTITUTIONAL SERVICES		2,000,000	2,000,000		1.A
313087-S9-6	FEDERAL HOME LOAN BANKS	09/11/2025	CAPITAL INSTITUTIONAL SERVICES		3,000,000	3,000,000		1.A
0029999999. Subtotal - Issuer Credit Obligations - Other U.S. Government Obligations (Not Exempt from RBC)					5,000,000	5,000,000		XXX
0489999999. Total - Issuer Credit Obligations (Unaffiliated)					5,000,000	5,000,000		XXX
0499999999. Total - Issuer Credit Obligations (Affiliated)								XXX
0509999997. Total - Issuer Credit Obligations - Part 3					5,000,000	5,000,000		XXX
0509999998. Total - Issuer Credit Obligations - Part 5					XXX	XXX	XXX	XXX
0509999999. Total - Issuer Credit Obligations					5,000,000	5,000,000		XXX
1889999999. Total - Asset-Backed Securities (Unaffiliated)								XXX
1899999999. Total - Asset-Backed Securities (Affiliated)								XXX
1909999997. Total - Asset-Backed Securities - Part 3								XXX
1909999998. Total - Asset-Backed Securities - Part 5					XXX	XXX	XXX	XXX
1909999999. Total - Asset-Backed Securities								XXX
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities					5,000,000	5,000,000		XXX
4509999997. Total - Preferred Stocks - Part 3						XXX		XXX
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks						XXX		XXX
5989999997. Total - Common Stocks - Part 3						XXX		XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks						XXX		XXX
5999999999. Total - Preferred and Common Stocks						XXX		XXX
6009999999 - Totals					5,000,000	XXX		XXX

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

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	Change In Book/Adjusted Carrying Value					15	16	17	18	19	20	21
									10	11	12	13	14							
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/ Adjusted Carrying Value (10 + 11 - 12)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
..91282C-HV-6	UNITED STATES TREASURY	08/31/2025	Maturity @ 100.00		555,000	555,000	556,409	555,628		(628)		(628)		555,000				27,750	08/31/2025	1.A
0019999999. Subtotal - Issuer Credit Obligations - U.S. Government Obligations (Exempt from RBC)					555,000	555,000	556,409	555,628		(628)		(628)		555,000				27,750	XXX	XXX
..3130AY-BV-3	FEDERAL HOME LOAN BANKS	09/19/2025	Call @ 100.00		1,000,000	1,000,000	1,000,000	1,000,000						1,000,000				43,862	12/20/2038	1.B FE
..3133ER-JF-9	FEDERAL FARM CREDIT BANKS FUNDING CORP	09/11/2025	Call @ 100.00		1,000,000	1,000,000	1,000,000	1,000,000						1,000,000				42,686	06/27/2044	1.B FE
..3133ER-LG-4	FEDERAL FARM CREDIT BANKS FUNDING CORP	09/26/2025	Call @ 100.00		2,000,000	2,000,000	2,000,000	2,000,000						2,000,000				142,667	07/18/2044	1.B FE
..3133ER-NA-5	FEDERAL FARM CREDIT BANKS FUNDING CORP	09/17/2025	Call @ 100.00		1,000,000	1,000,000	1,000,000	1,000,000						1,000,000				68,005	08/01/2044	1.B FE
..3134HA-R5-4	FEDERAL HOME LOAN MORTGAGE CORP	08/19/2025	Call @ 100.00		1,000,000	1,000,000	1,000,000	1,000,000						1,000,000				38,167	12/19/2044	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				335,386	XXX	XXX
..187145-ED-5	CLIFTON TEX HIGHER ED FIN CORP ED REV	08/15/2025	Call @ 100.00		1,000,000	1,000,000	1,153,520	1,011,172		(11,172)		(11,172)		1,000,000				50,000	08/15/2029	1.A FE
..646080-TH-4	NJSHGR 18 181A17	07/21/2025	Call @ 100.00		5,000	5,000	5,041	5,016		(2)		(2)		5,013		(13)	(13)	102	12/01/2034	1.C FE
0059999999. Subtotal - Issuer Credit Obligations - Municipal Bonds - Special Revenues					1,005,000	1,005,000	1,158,561	1,016,187		(11,174)		(11,174)		1,005,013		(13)	(13)	50,102	XXX	XXX
..44106M-AV-4	SERVICE PROPERTIES TRUST	09/04/2025	Call @ 100.00		2,000,000	2,000,000	1,432,488	1,843,093		91,997		91,997		1,935,090		64,910	64,910	110,542	02/15/2026	5.A FE
0089999999. Subtotal - Issuer Credit Obligations - Corporate Bonds (Unaffiliated)					2,000,000	2,000,000	1,432,488	1,843,093		91,997		91,997		1,935,090		64,910	64,910	110,542	XXX	XXX
0489999999. Total - Issuer Credit Obligations (Unaffiliated)					9,560,000	9,560,000	9,147,458	9,414,908		80,195		80,195		9,495,103		64,897	64,897	523,780	XXX	XXX
0499999999. Total - Issuer Credit Obligations (Affiliated)																			XXX	XXX
0509999997. Total - Issuer Credit Obligations - Part 4					9,560,000	9,560,000	9,147,458	9,414,908		80,195		80,195		9,495,103		64,897	64,897	523,780	XXX	XXX
0509999998. Total - Issuer Credit Obligations - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0509999999. Total - Issuer Credit Obligations					9,560,000	9,560,000	9,147,458	9,414,908		80,195		80,195		9,495,103		64,897	64,897	523,780	XXX	XXX
1889999999. Total - Asset-Backed Securities (Unaffiliated)																			XXX	XXX
1899999999. Total - Asset-Backed Securities (Affiliated)																			XXX	XXX
1909999997. Total - Asset-Backed Securities - Part 4																			XXX	XXX
1909999998. Total - Asset-Backed Securities - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1909999999. Total - Asset-Backed Securities																			XXX	XXX
2009999999. Total - Issuer Credit Obligations and Asset-Backed Securities					9,560,000	9,560,000	9,147,458	9,414,908		80,195		80,195		9,495,103		64,897	64,897	523,780	XXX	XXX
4509999997. Total - Preferred Stocks - Part 4						XXX													XXX	XXX
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks						XXX													XXX	XXX
5989999997. Total - Common Stocks - Part 4						XXX													XXX	XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks						XXX													XXX	XXX
5999999999. Total - Preferred and Common Stocks						XXX													XXX	XXX
6009999999 - Totals					9,560,000	XXX	9,147,458	9,414,908		80,195		80,195		9,495,103		64,897	64,897	523,780	XXX	XXX

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

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

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

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

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

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

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

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

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

SCHEDULE E - PART 1 - CASH

[illegible]

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

N O N E

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

SUPPLEMENT A TO SCHEDULE T

EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN

ALLOCATED BY STATES AND TERRITORIES

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama	AL							
2. Alaska	AK							
3. Arizona	AZ							
4. Arkansas	AR							
5. California	CA							
6. Colorado	CO							
7. Connecticut	CT							
8. Delaware	DE							
9. District of Columbia	DC							
10. Florida	FL							
11. Georgia	GA							
12. Hawaii	HI							
13. Idaho	ID				(36)			34
14. Illinois	IL	(1,909)	1,928					
15. Indiana	IN							
16. Iowa	IA				(10)			1
17. Kansas	KS							
18. Kentucky	KY							
19. Louisiana	LA							
20. Maine	ME							
21. Maryland	MD							
22. Massachusetts	MA							
23. Michigan	MI		2,106					
24. Minnesota	MN							
25. Mississippi	MS							
26. Missouri	MO							
27. Montana	MT				(1,284)			1,251
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				(859)			1,247
35. North Dakota	ND							
36. Ohio	OH				(687)			166
37. Oklahoma	OK							
38. Oregon	OR							
39. Pennsylvania	PA	2,578	1,930		347			4,063
40. Rhode Island	RI							
41. South Carolina	SC							
42. South Dakota	SD							
43. Tennessee	TN							
44. Texas	TX	1,164	3,295					
45. Utah	UT							
46. Vermont	VT							
47. Virginia	VA							
48. Washington	WA	20,884	9,316		4,370			14,104
49. West Virginia	WV							
50. Wisconsin	WI							
51. Wyoming	WY							
52. American Samoa	AS							
53. Guam	GU							
54. Puerto Rico	PR							
55. U.S. Virgin Islands	VI							
56. Nothern Mariana Islands	MP							
57. Canada	CAN							
58. Aggregate Other Aliens	OT							
59. Totals	22,717	18,574			1,841			20,866
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



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

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

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

	1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			3	4		6	7	
States, etc.	Direct Premiums Written	Direct Premiums Earned	Amount	No. of Claims	Direct Losses Incurred	Amount Reported	No. of Claims	Direct Losses Incurred But Not Reported
1. Alabama .....AL								
2. Alaska .....AK								
3. Arizona .....AZ								
4. Arkansas .....AR								
5. California .....CA								
6. Colorado .....CO								
7. Connecticut .....CT								
8. Delaware .....DE								
9. District of Columbia .....DC								
10. Florida .....FL								
11. Georgia .....GA								
12. Hawaii .....HI								
13. Idaho .....ID								
14. Illinois .....IL								
15. Indiana .....IN								
16. Iowa .....IA								
17. Kansas .....KS								
18. Kentucky .....KY								
19. Louisiana .....LA								
20. Maine .....ME								
21. Maryland .....MD								
22. Massachusetts .....MA								
23. Michigan .....MI								
24. Minnesota .....MN								
25. Mississippi .....MS								
26. Missouri .....MO								
27. Montana .....MT								
28. Nebraska .....NE								
29. Nevada .....NV								
30. New Hampshire .....NH								
31. New Jersey .....NJ								
32. New Mexico .....NM								
33. New York .....NY								
34. North Carolina .....NC								
35. North Dakota .....ND								
36. Ohio .....OH								
37. Oklahoma .....OK								
38. Oregon .....OR								
39. Pennsylvania .....PA								
40. Rhode Island .....RI								
41. South Carolina .....SC								
42. South Dakota .....SD								
43. Tennessee .....TN								
44. Texas .....TX								
45. Utah .....UT								
46. Vermont .....VT								
47. Virginia .....VA								
48. Washington .....WA								
49. West Virginia .....WV								
50. Wisconsin .....WI					(29)			
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					(29)			
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



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

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

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

	1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			3	4		6	7	
States, etc.	Direct Premiums Written	Direct Premiums Earned	Amount	No. of Claims	Direct Losses Incurred	Amount Reported	No. of Claims	Direct Losses Incurred But Not Reported
1. Alabama .....AL	53,978	40,674			668			68,571
2. Alaska .....AK								
3. Arizona .....AZ	518	7,468			(25,592)			18,844
4. Arkansas .....AR	2,002	4,111			(233)			8,826
5. California .....CA								
6. Colorado .....CO	3,841	72,869			167,273	134,639	28	98,150
7. Connecticut .....CT					(743)			440
8. Delaware .....DE	37,969	54,468			(13,476)	25,000	1	134,450
9. District of Columbia .....DC								
10. Florida .....FL	371,357	422,541	290,000	2	177,573	92,235	3	891,611
11. Georgia .....GA	86,521	69,897	30,000	1	13,321	104,605	2	132,450
12. Hawaii .....HI								
13. Idaho .....ID	8,607	10,697			957			18,407
14. Illinois .....IL	183,747	147,022			26,282	191,152	4	289,540
15. Indiana .....IN	4,825	4,411			(5,434)			14,052
16. Iowa .....IA	4,936	6,433			(8,043)			23,920
17. Kansas .....KS	16,312	13,864			6,308			20,104
18. Kentucky .....KY	9,258	8,307			(2,581)			20,538
19. Louisiana .....LA								
20. Maine .....ME	246	174			55			160
21. Maryland .....MD	9,383	7,275			(341)			16,895
22. Massachusetts .....MA	449	496			340			550
23. Michigan .....MI	80,418	84,615			(42,978)			179,273
24. Minnesota .....MN	66,360	58,193			(124)			126,636
25. Mississippi .....MS								
26. Missouri .....MO	7,405	4,851			(965)			9,384
27. Montana .....MT	33,916	23,865			(5,557)			55,302
28. Nebraska .....NE	130,950	100,779			(25,644)	60,610	1	2,343
29. Nevada .....NV								
30. New Hampshire .....NH	8,873	11,125			249			23,605
31. New Jersey .....NJ					(1,113)			1,331
32. New Mexico .....NM	38,864	27,266			165,243	160,000	1	55,247
33. New York .....NY	3,434	2,556			(2,341)			3,796
34. North Carolina .....NC	34,323	29,355			60,862	63,338	1	64,485
35. North Dakota .....ND								
36. Ohio .....OH	338,792	279,318			(4,840)			621,967
37. Oklahoma .....OK								
38. Oregon .....OR					(1,441)			1,339
39. Pennsylvania .....PA	52,698	57,202	75,000	2	24,182	671,028	11	150,781
40. Rhode Island .....RI								
41. South Carolina .....SC	16,452	27,516			7,505			51,165
42. South Dakota .....SD	1,331	996			(56)			2,326
43. Tennessee .....TN	32,442	38,025			27,034	32,738	1	87,444
44. Texas .....TX	21,589	22,739			21,644	28,566	1	34,475
45. Utah .....UT	5,203	4,070			28,742	59,221	1	7,932
46. Vermont .....VT	2,139	12,723			50,543	50,000	3	26,912
47. Virginia .....VA	121,658	132,281			(58,181)	23,100	2	294,978
48. Washington .....WA	26,221	16,069			2,798			32,505
49. West Virginia .....WV	22,398	16,282			725			34,589
50. Wisconsin .....WI	55,923	46,355			(24,166)			113,892
51. Wyoming .....WY	36,333	18,799			8,816			27,215
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	1,931,671	1,885,685	395,000	5	567,274	1,696,232	60	3,766,431
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



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

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama .....AL					(1,858)			1,731
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	34,416	24,055						
15. Indiana .....IN								
16. Iowa .....IA	1,476	4,692						
17. Kansas .....KS	5,260	1,064			(29)			
18. Kentucky .....KY	611,842	444,759			227,756	253,904	4	1,717
19. Louisiana .....LA								
20. Maine .....ME								
21. Maryland .....MD	2,100	1,332						
22. Massachusetts .....MA								
23. Michigan .....MI	31,008	22,268			(43)			
24. Minnesota .....MN	12,384	11,744			(15)			13
25. Mississippi .....MS								
26. Missouri .....MO								
27. Montana .....MT	29,280	8,383						
28. Nebraska .....NE								
29. Nevada .....NV								
30. New Hampshire .....NH								
31. New Jersey .....NJ								
32. New Mexico .....NM	138,840	96,259	975,000	1	1,266,884	1,052,339	2	1,296
33. New York .....NY					(147,087)	116,873	2	588
34. North Carolina .....NC								
35. North Dakota .....ND								
36. Ohio .....OH	252,101	172,107			193,066	328,847	3	6,130
37. Oklahoma .....OK								
38. Oregon .....OR	5,117	1,465			(3)			
39. Pennsylvania .....PA	361,786	697,976			14,754	156,264	3	17,080
40. Rhode Island .....RI								
41. South Carolina .....SC								
42. South Dakota .....SD	6,061	4,106						
43. Tennessee .....TN	145,086	168,282	155,000	1	17,061	73,892	1	
44. Texas .....TX								
45. Utah .....UT								
46. Vermont .....VT								
47. Virginia .....VA	128,453	205,989			(2,670)			858
48. Washington .....WA								
49. West Virginia .....WV					(1,627)			292
50. Wisconsin .....WI	67,058	67,686			(1,852)			998
51. Wyoming .....WY								
52. American Samoa .....AS								
53. Guam .....GU								
54. Puerto Rico .....PR								
55. U.S. Virgin Islands .....VI								
56. Northern Mariana Islands .....MP								
57. Canada .....CAN								
58. Aggregate Other Aliens .....OT								
59. Totals	1,832,268	1,932,166	1,130,000	2	1,564,335	1,982,119	15	30,703
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



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

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended SEPTEMBER 30, 2025

NAIC Group Code 0244 NAIC Company Code 23280

Company Name THE CINCINNATI INDEMNITY COMPANY

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

1. Monoline Policies

1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred
\$ 85,132	\$ 72,729	\$ (16,752)

2. Commercial Multiple Peril (CMP) Packaged Policies

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

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

Yes [X] No []
- 2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified:

\$ 69,041

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.

\$