



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF MARCH 31, 2024

OF THE CONDITION AND AFFAIRS OF THE

THE CINCINNATI INDEMNITY COMPANY

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

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

Country of Domicile United States of America

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

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

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

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

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

Internet Website Address WWW.CINFIN.COM

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

OFFICERS

CHAIRMAN, CHIEF EXECUTIVE OFFICER STEVEN JUSTUS JOHNSTON SENIOR VICE PRESIDENT, TREASURER THERESA ANN HOFFER CHIEF FINANCIAL OFFICER, EXECUTIVE VICE PRESIDENT MICHAEL JAMES SEWELL PRESIDENT STEPHEN MICHAEL SPRAY

OTHER

TERESA CURRIN CRACAS, CHIEF RISK OFFICER, EXECUTIVE VICE PRESIDENT ANGELA OSSELLO DELANEY, SENIOR VICE PRESIDENT DONALD JOSEPH DOYLE JR, SENIOR VICE PRESIDENT LISA ANNE LOVE, CHIEF LEGAL OFFICER, EXECUTIVE VICE PRESIDENT, CORPORATE SECRETARY SEAN MICHAEL GIVLER, SENIOR VICE PRESIDENT JOHN SCOTT KELLINGTON, CHIEF INFORMATION OFFICER, EXECUTIVE VICE PRESIDENT ANTHONY STEVEN SOLORIA, CHIEF INVESTMENT OFFICER, SENIOR VICE PRESIDENT WILLIAM HAROLD VAN DEN HEUVEL, SENIOR VICE PRESIDENT

DIRECTORS OR TRUSTEES

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

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.

Signatures of Stephen M. Spray, Michael J. Sewell, and Theresa A. Hoffer with their respective titles: Chief Executive Officer, President; Chief Financial Officer, Executive Vice President; Senior Vice President, Treasurer.

Subscribed and sworn to before me this 15th day of May 2024 by [Signatures]

- 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.....



Tiffany L. McAbee
Notary Public, State of Ohio
My Commission Expires May 15, 2028

STATEMENT AS OF MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	92,973,108		92,973,108	90,999,306
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....	42,144,133		42,144,133	39,979,321
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens.....				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances) .....				
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....				
4.3 Properties held for sale (less \$ encumbrances) .....				
5. Cash (\$ .....3,600,252 ), cash equivalents (\$ ..... ) and short-term investments (\$ ..... ) .....	3,600,252		3,600,252	4,006,778
6. Contract loans (including \$ ..... premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	138,717,493		138,717,493	134,985,405
13. Title plants less \$ ..... charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	1,086,745		1,086,745	1,170,633
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	30,729,139		30,729,139	24,715,846
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....	9,540,189		9,540,189	5,360,448
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon ....				
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 .....	10,073,529		10,073,529	16,992,402
24. Health care (\$ ..... ) and other amounts receivable .....				
25. Aggregate write-ins for other than invested assets .....				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	190,147,093		190,147,093	183,224,735
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Total (Lines 26 and 27)	190,147,093		190,147,093	183,224,735
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)				

STATEMENT AS OF MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ ..... ) .....		
2. Reinsurance payable on paid losses and loss adjustment expenses .....		
3. Loss adjustment expenses .....		
4. Commissions payable, contingent commissions and other similar charges .....		
5. Other expenses (excluding taxes, licenses and fees) .....	4,751	4,772
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....		
7.1 Current federal and foreign income taxes (including \$ ..... (25) on realized capital gains (losses)) .....	163,425	5,692
7.2 Net deferred tax liability .....	5,154,405	4,692,888
8. Borrowed money \$ ..... and interest thereon \$ .....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ .....297,622,804 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) .....	49,972,962	46,517,802
13. Funds held by company under reinsurance treaties .....		
14. Amounts withheld or retained by company for account of others .....	2,150,877	1,905,405
15. Remittances and items not allocated .....		
16. Provision for reinsurance (including \$ ..... certified) .....		
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		
18. Drafts outstanding .....		
19. Payable to parent, subsidiaries and affiliates .....		697
20. Derivatives .....		
21. Payable for securities .....		
22. Payable for securities lending .....		
23. Liability for amounts held under uninsured plans .....		
24. Capital notes \$ ..... and interest thereon \$ .....		
25. Aggregate write-ins for liabilities .....	150	122,280
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	57,446,569	53,249,536
27. Protected cell liabilities .....		
28. Total liabilities (Lines 26 and 27) .....	57,446,569	53,249,536
29. Aggregate write-ins for special surplus funds .....		
30. Common capital stock .....	3,600,000	3,600,000
31. Preferred capital stock .....		
32. Aggregate write-ins for other than special surplus funds .....		
33. Surplus notes .....		
34. Gross paid in and contributed surplus .....	21,600,000	21,600,000
35. Unassigned funds (surplus) .....	107,500,524	104,775,199
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 30 \$ ..... ) .....		
36.2 ..... shares preferred (value included in Line 31 \$ ..... ) .....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36) .....	132,700,524	129,975,199
38. Totals (Page 2, Line 28, Col. 3)	190,147,093	183,224,735
<b>DETAILS OF WRITE-INS</b>		
2501. Accounts Payable Other .....	150	122,280
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....		
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	150	122,280
2901. ....		
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page .....		
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)		
3201. ....		
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page .....		
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)		

**STATEMENT OF INCOME**

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$ 180,972,945 )	141,930,303	129,788,661	535,608,797
1.2 Assumed (written \$ 0 )		1	3
1.3 Ceded (written \$ 180,972,945 )	141,930,303	129,788,662	535,608,800
1.4 Net (written \$ )			
<b>DEDUCTIONS:</b>			
2. Losses incurred (current accident year \$ ):			
2.1 Direct	77,434,613	82,242,946	293,792,569
2.2 Assumed	4,163	(1,398)	(27,453)
2.3 Ceded	77,438,776	82,241,548	293,765,116
2.4 Net			
3. Loss adjustment expenses incurred			
4. Other underwriting expenses incurred			
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)			
7. Net income of protected cells			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)			
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	1,190,280	1,057,512	4,411,569
10. Net realized capital gains (losses) less capital gains tax of \$ (25)	(514)	(298)	(1,076,282)
11. Net investment gain (loss) (Lines 9 + 10)	1,189,766	1,057,213	3,335,287
<b>OTHER INCOME</b>			
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)	1,189,766	1,057,213	3,335,287
17. Dividends to policyholders			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	1,189,766	1,057,213	3,335,287
19. Federal and foreign income taxes incurred	167,735	146,367	611,571
20. Net income (Line 18 minus Line 19)(to Line 22)	1,022,031	910,846	2,723,716
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	129,975,199	126,379,809	126,379,809
22. Net income (from Line 20)	1,022,031	910,846	2,723,716
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$ 454,610	1,710,201	(1,301,378)	672,301
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	(6,907)	(6,307)	199,374
27. Change in nonadmitted assets			
28. Change in provision for reinsurance			
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in			
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			
37. Aggregate write-ins for gains and losses in surplus			
38. Change in surplus as regards policyholders (Lines 22 through 37)	2,725,325	(396,839)	3,595,390
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	132,700,524	125,982,970	129,975,199
<b>DETAILS OF WRITE-INS</b>			
0501. ....			
0502. ....			
0503. ....			
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)			
1401. Miscellaneous Income			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page			
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)			
3701. ....			
3702. ....			
3703. ....			
3798. Summary of remaining write-ins for Line 37 from overflow page			
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)			

STATEMENT AS OF MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	3,455,160	(1,881,903)	6,336,012
2. Net investment income .....	1,315,611	1,104,914	4,467,075
3. Miscellaneous income .....			
4. Total (Lines 1 to 3) .....	4,770,771	(776,989)	10,803,087
5. Benefit and loss related payments .....	10,193,033	3,968,882	4,003,771
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....			
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ ..... 95 tax on capital gains (losses) .....	9,978	15,809	617,309
10. Total (Lines 5 through 9) .....	10,203,011	3,984,691	4,621,081
11. Net cash from operations (Line 4 minus Line 10) .....	(5,432,240)	(4,761,680)	6,182,006
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	30,000	580,000	5,720,000
12.2 Stocks .....			
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) .....	30,000	580,000	5,720,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	2,045,804	3,456,329	12,229,237
13.2 Stocks .....			
13.3 Mortgage loans .....			
13.4 Real estate .....			
13.5 Other invested assets .....			
13.6 Miscellaneous applications .....			
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	2,045,804	3,456,329	12,229,237
14. Net increase (or decrease) in contract loans and premium notes .....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(2,015,804)	(2,876,329)	(6,509,237)
<b>Cash from Financing and Miscellaneous Sources</b>			
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) .....	7,041,518	6,210,187	(1,991,834)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	7,041,518	6,210,187	(1,991,834)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(406,525)	(1,427,821)	(2,319,064)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	4,006,778	6,325,842	6,325,842
19.2 End of period (Line 18 plus Line 19.1) .....	3,600,253	4,898,021	4,006,778

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

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## NOTES TO FINANCIAL STATEMENTS

## 1. Summary of Significant Accounting Policies and Going Concern

## A. Accounting Practices

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

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

The Company has no prescribed or permitted practices that would result in differences between the NAIC SAP and the state of Ohio basis, as shown below as of March 31, 2024 and December 31, 2023:

	SSAP #	F/S Page	F/S Line #	2024	2023
<b>NET INCOME</b>					
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 1,022,031	\$ 2,723,716
(2) State Prescribed Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(3) State Permitted Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 1,022,031	\$ 2,723,716
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 132,700,524	\$ 129,975,199
(6) State Prescribed Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(7) State Permitted Practices that increase/(decrease) NAIC SAP	N/A	N/A	N/A	0	0
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 132,700,524	\$ 129,975,199

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

## C. Accounting Policies – No significant change

## D. Going Concern

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

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

## 3. Business Combinations and Goodwill – Not applicable

## 4. Discontinued Operations – Not applicable

## 5. Investments – No significant change

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

## 7. Investment Income – No significant change

## 8. Derivative Instruments – Not applicable

## 9. Income Taxes

## A. Components of Deferred Tax Assets (DTAs) and Deferred Tax Liabilities (DTLs):

## 1.

	March 31, 2024		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 0	\$ 74,880	\$ 74,880
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	74,880	74,880
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	74,880	74,880
(f) Deferred Tax Liabilities	\$ 15,587	\$ 5,213,698	\$ 5,229,285
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (15,587)	\$ (5,138,818)	\$ (5,154,405)

	December 31, 2023		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 0	\$ 81,745	\$ 81,745
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	81,745	81,745
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	81,745	81,745
(f) Deferred Tax Liabilities	\$ 15,545	\$ 4,759,088	\$ 4,774,633
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (15,545)	\$ (4,677,343)	\$ (4,692,888)

	Change		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 0	\$ (6,865)	\$ (6,865)
(b) Statutory Valuation Allowance Adjustments	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	0	(6,865)	(6,865)
(d) Deferred Tax Assets Nonadmitted	0	0	0
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	0	(6,865)	(6,865)
(f) Deferred Tax Liabilities	\$ 42	\$ 454,610	\$ 454,652
(g) Net Admitted Deferred Tax Asset/(Liability) (1e - 1f)	\$ (42)	\$ (461,475)	\$ (461,517)

STATEMENT AS OF MARCH 31, 2024 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

2.

	March 31, 2024		
	Ordinary	Capital	Total
Admission Calculation Components SSAP No. 101			
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 0	\$ 0	\$ 0
(b)Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	0	0	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	0	0	0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	19,905,079
(c)Adjusted Gross Deferred Tax Assets (Excluding the amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	0	74,880	74,880
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	\$ 0	\$ 74,880	\$ 74,880

	December 31, 2023		
	Ordinary	Capital	Total
Admission Calculation Components SSAP No. 101			
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 0	\$ 0	\$ 0
(b)Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	0	0	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	0	0	0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	19,496,280
(c)Adjusted Gross Deferred Tax Assets (Excluding the amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	0	81,745	81,745
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	\$ 0	\$ 81,745	\$ 81,745

	Change		
	Ordinary	Capital	Total
Admission Calculation Components SSAP No. 101			
(a)Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	\$ 0	\$ 0	\$ 0
(b)Adjusted Gross Deferred Tax Assets Expected to be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The lesser of 2(b)1 and 2(b)2 Below)	0	0	0
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	0	0	0
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	408,799
(c)Adjusted Gross Deferred Tax Assets (Excluding the amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	0	(6,865)	(6,865)
(d)Deferred Tax Assets Admitted as the Result of Application of SSAP No.101 Total (2(a)+2(b)+2(c))	\$ 0	\$ (6,865)	\$ (6,865)

3.

	2024 Percentage	2023 Percentage
(a)Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	2182%	2182%
(b)Amount of Adjusted Capital and Surplus Used to Determine Recovery Period and Threshold Limitation in 2(b)2 above	\$ 129,975,199	\$ 129,975,199

4.

	March 31, 2024		
	Ordinary	Capital	Total
Impact of Tax Planning Strategies			
(a)Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.			
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 0	\$ 74,880	\$ 74,880
2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%	0.00%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 0	\$ 74,880	\$ 74,880
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%	0.00%
(b)The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.			

STATEMENT AS OF MARCH 31, 2024 OF THE CINCINNATI INDEMNITY COMPANY

NOTES TO FINANCIAL STATEMENTS

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

Impact of Tax Planning Strategies	Change		
	Ordinary	Capital	Total
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.			
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 0	\$ (6,865)	\$ (6,865)
2. Percentage of Adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%	0.00%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 0	\$ (6,865)	\$ (6,865)
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%	0.00%
(b) The Company's tax-planning strategies did not include the use of reinsurance-related tax planning strategies.			

B. Unrecognized DTLs – Not applicable

C. Current Tax and Change in Deferred Tax

1. Current income tax:

	March 31, 2024	December 31, 2023	Change
(a) Federal	\$ 162,756	\$ 592,239	\$ (429,483)
(b) Foreign	4,978	19,332	(14,354)
(c) Subtotal	167,734	611,571	(443,837)
(d) Federal income tax on capital gains/(losses)	(25)	453	(478)
(e) Utilization of capital loss carryforwards	0	0	0
(f) Other	0	0	0
(g) Federal income taxes incurred	\$ 167,709	\$ 612,024	\$ (444,315)

2. Deferred tax assets:

	March 31, 2024	December 31, 2023	Change
(a) Ordinary			
1. Unearned premium reserve	\$ 0	\$ 0	\$ 0
2. Unpaid loss reserve	0	0	0
3. Contingent commission	0	0	0
4. Nonadmitted assets	0	0	0
5. Other deferred tax assets	0	0	0
99. Subtotal	\$ 0	\$ 0	\$ 0
(b) Statutory valuation allowance adjustment	0	0	0
(c) Nonadmitted	0	0	0
(d) Admitted ordinary deferred tax assets (2(a)99-2(b)-2(c))	\$ 0	\$ 0	\$ 0
(e) Capital			
1. Investments	\$ 74,880	\$ 81,745	\$ (6,865)
1. Unrealized (gain)/loss on investments	0	0	0
99. Subtotal	\$ 74,880	\$ 81,745	\$ (6,865)
(f) Statutory valuation allowance adjustment	0	0	0
(g) Nonadmitted	0	0	0
(h) Admitted capital deferred tax assets ((2(e)99- 2(f)-2(g))	\$ 74,880	\$ 81,745	\$ (6,865)
(i) Admitted deferred tax assets (2(d)+2(h))	\$ 74,880	\$ 81,745	\$ (6,865)

3. Deferred tax liabilities:

	March 31, 2024	December 31, 2023	Change
(a) Ordinary			
1. Commission expense	\$ 0	\$ 0	\$ 0
2. Other, net	15,587	15,545	42
99. Subtotal	\$ 15,587	\$ 15,545	\$ 42
(b) Capital			
2. Investment	\$ 0	\$ 0	\$ 0
3. Unrealized (gain)/loss on investments	5,213,698	4,759,088	454,610
99. Subtotal	\$ 5,213,698	\$ 4,759,088	\$ 454,610
(c) Deferred tax liabilities (3(a)99+3(b)99)	\$ 5,229,285	\$ 4,774,633	\$ 454,652
4. Net deferred tax assets/(liabilities) (2(i)-3(c)):	\$ (5,154,405)	\$ (4,692,888)	\$ (461,517)



## NOTES TO FINANCIAL STATEMENTS

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

	March 31, 2024	December 31, 2023	Change
Total deferred tax assets	\$ 74,880	\$ 81,745	\$ (6,865)
Total deferred tax liabilities	5,229,285	4,774,633	454,652
Net deferred tax asset/(liability)	\$ (5,154,405)	\$ (4,692,888)	\$ (461,517)
Tax effect of unrealized (gains)/losses			454,610
Change in net deferred income tax (charge)/benefit			\$ (6,907)
	December 31, 2023	December 31, 2022	Change
Total deferred tax assets	\$ 81,745	\$ 0	\$ 81,745
Total deferred tax liabilities	4,774,633	4,713,549	61,084
Net deferred tax asset/(liability)	\$ (4,692,888)	\$ (4,713,549)	\$ 20,661
Tax effect of unrealized (gains)/losses			178,713
Change in net deferred income tax (charge)/benefit			\$ 199,374

The Inflation Reduction Act (Tax Act) was enacted on August 16, 2022. Along with other changes, the Tax Act created a new corporate alternative minimum tax (CAMT) for certain corporations based on 15% of adjusted financial statement income for the taxable year. The effective date of this enacted legislation was January 1, 2023. This reporting entity is a member of a tax-controlled group of corporations that is an applicable corporation for purposes of the CAMT. This reporting entity is included in a consolidated Federal income tax return with other members of the tax-controlled group and is a party to a tax sharing agreement that is in effect for 2024. Pursuant to the terms of the tax sharing agreement, this reporting entity is excluded from charges for any portion of the group's CAMT and is not allocated any portion of the group's utilization of CAMT credit carryover.

## D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

Description	As of March 31, 2024		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 1,189,743	\$ 249,846	21.00 %
Net tax exempt interest	(281,690)	(59,155)	(4.97)%
Net dividends received deduction (DRD)	(76,438)	(16,052)	(1.35)%
Other items permanent, net	4	1	0.00 %
DRD on accrued	(115)	(24)	0.00 %
Total	\$ 831,504	\$ 174,616	14.68 %
Federal income tax expense incurred/(benefit)	\$ 798,733	\$ 167,734	14.10 %
Tax on capital gains/(losses)	(119)	(25)	0.00 %
Change in nonadmitted excluding deferred tax asset	0	0	0.00 %
Change in net deferred income tax charge/(benefit)	32,890	6,907	0.58 %
Total statutory income taxes incurred/(benefit)	\$ 831,504	\$ 174,616	14.68 %

Description	As of December 31, 2023		
	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 3,335,738	\$ 700,505	21.00 %
Net tax exempt interest	(1,075,667)	(225,890)	(6.77)%
Net dividends received deduction (DRD)	(291,486)	(61,212)	(1.84)%
Other items permanent, net	2	0	0.00 %
DRD on accrued	(3,586)	(753)	(0.02)%
Total	\$ 1,965,001	\$ 412,650	12.37 %
Federal income tax expense incurred/(benefit)	\$ 2,912,243	\$ 611,571	18.33 %
Tax on capital gains/(losses)	2,158	453	0.01 %
Change in nonadmitted excluding deferred tax asset	0	0	0.00 %
Change in net deferred income tax charge/(benefit)	(949,400)	(199,374)	(5.97)%
Total statutory income taxes incurred/(benefit)	\$ 1,965,001	\$ 412,650	12.37 %

## E. Operating Loss and Tax Credit Carryforwards

At March 31, 2024 the Company had no net operating loss carryforwards or capital loss carryforwards.

The following is income tax expense for the current and prior years that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2024	\$ 162,756	\$ 0	\$ 162,756
2023	592,239	453	592,692
2022	0	20,685	20,685
Total	\$ 754,995	\$ 21,138	\$ 776,133

At March 31, 2024 the Company had no protective tax deposits under Section 6603 of the Internal Revenue Code.

## F. Consolidated Federal Income Tax Return

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

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

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

**NOTES TO FINANCIAL STATEMENTS**

whereby allocation is made primarily on a separate return basis, with the company receiving a current benefit for losses generated to the extent federal taxes are reduced for the consolidated tax group.

**G. Federal or Foreign Income Tax Loss Contingencies**

As of March 31, 2024 the Company did not have tax contingencies under the principles of SSAP No. 5R, *Liabilities, Contingencies and Impairments of Assets*.

The Company is primarily subject to examination by U.S. federal and various U.S. state and local tax authorities. The statute of limitations for federal tax purposes has closed for tax years 2019 and earlier. In 2022, the IRS began its examination of the tax years ended December 31, 2020 and December 31, 2021. At this time no adjustments have been proposed. The statute of limitations for state income tax purposes has closed for tax years ended December 31, 2020 and earlier.

H. The Company is not subject to Repatriation Transition Tax as outlined under the Tax Cuts and Jobs Act (TCJA).

I. There was \$0 of AMT Credit Carryforward as of the beginning of the year. In addition, there were no current year adjustments resulting in \$0 of AMT Credit Carryforward at the end of the year.

**10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

A. Nature of Relationships – No significant change

B. Detail of Transactions Greater than ½% of Admitted Assets – Not applicable

C. Transactions with Related Party Who Are Not Reported on Schedule Y – Not applicable

D. Amounts Due to or from Related Parties

At March 31, 2024, the Company reported \$10,073,529 due from the Parent Company, The Cincinnati Insurance Company. The terms of the settlement require that these amounts be settled within 30 days.

E. Management, Service Contracts, Cost Sharing Arrangements – No significant change

F. Guarantees or Contingencies for Related Parties – Not applicable

G. Nature of Relationships that Could Affect Operations – No significant change

H. Amount Deducted from Value of an Investment in Upstream Entity – Not applicable

I. Investment in an SCA that exceeds 10% of Admitted Assets – Not applicable

J. Impairment Writedowns related to Investments in SCA entities – Not applicable

K. Investment in Foreign Insurance Subsidiaries – Not applicable

L. Investment in Downstream Noninsurance Holding Company – Not applicable

M. All SCA Investments (Except 8bi Entities) – Not applicable

N. Investment in Insurance SCA Entities Utilizing Permitted or Prescribed Practices – Not applicable

O. SCA or SSAP No. 48 Entity Loss Tracking – Not applicable

**11. Debt – Not applicable****12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans – No significant change****13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

A. Shares authorized, issued and outstanding – No significant change

B. Preferred stock issues – Not applicable

C. Dividend restrictions – No significant change

D. Dividends paid – Not applicable

E. Portion of profits that may be paid as ordinary dividends – No significant change

F. Surplus restrictions – Not applicable

G. Mutual Surplus Advances – Not applicable

H. Company Stock Held for Special Purposes – Not applicable

**NOTES TO FINANCIAL STATEMENTS**

- I. Changes in Special Surplus Funds – Not applicable
- J. The portion of unassigned funds (surplus) represented or (reduced) by cumulative unrealized gains/(losses) are \$24,827,137 offset by deferred tax of \$5,213,699 for a net balance of \$19,613,438.
- K. Surplus Notes – Not applicable
- L. Restatement of Quasi-Reorganization – Not applicable
- M. Date of Quasi-Reorganization – Not applicable

**14. Liabilities, Contingencies and Assessments** – No significant change

**15. Leases** – Not applicable

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

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

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

**19. Direct Written Premium/Produced by Managing General Agents/Third Party Administrators** – Not applicable

**20. Fair Value Measurements**

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

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

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

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

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

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

Financial assets that fall within Level 1 and Level 2 are priced according to observable data from identical or similar securities that have traded in the marketplace. Also within Level 2 are securities that are valued by outside services or brokers where the Company has evaluated the pricing methodology and determined that the inputs are observable. Financial assets that fall within Level 3 of the hierarchy are valued based upon unobservable market inputs. Pricing for each Level 3 security is based upon inputs that are market driven, including third-party reviews provided to the 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

## NOTES TO FINANCIAL STATEMENTS

determines the fair value for each Level 3 security that it considers to be the best exit price valuation.

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

The following table presents the Company's assets measured and reported at fair value by level within the fair value hierarchy as of March 31, 2024:

Assets at Fair Value:

	Level 1	Level 2	Level 3	Net Asset Value (NAV) Included in Level 2	Total
Common Stock	\$ 42,144,133	\$ 0	\$ 0	\$ 0	\$ 42,144,133
Total	\$ 42,144,133	\$ 0	\$ 0	\$ 0	\$ 42,144,133

2. Fair Value Measurements in Level 3 of the Fair Value Hierarchy – Not applicable
3. Transfers between levels are assumed to occur at the beginning of the period.
4. Inputs and Techniques Used for Level 2 and Level 3 Fair Values – See narrative in Note 20A1.
5. Derivative Assets and Liabilities – Not applicable

B. Other Fair Value Disclosures – Not applicable

C. Fair Values for all Financial Instruments by Level

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV) Included in Level 2	Not Practicable (Carrying Value)
Bonds	\$ 89,481,035	\$ 92,973,108	\$ 2,735,190	\$ 86,745,845	\$ 0	\$ 0	\$ 0
Common Stock	42,144,133	42,144,133	42,144,133	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 May 15, 2024, the date of issuance of these statutory financial statements. There were no events occurring subsequent to March 31, 2024, which may have a material effect on the Company.

23. **Reinsurance** – No significant change

24. **Retrospectively Rated Contracts & Contracts Subject to Redetermination** – Not applicable

25. **Changes in Incurred Losses and Loss Adjustment Expense** – Not applicable

26. **Intercompany Pooling Arrangements** – Not applicable

27. **Structured Settlements** – Not applicable

28. **Health Care Receivables** – Not applicable

29. **Participating Policies** – Not applicable

30. **Premium Deficiency Reserves** – No significant change

31. **High Deductibles** – Not applicable

32. **Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses** – No significant change

33. **Asbestos and Environmental Reserves** – No significant change

34. **Subscriber Savings Accounts** – Not applicable

35. **Multiple Peril Crop Insurance** – Not applicable

36. **Financial Guaranty Insurance** – Not applicable

37. **Other** – No significant change

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [ X ]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [ X ]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
.....
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ X ] No [ ]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. .... 0000020286
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]
- 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	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? ..... Yes [ ] No [ X ] N/A [ ]  
If yes, attach an explanation.  
.....
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2019
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2019
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 05/28/2021
- 6.4 By what department or departments?  
Ohio .....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] N/A [ X ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ ] No [ ] N/A [ X ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 7.2 If yes, give full information:  
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

STATEMENT AS OF MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

**GENERAL INTERROGATORIES**

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [ X ] No [ ]
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain: .....
- 9.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [ 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: ..... \$ 10,073,529

**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<br>Book/Adjusted<br>Carrying Value | Current Quarter<br>Book/Adjusted<br>Carrying Value |
| 14.21 Bonds .....   | \$ .....  | \$ .....   |
| 14.22 Preferred Stock .....   | \$ .....  | \$ .....   |
| 14.23 Common Stock .....  | \$ .....  | \$ .....   |
| 14.24 Short-Term Investments .....  | \$ .....  | \$ .....   |
| 14.25 Mortgage Loans on Real Estate .....   | \$ .....  | \$ .....   |
| 14.26 All Other .....   | \$ .....  | \$ .....   |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) ..... | \$ .....  | \$ .....   |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....                       | \$ .....  | \$ .....   |
- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [ ] No [ X ]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] N/A [ ]  
If no, attach a description with this statement. ....
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. .... \$
- 16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$
- 16.3 Total payable for securities lending reported on the liability page. .... \$

STATEMENT AS OF MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY  
**GENERAL INTERROGATORIES**

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

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

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [  ] No [  ]

- 17.4 If yes, give full information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation

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

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

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

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

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [  ] No [  ]

- 18.2 If no, list exceptions:  
 .....

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

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

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

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

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

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

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

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

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

# GENERAL INTERROGATORIES

## PART 2 - PROPERTY & CASUALTY INTERROGATORIES

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

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

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

3.2 If yes, give full and complete information thereto.

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

4.2 If yes, complete the following schedule:

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

5. Operating Percentages:

5.1 A&H loss percent ..... %

5.2 A&H cost containment percent ..... %

5.3 A&H expense percent excluding cost containment expenses ..... %

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

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

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

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

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

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



**SCHEDULE F - CEDED REINSURANCE**

Showing All New Reinsurers - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Type of Reinsurer	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating
<b>NONE</b>						

STATEMENT AS OF MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid		
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date	
1. Alabama	AL	L	2,634,032	2,481,489	1,477,189	523,192	6,424,160	7,986,958
2. Alaska	AK	L						
3. Arizona	AZ	L	4,248,718	3,746,780	1,478,652	3,885,598	19,036,121	15,944,771
4. Arkansas	AR	L	2,626,723	1,750,998	169,588	215,023	7,233,808	6,421,609
5. California	CA	L	729,846	353,141	56,506	39,254	1,800,376	889,235
6. Colorado	CO	L	6,303,076	5,374,250	3,249,857	3,555,810	14,964,676	16,495,349
7. Connecticut	CT	L	491,654	565,399	218,515	9,121	2,232,130	1,330,486
8. Delaware	DE	L	924,215	533,566	33,799	1,962,596	3,122,498	2,982,912
9. District of Columbia	DC	L	243,916	260,722	210,114	89,610	1,622,241	1,147,726
10. Florida	FL	L	13,386,066	13,475,442	3,062,845	5,801,291	49,488,730	44,282,255
11. Georgia	GA	L	5,671,629	5,461,737	4,669,353	842,757	19,537,655	18,187,788
12. Hawaii	HI	L	77,986	8,210			39,478	4,867
13. Idaho	ID	L	2,426,997	2,481,632	500,793	887,332	7,969,720	5,152,594
14. Illinois	IL	L	11,836,181	10,079,980	4,020,941	3,410,455	59,312,341	58,849,616
15. Indiana	IN	L	6,313,409	5,924,995	3,503,221	2,016,442	22,678,828	26,333,617
16. Iowa	IA	L	2,992,436	2,665,305	3,169,167	1,390,057	20,207,964	21,783,626
17. Kansas	KS	L	1,800,015	1,543,437	472,724	457,987	8,576,852	8,839,326
18. Kentucky	KY	L	5,188,817	3,583,398	3,157,259	1,654,677	9,559,661	11,175,642
19. Louisiana	LA	L	309,027	72,229	1,758	23,761	270,225	581,132
20. Maine	ME	L	52,559	487,161	13,788	7,741	595,065	201,794
21. Maryland	MD	L	2,971,462	3,507,769	1,638,812	445,043	11,825,197	13,633,337
22. Massachusetts	MA	L	1,511,586	1,573,021	223,791	402,227	3,223,587	2,533,882
23. Michigan	MI	L	5,396,603	4,857,524	995,252	2,940,801	17,518,296	16,844,841
24. Minnesota	MN	L	3,478,900	3,008,339	591,865	1,509,581	11,913,881	9,646,315
25. Mississippi	MS	L	146,168	84,834	8,063	1,714	559,719	252,940
26. Missouri	MO	L	7,005,081	3,395,405	2,824,714	1,004,540	18,422,352	21,500,811
27. Montana	MT	L	2,039,828	1,476,402	243,691	39,372	4,958,822	3,790,066
28. Nebraska	NE	L	1,895,882	1,447,234	640,479	310,232	9,612,840	9,277,959
29. Nevada	NV	L	158,487	124,481	14,546	11,972	544,551	276,936
30. New Hampshire	NH	L	1,400,501	1,444,432	322,744	188,992	3,922,466	5,776,066
31. New Jersey	NJ	L	2,042,148	526,768	610,061	45,438	2,306,664	930,734
32. New Mexico	NM	L	3,510,138	2,633,988	8,260,873	1,223,167	12,993,954	15,599,840
33. New York	NY	L	3,528,361	2,233,696	594,318	647,173	15,084,858	13,153,521
34. North Carolina	NC	L	6,541,646	5,098,064	1,464,667	1,721,582	21,706,920	19,890,582
35. North Dakota	ND	L	712,563	465,921	62,956	36,497	838,152	313,723
36. Ohio	OH	L	13,257,782	11,300,330	3,223,612	6,676,460	32,260,908	26,066,603
37. Oklahoma	OK	L	245,218	237,185	6,672	863	407,744	168,500
38. Oregon	OR	L	3,933,085	2,473,393	349,702	535,708	4,912,756	3,758,396
39. Pennsylvania	PA	L	11,958,453	12,814,217	4,281,859	4,879,096	52,842,457	53,662,093
40. Rhode Island	RI	L	72,104	287,132	35,896	21,249	303,490	191,303
41. South Carolina	SC	L	1,699,020	1,566,813	463,366	956,104	8,075,206	10,865,700
42. South Dakota	SD	L	1,096,208	592,169	83,413	145,249	2,583,467	2,869,277
43. Tennessee	TN	L	7,894,364	6,913,446	3,121,752	1,901,603	19,564,088	16,863,776
44. Texas	TX	L	6,787,561	6,952,520	1,448,256	1,432,259	32,202,353	22,835,907
45. Utah	UT	L	3,409,091	2,701,502	759,670	234,203	7,223,467	5,497,181
46. Vermont	VT	L	1,162,400	1,173,893	259,089	406,601	7,101,180	6,234,207
47. Virginia	VA	L	9,223,913	7,953,593	1,886,091	1,709,147	26,589,814	21,920,482
48. Washington	WA	L	4,461,721	4,653,292	1,514,830	730,873	12,868,049	10,532,373
49. West Virginia	WV	L	905,641	750,891	722,858	108,831	3,791,702	2,507,003
50. Wisconsin	WI	L	3,370,822	3,041,988	1,015,656	782,919	13,128,953	13,285,411
51. Wyoming	WY	L	898,907	677,003	661	184,225	1,020,998	599,663
52. American Samoa	AS	N						
53. Guam	GU	N						
54. Puerto Rico	PR	N						
55. U.S. Virgin Islands	VI	N						
56. Northern Mariana Islands	MP	N						
57. Canada	CAN	N						
58. Aggregate Other Alien	OT	XXX						
59. Totals	XXX		180,972,945	156,817,115	67,136,284	58,006,425	614,881,415	579,870,730
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.....  | 51 | 4. Q - Qualified - Qualified or accredited reinsurer.....  | ..... |
| 2. R - Registered - Non-domiciled RRGs.....  |    | 5. D - Domestic Surplus Lines Insurer (DSL) - Reporting entities authorized to write surplus lines in the state of domicile..... | ..... |
| 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI)..... |    | 6. N - None of the above - Not allowed to write business in the state.....   | 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 Group (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 DS Investments I, LLC	OH	81-3640769	
CLIC CSP Investments I, LLC	OH	99-0881697	
The Cincinnati Specialty Underwriters Insurance Company (Insurer)	DE	65-1316588	13037
CIC Uptown Investments I, LLC	OH	83-1627569	
CIC Danamont Investments I, LLC	OH	61-1936938	
CIC BP Investments G, LLC	OH	35-2698966	
CIC Hickory Investments I, LLC	OH	35-2780794	
CIC Pimlico Investments I, LLC	OH	36-5051894	
CIC District Investments II, LLC	OH	36-5050938	
CSU Producer Resources, Inc	OH	11-3823180	
Cincinnati Global Underwriting LTD.	GBR	98-1489371	
Cincinnati Global Dedicated No 1 Limited (Insurer)	GBR		
Cincinnati Global Dedicated No 2 Limited (Insurer)*	GBR		
Cincinnati Global Dedicated No 3 Limited (Insurer)	GBR		
Cincinnati Global Dedicated No 4 Limited (Insurer)	GBR		
Cincinnati Global Dedicated No 5 Limited (Insurer)	GBR		
Cincinnati Global Dedicated No 6 Limited (Insurer)	GBR		
Cincinnati Global Underwriting Agency Limited	GBR		
Cincinnati Global Underwriting Services Limited	GBR		

\* Participant in Lloyd's Syndicate 0318

STATEMENT AS OF MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	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 Ownership Provide Percentage	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 THE CINCINNATI SPECIALTY UNDERWRITERS INSURANCE COMPANY	OH	RE	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	13037	65-1316588		0001426763		CFC INVESTMENT COMPANY	OH	NIA	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	00000	31-0790388				CSU PRODUCER RESOURCES, INC	OH	NIA	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	00000	11-3823180		0001534469		CLIC BP INVESTMENTS B, LLC	OH	NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	00000	81-1908205				CLIC BP INVESTMENTS H, LLC	OH	NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	00000	81-4633687				CLIC DS INVESTMENTS I, LLC	OH	NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	00000	81-3640769				CLIC WSD INVESTMENTS I, LLC	OH	NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	00000	82-1587731				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	82-5173506				C1C UPTOWN INVESTMENTS I, LLC	OH	NIA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	00000	83-1627569				C1C DANAMONT INVESTMENTS I, LLC	OH	NIA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	00000	61-1936938				C1C BP INVESTMENTS G, LLC	OH	NIA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	00000	35-2698966				C1C HICKORY INVESTMENTS I, LLC	OH	NIA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	00000	35-2780794				C1C PIMLICO INVESTMENTS I, LLC	OH	NIA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	00000	36-5051894				C1C DISTRICT INVESTMENTS II, LLC	OH	NIA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	00000	36-5050938				CINCINNATI GLOBAL UNDERWRITING LTD.		NIA	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	00000	98-1489371				CINCINNATI GLOBAL DEDICATED NO. 1 LIMITED		IA	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	00000					CINCINNATI GLOBAL DEDICATED NO. 2 LIMITED		IA	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	00000					CINCINNATI GLOBAL DEDICATED NO. 3 LIMITED		IA	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	00000					CINCINNATI GLOBAL DEDICATED NO. 4 LIMITED		IA	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	00000					CINCINNATI GLOBAL DEDICATED NO. 5 LIMITED		IA	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	00000					CINCINNATI GLOBAL DEDICATED NO. 6 LIMITED		IA	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	00000					CINCINNATI GLOBAL UNDERWRITING AGENCY LIMITED		NIA	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	
.0244	CINCINNATI INS GRP	00000					CINCINNATI GLOBAL UNDERWRITING SERVICES LIMITED		NIA	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	NO	

Asterisk	Explanation
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STATEMENT AS OF MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

**PART 1 - LOSS EXPERIENCE**

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire .....	5,161,960	2,046,078	39.6	30.9
2.1 Allied Lines .....	8,281,680	4,082,599	49.3	62.0
2.2 Multiple peril crop .....				
2.3 Federal flood .....				
2.4 Private crop .....				
2.5 Private flood .....	34,317			
3. Farmowners multiple peril .....				
4. Homeowners multiple peril .....				
5.1 Commercial multiple peril (non-liability portion) .....	21,487,460	5,496,417	25.6	75.5
5.2 Commercial multiple peril (liability portion) .....	11,535,456	5,694,446	49.4	42.5
6. Mortgage guaranty .....				
8. Ocean marine .....				
9.1 Inland marine .....	2,777,055	1,399,463	50.4	48.2
9.2 Pet insurance .....				
10. Financial guaranty .....				
11.1 Medical professional liability - occurrence .....	521,263	(233,682)	(44.8)	247.6
11.2 Medical professional liability - claims-made .....	626,813	(121,763)	(19.4)	13.0
12. Earthquake .....	63,563			(10.1)
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 .....	30,065,212	16,893,113	56.2	48.7
17.1 Other liability - occurrence .....	21,384,531	19,769,705	92.4	82.8
17.2 Other liability - claims-made .....	465,603	41,698	9.0	22.7
17.3 Excess workers' compensation .....				
18.1 Products liability - occurrence .....	2,311,191	1,803,664	78.0	10.0
18.2 Products liability - claims-made .....				
19.1 Private passenger auto no-fault (personal injury protection) .....				
19.2 Other private passenger auto liability .....	6,769	(400)	(5.9)	(5.1)
19.3 Commercial auto no-fault (personal injury protection) .....	285,716	43,552	15.2	40.6
19.4 Other commercial auto liability .....	25,177,752	14,878,533	59.1	82.0
21.1 Private passenger auto physical damage .....	7,334			110.3
21.2 Commercial auto physical damage .....	10,615,164	5,617,729	52.9	64.6
22. Aircraft (all perils) .....				
23. Fidelity .....				
24. Surety .....				
26. Burglary and theft .....	360,109	96,667	26.8	20.2
27. Boiler and machinery .....	761,356	(73,206)	(9.6)	33.4
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	141,930,303	77,434,613	54.6	63.4
<b>DETAILS OF WRITE-INS</b>				
3401. ....				
3402. ....				
3403. ....				
3498. Summary of remaining write-ins for Line 34 from overflow page .....				
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)				

STATEMENT AS OF MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

**PART 2 - DIRECT PREMIUMS WRITTEN**

Line of Business		1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1.	Fire .....	6,265,196	6,265,196	4,735,523
2.1	Allied Lines .....	9,574,636	9,574,636	7,215,221
2.2	Multiple peril crop .....			
2.3	Federal flood .....			
2.4	Private crop .....			
2.5	Private flood .....	61,397	61,397	20,325
3.	Farmowners multiple peril .....			
4.	Homeowners multiple peril .....			
5.1	Commercial multiple peril (non-liability portion) .....	25,986,998	25,986,998	21,139,365
5.2	Commercial multiple peril (liability portion) .....	16,400,515	16,400,515	13,781,782
6.	Mortgage guaranty .....			
8.	Ocean marine .....			
9.1	Inland marine .....	3,147,068	3,147,068	2,826,848
9.2	Pet insurance .....			
10.	Financial guaranty .....			
11.1	Medical professional liability - occurrence .....	663,921	663,921	467,373
11.2	Medical professional liability - claims-made .....	640,567	640,567	513,112
12.	Earthquake .....	53,216	53,216	39,877
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 .....	40,909,789	40,909,789	42,260,157
17.1	Other liability - occurrence .....	27,550,653	27,550,653	23,303,498
17.2	Other liability - claims-made .....	529,052	529,052	476,785
17.3	Excess workers' compensation .....			
18.1	Products liability - occurrence .....	2,168,695	2,168,695	2,245,282
18.2	Products liability - claims-made .....			
19.1	Private passenger auto no-fault (personal injury protection) .....			
19.2	Other private passenger auto liability .....	11,691	11,691	7,827
19.3	Commercial auto no-fault (personal injury protection) .....	367,751	367,751	268,502
19.4	Other commercial auto liability .....	32,068,663	32,068,663	26,090,281
21.1	Private passenger auto physical damage .....	18,444	18,444	9,073
21.2	Commercial auto physical damage .....	13,214,109	13,214,109	10,395,549
22.	Aircraft (all perils) .....			
23.	Fidelity .....			
24.	Surety .....			
26.	Burglary and theft .....	427,755	427,755	348,847
27.	Boiler and machinery .....	912,830	912,830	671,887
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	180,972,945	180,972,945	156,817,115
<b>DETAILS OF WRITE-INS</b>				
3401.	.....			
3402.	.....			
3403.	.....			
3498.	Summary of remaining write-ins for Line 34 from overflow page .....			
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)			

STATEMENT AS OF MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

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

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	2024 Loss and LAE Payments on Claims Reported as of Prior Year-End	2024 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2024 Loss and LAE Payments (Cols. 4+5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7+8+9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols.4+7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2021 + Prior .....													
2. 2022 .....													
3. Subtotals 2022 + Prior .....													
4. 2023 .....													
5. Subtotals 2023 + Prior .....													
6. 2024 .....	XXX	XXX	XXX	XXX			XXX				XXX	XXX	XXX
7. Totals .....													
8. Prior Year-End Surplus As Regards Policyholders											Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1.	2.	3.
													Col. 13, Line 7 As a % of Col. 1 Line 8
													4.

**NONE**

# 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.

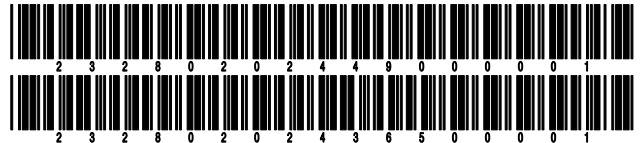
	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? .....	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement? .....	YES
3. Will the Medicare Part D Coverage Supplement be filed 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
<b>AUGUST FILING</b>	
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**

STATEMENT AS OF MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE A - VERIFICATION**

Real Estate

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

**NONE**

**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

**NONE**

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

**NONE**

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	130,978,627	124,886,514
2. Cost of bonds and stocks acquired .....	2,045,804	12,229,237
3. Accrual of discount .....	34,960	129,233
4. Unrealized valuation increase/(decrease) .....	2,164,811	851,014
5. Total gain (loss) on disposals .....	(539)	2,154
6. Deduct consideration for bonds and stocks disposed of .....	30,000	5,720,000
7. Deduct amortization of premium .....	76,423	321,541
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		1,077,983
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	135,117,240	130,978,627
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12)	135,117,240	130,978,627

STATEMENT AS OF MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE D - PART 1B**

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	64,477,591	2,045,804	30,539	(60,262)	66,432,594			64,477,591
2. NAIC 2 (a) .....	24,801,251			(10,281)	24,790,970			24,801,251
3. NAIC 3 (a) .....								
4. NAIC 4 (a) .....	1,720,465			29,080	1,749,544			1,720,465
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds	90,999,306	2,045,804	30,539	(41,463)	92,973,108			90,999,306
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....								
9. NAIC 2 .....								
10. NAIC 3 .....								
11. NAIC 4 .....								
12. NAIC 5 .....								
13. NAIC 6 .....								
14. Total Preferred Stock .....								
15. Total Bonds and Preferred Stock	90,999,306	2,045,804	30,539	(41,463)	92,973,108			90,999,306

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

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

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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 MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE D - PART 3**

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

1	2	3	4	5	6	7	8	9	10	
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol	
91282C-HV-6	UNITED STATES TREASURY		02/22/2024	Bank of America		556,409	555,000	13,418	1.A	
91282C-JS-1	UNITED STATES TREASURY		03/04/2024	Bank of America		1,489,395	1,500,000	11,384	1.A	
0109999999	Subtotal - Bonds - U.S. Governments						2,045,804	2,055,000	24,802	XXX
2509999997	Total - Bonds - Part 3						2,045,804	2,055,000	24,802	XXX
2509999998	Total - Bonds - Part 5						XXX	XXX	XXX	XXX
2509999999	Total - Bonds						2,045,804	2,055,000	24,802	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						2,045,804	XXX	24,802	XXX

STATEMENT AS OF MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE D - PART 4**

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	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	Other Than Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
..91282C-JS-1	UNITED STATES TREASURY		03/13/2024	Unknown											421		(421)	(421)		12/31/2025	1.A FE
0109999999	Subtotal - Bonds - U.S. Governments														421		(421)	(421)		XXX	XXX
..646080-TH-4	NJSHGR 18 181A17		01/25/2024	Call @ 100.00		30,000	30,000	30,246	30,119		(2)		(2)		30,117		(117)	(117)	30	12/01/2034	1.C FE
0909999999	Subtotal - Bonds - U.S. Special Revenues					30,000	30,000	30,246	30,119		(2)		(2)		30,117		(117)	(117)	30	XXX	XXX
2509999997	Total - Bonds - Part 4					30,000	30,000	30,246	30,119		(2)		(2)		30,539		(539)	(539)	30	XXX	XXX
2509999998	Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2509999999	Total - Bonds					30,000	30,000	30,246	30,119		(2)		(2)		30,539		(539)	(539)	30	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					30,000	XXX	30,246	30,119		(2)		(2)		30,539		(539)	(539)	30	XXX	XXX

E05

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

**N O N E**

Schedule DB - Part B - Section 1 - Futures Contracts Open

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**N O N E**

## STATEMENT AS OF MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

**SCHEDULE E - PART 1 - CASH**

## Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Fifth Third Bank		.0.000			3,905,956	4,188,779	3,600,252	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX			3,905,956	4,188,779	3,600,252	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX						XXX
0399999. Total Cash on Deposit	XXX	XXX			3,905,956	4,188,779	3,600,252	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX			3,905,956	4,188,779	3,600,252	XXX



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

**N O N E**

Medicare Part D Coverage Supplement

**N O N E**



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama .....AL								
2. Alaska .....AK								
3. Arizona .....AZ								
4. Arkansas .....AR								
5. California .....CA								
6. Colorado .....CO								
7. Connecticut .....CT								
8. Delaware .....DE								
9. District of Columbia .....DC								
10. Florida .....FL								
11. Georgia .....GA								
12. Hawaii .....HI								
13. Idaho .....ID					(44)			134
14. Illinois .....IL		1,298						
15. Indiana .....IN								
16. Iowa .....IA					(4)			2
17. Kansas .....KS								
18. Kentucky .....KY								
19. Louisiana .....LA								
20. Maine .....ME								
21. Maryland .....MD								
22. Massachusetts .....MA								
23. Michigan .....MI		630						
24. Minnesota .....MN								
25. Mississippi .....MS								
26. Missouri .....MO								
27. Montana .....MT					(1,300)			3,819
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		283			(362)			2,006
35. North Dakota .....ND								
36. Ohio .....OH					(543)			273
37. Oklahoma .....OK								
38. Oregon .....OR								
39. Pennsylvania .....PA		652			(205)			3,005
40. Rhode Island .....RI								
41. South Carolina .....SC								
42. South Dakota .....SD								
43. Tennessee .....TN								
44. Texas .....TX		491						
45. Utah .....UT								
46. Vermont .....VT								
47. Virginia .....VA								
48. Washington .....WA		1,725			(437)			7,703
49. West Virginia .....WV								
50. Wisconsin .....WI								
51. Wyoming .....WY								
52. American Samoa .....AS								
53. Guam .....GU								
54. Puerto Rico .....PR								
55. U.S. Virgin Islands .....VI								
56. Northern Mariana Islands .....MP								
57. Canada .....CAN								
58. Aggregate Other Aliens .....OT								
59. Totals		5,080			(2,895)			16,942
DETAILS OF WRITE-INS								
58001. ....								
58002. ....								
58003. ....								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2024 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**

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama .....AL								
2. Alaska .....AK								
3. Arizona .....AZ								
4. Arkansas .....AR								
5. California .....CA								
6. Colorado .....CO								
7. Connecticut .....CT								
8. Delaware .....DE								
9. District of Columbia .....DC								
10. Florida .....FL								
11. Georgia .....GA								
12. Hawaii .....HI								
13. Idaho .....ID								
14. Illinois .....IL								
15. Indiana .....IN								
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					48			15
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					48			15
DETAILS OF WRITE-INS								
58001. ....								
58002. ....								
58003. ....								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

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	1,923	5,381			(14,130)			43,295
2. Alaska .....AK								
3. Arizona .....AZ		2,114			(9,524)	22,474	1	22,048
4. Arkansas .....AR	1,170	1,160			(1,365)			7,577
5. California .....CA								
6. Colorado .....CO		60			(1,144)			2,317
7. Connecticut .....CT					(433)			965
8. Delaware .....DE		21,508			(13,119)			121,135
9. District of Columbia .....DC								
10. Florida .....FL	107,349	138,446			(87,370)	203,702	3	706,865
11. Georgia .....GA	20,938	16,698			3,142	164,957	4	96,743
12. Hawaii .....HI								
13. Idaho .....ID	3,908	953			(4,360)			16,793
14. Illinois .....IL	23,274	39,382			(58,485)	41,672	1	257,137
15. Indiana .....IN		1,574			(5,069)			19,682
16. Iowa .....IA	3,524	3,377			(7,094)			32,608
17. Kansas .....KS		1,021			(837)			4,895
18. Kentucky .....KY	1,426	2,862			(4,372)			21,941
19. Louisiana .....LA								
20. Maine .....ME								
21. Maryland .....MD	5,004	2,935			(1,396)			14,731
22. Massachusetts .....MA								
23. Michigan .....MI	24,526	24,849	175,000	1	84,645	29,662	2	183,024
24. Minnesota .....MN	19,744	16,361	47,500	1	(21,456)	16,779	1	108,136
25. Mississippi .....MS								
26. Missouri .....MO	1,537	711			(2,611)			8,540
27. Montana .....MT	4,675	6,513			(11,600)			57,813
28. Nebraska .....NE	139,982	33,617			7,704	131,170	3	1,834
29. Nevada .....NV								
30. New Hampshire .....NH		4,312			(1,165)			17,913
31. New Jersey .....NJ					(1,447)			4,046
32. New Mexico .....NM	5,195	8,005			(1,497)			37,228
33. New York .....NY					(2,448)			2,100
34. North Carolina .....NC	12,918	6,658			(13,175)	22,733	1	64,315
35. North Dakota .....ND								
36. Ohio .....OH	234,592	96,925			46,490	70,816	2	447,980
37. Oklahoma .....OK								
38. Oregon .....OR					(1,070)			3,638
39. Pennsylvania .....PA	17,422	16,679			(52,677)	657,807	10	203,377
40. Rhode Island .....RI								
41. South Carolina .....SC	3,569	7,752			(532)			30,361
42. South Dakota .....SD	1,331	324			(208)			2,199
43. Tennessee .....TN	5,336	12,268			(14,227)			85,170
44. Texas .....TX		3,320			(11,935)			48,552
45. Utah .....UT		1,032			(1,369)			6,123
46. Vermont .....VT	119	4,077			(2,130)			21,582
47. Virginia .....VA	112,637	49,652			(14,528)	133,181	6	253,475
48. Washington .....WA		4,679			(3,285)			26,752
49. West Virginia .....WV	7,765	4,824			(3,424)			28,514
50. Wisconsin .....WI	32,227	16,674			(1,227)	15,000	1	107,852
51. Wyoming .....WY	13,434	3,029			(314)			13,225
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	805,525	559,733	222,500	2	(229,046)	1,509,953	35	3,132,482
DETAILS OF WRITE-INS								
58001. ....								
58002. ....								
58003. ....								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

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

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

States, etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 No. of Claims	
1. Alabama .....AL					250			4,453
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	1,271	1,371						
17. Kansas .....KS					(4)			
18. Kentucky .....KY	51,992	129,405	(50,000)	1	(50,718)			3,032
19. Louisiana .....LA								
20. Maine .....ME								
21. Maryland .....MD		404						
22. Massachusetts .....MA								
23. Michigan .....MI	19,143	6,099			(9)			35
24. Minnesota .....MN	(2)	4,729			5			38
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		25,216			(3,774)	758,838	1	3,023
33. New York .....NY					22,507	532,275	3	217
34. North Carolina .....NC								
35. North Dakota .....ND								
36. Ohio .....OH	29,688	54,482			(11,180)			12,025
37. Oklahoma .....OK								
38. Oregon .....OR								
39. Pennsylvania .....PA	340,945	236,352	100,000	1	(91,895)	522,102	5	31,765
40. Rhode Island .....RI								
41. South Carolina .....SC								
42. South Dakota .....SD		1,205						
43. Tennessee .....TN		51,405			15,387	65,695	1	
44. Texas .....TX								
45. Utah .....UT								
46. Vermont .....VT								
47. Virginia .....VA	37,928	45,664			(1,328)	29,964	1	1,756
48. Washington .....WA								
49. West Virginia .....WV					(1,896)			(1,032)
50. Wisconsin .....WI	17,998	26,930			(899)			2,249
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	498,963	583,263	50,000	2	(123,553)	1,908,874	11	57,562
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)								

Trusted Surplus - Cover

**NONE**

Trusted Surplus Statement - Assets

**NONE**

Trusted Surplus Statement - Liabilities and Trusted Surplus

**NONE**

**OVERFLOW PAGE FOR WRITE-INS**

**NONE**



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2024 OF THE THE CINCINNATI INDEMNITY COMPANY

# DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended MARCH 31, 2024

NAIC Group Code 0244

NAIC Company Code 23280

Company Name THE CINCINNATI INDEMNITY COMPANY .....

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

1. Monoline Policies

1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred
\$ ..... 26,597	\$ ..... 18,842	\$ .....

2. Commercial Multiple Peril (CMP) Packaged Policies

- 2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? ..... Yes [ X ] No [ ]
- 2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? ..... Yes [ X ] No [ ]
- 2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies
  - 2.31 Amount quantified:.....\$ ..... 16,189
  - 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. ....\$ ..... (64)