



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia

NAIC Group Code 0838

DURING THE YEAR 2013

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		7,586,024				7,586,024
2. Annuity considerations		480,258				480,258
3. Deposit-type contract funds			XXX		XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		8,066,282	0	0	0	8,066,282
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		1,718,157				1,718,157
10. Matured endowments						0
11. Annuity benefits		111,220				111,220
12. Surrender values and withdrawals for life contracts		1,292				1,292
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals		1,830,669	0	0	0	1,830,669
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year	9	71,222	0	0	0	0	0	0	9	71,222
17. Incurred during current year	299	1,718,158							299	1,718,158
Settled during current year:										
18.1 By payment in full	288	1,726,071							288	1,726,071
18.2 By payment on compromised claims	17	33,246							17	33,246
18.3 Totals paid	305	1,759,317	0	0	0	0	0	0	305	1,759,317
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	305	1,759,317	0	0	0	0	0	0	305	1,759,317
19. Unpaid Dec. 31, current year (16+17-18.6)	3	30,063	0	0	0	0	0	0	3	30,063
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year	1,824	10,708,361	0	(a)	0	0	0	0	1,824	10,708,361
21. Issued during year	1,513	9,209,507							1,513	9,209,507
22. Other changes to in force (Net)	(354)	(2,193,223)							(354)	(2,193,223)
23. In force December 31 of current year	2,983	17,724,645	0	(a)	0	0	0	0	2,983	17,724,645

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

NONE



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Indiana

NAIC Group Code 0838

DURING THE YEAR 2013

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		8,481,942				8,481,942
2. Annuity considerations		12,627				12,627
3. Deposit-type contract funds			XXX		XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		8,494,569	0	0	0	8,494,569
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums		92				92
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)		92	0	0	0	92
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		92	0	0	0	92
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		3,171,032				3,171,032
10. Matured endowments						0
11. Annuity benefits		505				505
12. Surrender values and withdrawals for life contracts		92				92
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals		3,171,629	0	0	0	3,171,629
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year	9	58,731	0	0	0	0	0	0	9	58,731
17. Incurred during current year	527	3,171,032							527	3,171,032
Settled during current year:										
18.1 By payment in full	498	3,071,166							498	3,071,166
18.2 By payment on compromised claims	20	43,657							20	43,657
18.3 Totals paid	518	3,114,823	0	0	0	0	0	0	518	3,114,823
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	518	3,114,823	0	0	0	0	0	0	518	3,114,823
19. Unpaid Dec. 31, current year (16+17-18.6)	18	114,940	0	0	0	0	0	0	18	114,940
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year	3,932	24,969,599	0	(a)	0	0	0	0	3,932	24,969,599
21. Issued during year	1,572	10,090,477							1,572	10,090,477
22. Other changes to in force (Net)	(605)	(3,747,720)							(605)	(3,747,720)
23. In force December 31 of current year	4,899	31,312,356	0	(a)	0	0	0	0	4,899	31,312,356

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

NONE



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky

NAIC Group Code 0838

DURING THE YEAR 2013

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		4,821,548				4,821,548
2. Annuity considerations		12,756				12,756
3. Deposit-type contract funds			XXX		XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		4,834,304	0	0	0	4,834,304
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		2,036,737				2,036,737
10. Matured endowments						0
11. Annuity benefits		107				107
12. Surrender values and withdrawals for life contracts		1,619				1,619
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals		2,038,463	0	0	0	2,038,463
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year	5	27,770	0	0	0	0	0	0	5	27,770
17. Incurred during current year	346	2,036,737							346	2,036,737
Settled during current year:										
18.1 By payment in full	328	1,967,016							328	1,967,016
18.2 By payment on compromised claims	14	45,712							14	45,712
18.3 Totals paid	342	2,012,728	0	0	0	0	0	0	342	2,012,728
18.4 Reduction by compromise										0
18.5 Amount rejected										0
18.6 Total settlements	342	2,012,728	0	0	0	0	0	0	342	2,012,728
19. Unpaid Dec. 31, current year (16+17-18.6)	9	51,779	0	0	0	0	0	0	9	51,779
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year	3,200	18,103,626	0	(a)	0	0	0	0	3,200	18,103,626
21. Issued during year	924	5,682,524							924	5,682,524
22. Other changes to in force (Net)	(410)	(2,495,479)							(410)	(2,495,479)
23. In force December 31 of current year	3,714	21,290,671	0	(a)	0	0	0	0	3,714	21,290,671

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

NONE



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

NAIC Group Code 0838

DURING THE YEAR 2013

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	6,141,562					6,141,562
2. Annuity considerations	50					50
3. Deposit-type contract funds		XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	6,141,612	0		0	0	6,141,612
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	2,947					2,947
6.2 Applied to pay renewal premiums	1,041					1,041
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	3,988	0		0	0	3,988
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	3,988	0		0	0	3,988
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	2,644,471					2,644,471
10. Matured endowments						0
11. Annuity benefits						0
12. Surrender values and withdrawals for life contracts	13,455					13,455
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0	0	0
14. All other benefits, except accident and health	385					385
15. Totals	2,658,311	0		0	0	2,658,311
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	12	73,407	0	0	0	0	0	0	12	73,407
17. Incurred during current year	503	2,644,472							503	2,644,472
Settled during current year:										
18.1 By payment in full	492	2,642,852							492	2,642,852
18.2 By payment on compromised claims	14	15,796							14	15,796
18.3 Totals paid	506	2,658,648	0	0	0	0	0	0	506	2,658,648
18.4 Reduction by compromise										0
18.5 Amount rejected										0
18.6 Total settlements	506	2,658,648	0	0	0	0	0	0	506	2,658,648
19. Unpaid Dec. 31, current year (16+17-18.6)	9	59,231	0	0	0	0	0	0	9	59,231
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3,746	19,285,630	0 (a)	0	0	0	0	0	3,746	19,285,630
21. Issued during year	1,457	7,180,721							1,457	7,180,721
22. Other changes to in force (Net)	(616)	(3,406,764)							(616)	(3,406,764)
23. In force December 31 of current year	4,587	23,059,587	0 (a)	0	0	0	0	0	4,587	23,059,587

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	82,250	85,911		63,176	61,906
25.6 Totals (sum of Lines 25.1 to 25.5)	82,250	85,911	0	63,176	61,906
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	82,250	85,911	0	63,176	61,906

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

NAIC Group Code 0838

DURING THE YEAR 2013

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		83,134				83,134
2. Annuity considerations						0
3. Deposit-type contract funds			XXX		XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		83,134	0	0	0	83,134
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						0
10. Matured endowments						0
11. Annuity benefits						0
12. Surrender values and withdrawals for life contracts						0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals		0	0	0	0	0
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)						0	0
21. Issued during year	28	208,956							28	208,956
22. Other changes to in force (Net)	(2)	(15,273)							(2)	(15,273)
23. In force December 31 of current year	26	193,683	0	(a)	0	0	0	0	26	193,683

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

NONE



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Grand Total

NAIC Group Code 0838

DURING THE YEAR 2013

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		27,114,210	0	0	0	27,114,210
2. Annuity considerations		505,691	0	0	0	505,691
3. Deposit-type contract funds		0	XXX	0	XXX	0
4. Other considerations		0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)		27,619,901	0	0	0	27,619,901
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		2,947	0	0	0	2,947
6.2 Applied to pay renewal premiums		1,133	0	0	0	1,133
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		4,080	0	0	0	4,080
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		4,080	0	0	0	4,080
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		9,570,397	0	0	0	9,570,397
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		111,832	0	0	0	111,832
12. Surrender values and withdrawals for life contracts		16,458	0	0	0	16,458
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		385	0	0	0	385
15. Totals		9,699,072	0	0	0	9,699,072
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	.35	231,130	0	0	0	0	0	0	.35	.231,130
17. Incurred during current year	1,675	9,570,399	0	0	0	0	0	0	1,675	9,570,399
Settled during current year:										
18.1 By payment in full	1,606	9,407,105	0	0	0	0	0	0	1,606	9,407,105
18.2 By payment on compromised claims .....	.65	138,411	0	0	0	0	0	0	.65	138,411
18.3 Totals paid	1,671	9,545,516	0	0	0	0	0	0	1,671	9,545,516
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	1,671	9,545,516	0	0	0	0	0	0	1,671	9,545,516
19. Unpaid Dec. 31, current year (16+17-18.6)	39	256,013	0	0	0	0	0	0	39	256,013
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year	12,702	73,067,216	0	(a)	0	0	0	0	12,702	73,067,216
21. Issued during year	5,494	32,372,185	0	(a)	0	0	0	0	5,494	32,372,185
22. Other changes to in force (Net)	(1,987)	(11,858,459)	0	(a)	0	0	0	0	(1,987)	(11,858,459)
23. In force December 31 of current year	16,209	93,580,942	0	(a)	0	0	0	0	16,209	93,580,942

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	82,250	85,911	0	63,176	61,906
25.6 Totals (sum of Lines 25.1 to 25.5)	82,250	85,911	0	63,176	61,906
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	82,250	85,911	0	63,176	61,906

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Cincinnati Equitable Life Insurance Company
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

	1 Amount
1. Reserve as of December 31, Prior Year	302,237
2. Current year's realized pre-tax capital gains/(losses) of \$ 275,126 transferred into the reserve net of taxes of \$ 93,543	181,583
3. Adjustment for current year's liability gains/(losses) released from the reserve	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	483,820
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	88,214
6. Reserve as of December 31, current year (Line 4 minus Line 5)	395,606

AMORTIZATION

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2013	62,525	25,689	0	88,214
2. 2014	49,036	53,824	0	102,860
3. 2015	40,771	49,569	0	90,340
4. 2016	31,825	37,018	0	68,843
5. 2017	24,732	24,093	0	48,824
6. 2018	19,207	10,625	0	29,832
7. 2019	13,356	3,171	0	16,526
8. 2020	9,770	2,335	0	12,106
9. 2021	8,166	1,509	0	9,676
10. 2022	6,739	616	0	7,355
11. 2023	5,924	(303)	0	5,621
12. 2024	5,546	(849)	0	4,697
13. 2025	4,965	(917)	0	4,049
14. 2026	4,215	(984)	0	3,231
15. 2027	3,421	(1,128)	0	2,293
16. 2028	2,662	(1,166)	0	1,495
17. 2029	2,118	(1,290)	0	828
18. 2030	1,829	(1,324)	0	505
19. 2031	1,680	(1,429)	0	251
20. 2032	1,434	(1,463)	0	(29)
21. 2033	1,108	(1,567)	0	(459)
22. 2034	775	(1,639)	0	(864)
23. 2035	441	(1,713)	0	(1,272)
24. 2036	135	(1,788)	0	(1,653)
25. 2037	(10)	(1,934)	0	(1,944)
26. 2038	(27)	(2,009)	0	(2,036)
27. 2039	(33)	(1,870)	0	(1,904)
28. 2040	(34)	(1,482)	0	(1,516)
29. 2041	(29)	(1,094)	0	(1,123)
30. 2042	(10)	(706)	0	(716)
31. 2043 and Later		(212)	0	(212)
32. Total (Lines 1 to 31)	302,237	181,583	0	483,820

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Cincinnati Equitable Life Insurance Company

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year	271,611	0	271,611	279,906	48,347	328,252	599,863
2. Realized capital gains/(losses) net of taxes - General Account	(61,176)		(61,176)	88,291	5,561	93,852	32,676
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account			0	(194,198)	(7,207)	(201,405)	(201,405)
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic contribution	66,379	0	66,379	0	14,576	14,576	80,955
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	276,815	0	276,815	173,999	61,276	235,275	512,090
9. Maximum reserve	338,095	0	338,095	941,963	51,323	993,286	1,331,381
10. Reserve objective	232,475	0	232,475	941,963	36,268	978,231	1,210,706
11. 20% of (Line 10 - Line 8)	(8,868)	0	(8,868)	153,593	(5,002)	148,591	139,723
12. Balance before transfers (Lines 8 + 11)	267,947	0	267,947	327,592	56,275	383,866	651,813
13. Transfers			0			0	XXX
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero			0		(4,952)	(4,952)	(4,952)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	267,947	0	267,947	327,592	51,323	378,914	646,861

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.	1	Exempt Obligations	1,221,443	XXX	XXX	1,221,443	0.0000	0	0.0000	0	0.0000	0
2.		Highest Quality	34,805,756	XXX	XXX	34,805,756	0.0004	13,922	0.0023	80,053	0.0030	104,417
3.		High Quality	17,419,002	XXX	XXX	17,419,002	0.0019	33,096	0.0058	101,030	0.0090	156,771
4.		Medium Quality	473,218	XXX	XXX	473,218	0.0093	4,401	0.0230	10,884	0.0340	16,089
5.		Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6.		Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7.		In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Bonds (Sum of Lines 1 through 8)	53,919,419	XXX	XXX	53,919,419	XXX	51,419	XXX	191,967	XXX	277,278
PREFERRED STOCK												
10.	1	Highest Quality	464,100	XXX	XXX	464,100	0.0004	186	0.0023	1,067	0.0030	1,392
11.		High Quality	2,634,389	XXX	XXX	2,634,389	0.0019	5,005	0.0058	15,279	0.0090	23,710
12.		Medium Quality	1,050,450	XXX	XXX	1,050,450	0.0093	9,769	0.0230	24,160	0.0340	35,715
13.		Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14.		Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15.		In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total Preferred Stocks (Sum of Lines 10 through 16)	4,148,939	XXX	XXX	4,148,939	XXX	14,960	XXX	40,507	XXX	60,817
SHORT - TERM BONDS												
18.	1	Exempt Obligations	1,201,917	XXX	XXX	1,201,917	0.0000	0	0.0000	0	0.0000	0
19.		Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
20.		High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21.		Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22.		Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23.		Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24.		In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25.		Total Short - Term Bonds (Sum of Lines 18 through 24)	1,201,917	XXX	XXX	1,201,917	XXX	0	XXX	0	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Cincinnati Equitable Life Insurance Company

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
26.	1	DERIVATIVE INSTRUMENTS										
		Exchange Traded		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	
		Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	
		High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	
		Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	
		Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	
		Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	
		In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	
		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	
33.	2	Total (Lines 9 + 17 + 25 + 33)	59,270,275	XXX	XXX	59,270,275	XXX	66,379	XXX	232,475	XXX	
34.											338,095	
31		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages			XXX	0	0.0035	0	0.0100	0	0.0130	
36.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	
37.		Residential Mortgages - All Other			XXX	0	0.0013	0	0.0030	0	0.0040	
38.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	
39.		Commercial Mortgages - All Other			XXX	0	0.0035	0	0.0100	0	0.0130	
40.		In Good Standing With Restructured Terms			XXX	0	0.0035	0	0.0100	0	0.0130	
41.		Overdue, Not in Process:										
		Farm Mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	
		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	
		Residential Mortgages - All Other			XXX	0	0.0025	0	0.0058	0	0.0090	
		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	
		Commercial Mortgages - All Other			XXX	0	0.0420	0	0.0760	0	0.1200	
		In Process of Foreclosure:										
		Farm Mortgages			XXX	0	0.0000	0	0.1700	0	0.1700	
		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	
		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0130	0	0.0130	
49.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	
		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1700	0	0.1700	
		Total Schedule B Mortgages (Sum of Lines 35 through 50)	0	0	XXX	0	XXX	0	XXX	0	XXX	
52.		Schedule DA Mortgages					XXX	0	0.0100	0	0.0130	
53.		Total Mortgage Loans on Real Estate (Lines 51 + 52)	0	0	XXX	0	XXX	0	XXX	0	XXX	

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
COMMON STOCK												
1.		Unaffiliated - Public	3,051,380	XXX	XXX	3,051,380	0.0000	0	0.1300 (a)	396,679	0.1300 (a)	396,679
2.		Unaffiliated - Private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
3.		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4.		Affiliated - Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
5.		Affiliated - Investment Subsidiary:										
6.		Fixed Income - Exempt Obligations				0	XXX		XXX		XXX	
7.		Fixed Income - Highest Quality				0	XXX		XXX		XXX	
8.		Fixed Income - High Quality				0	XXX		XXX		XXX	
9.		Fixed Income - Medium Quality				0	XXX		XXX		XXX	
10.		Fixed Income - Low Quality				0	XXX		XXX		XXX	
11.		Fixed Income - Lower Quality				0	XXX		XXX		XXX	
12.		Fixed Income - In/Near Default				0	XXX		XXX		XXX	
13.		Unaffiliated Common Stock - Public				0	0.0000	0	0.1300 (a)	0	0.1300 (a)	0
14.		Unaffiliated Common Stock - Private				0	0.0000	0	0.1600	0	0.1600	0
15.		Mortgage Loans				0	0.0030	0	0.0100	0	0.0130	0
16.		Real Estate				0	(b)	0	(b)	0	(b)	0
17.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)	4,194,492	XXX	XXX	4,194,492	0.0000	0	0.1300	545,284	0.1300	545,284
18.		Affiliated - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
		Total Common Stock (Sum of Lines 1 through 17)	7,245,872	0	0	7,245,872	XXX	0	XXX	941,963	XXX	941,963
REAL ESTATE												
19.		Home Office Property (General Account only)				0	0.0000	0	0.0750	0	0.0750	0
20.		Investment Properties				0	0.0000	0	0.0750	0	0.0750	0
21.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
22.		Total Real Estate (Sum of Lines 19 through 21)	0	0	0	0	XXX	0	XXX	0	XXX	0
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
23.		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
24.		1 Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
25.		2 High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
26.		3 Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
27.		4 Low Quality	684,302	XXX	XXX	684,302	0.0213	14,576	0.0530	36,268	0.0750	51,323
28.		5 Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
29.		6 In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
30.		Total with Bond Characteristics (Sum of Lines 23 through 29)	684,302	XXX	XXX	684,302	XXX	14,576	XXX	36,268	XXX	51,323

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Cincinnati Equitable Life Insurance Company

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
31.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
32.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
33.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
34.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
35.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
36.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
37.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
38.		Total with Preferred Stock Characteristics (Sum of Lines 31 through 37)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing:										
39.		Farm Mortgages			XXX	0	0.0030	0	0.0100	0	0.0130	0
40.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
41.		Residential Mortgages - All Other		XXX	XXX	0	0.0013	0	0.0030	0	0.0040	0
42.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
43.		Commercial Mortgages - All Other			XXX	0	0.0030	0	0.0100	0	0.0130	0
44.		In Good Standing With Restructured Terms			XXX	0	0.0030	0	0.0100	0	0.0130	0
		Overdue, Not in Process:										
45.		Farm Mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
46.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
47.		Residential Mortgages - All Other			XXX	0	0.0025	0	0.0058	0	0.0090	0
48.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
49.		Commercial Mortgages - All Other			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In Process of Foreclosure:										
50.		Farm Mortgages			XXX	0	0.0000	0	0.1700	0	0.1700	0
51.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
52.		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0130	0	0.0130	0
53.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
54.		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1700	0	0.1700	0
55.		Total with Mortgage Loan Characteristics (Sum of Lines 39 through 54)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
56.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
57.		Unaffiliated Public		XXX	XXX	0	0.0000	0	0.1300 (a)	0	0.1300 (a)	
58.		Unaffiliated Private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	
59.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	
60.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	
61.		Affiliated Other - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	
		Total with Common Stock Characteristics (Sum of Lines 56 through 60)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	
62.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
63.		Home Office Property (General Account only)				0	0.0000	0	0.0750	0	0.0750	
64.		Investment Properties				0	0.0000	0	0.0750	0	0.0750	
65.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	
		Total with Real Estate Characteristics (Lines 62 through 64)	0	0	0	0	XXX	0	XXX	0	XXX	
66.		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
67.		Guaranteed Federal Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	
68.		Non-guaranteed Federal Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	
69.		Guaranteed State Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	
70.		Non-guaranteed State Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	
71.		All Other Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	
		Total LIHTC	0	0	0	0	XXX	0	XXX	0	XXX	
72.		ALL OTHER INVESTMENTS										
73.		NAIC 1 Working Capital Finance Investments		XXX		0	0.0000	0	0.0037	0	0.0037	
74.		NAIC 2 Working Capital Finance Investments		XXX		0	0.0000	0	0.0120	0	0.0120	
75.		Other Invested Assets - Schedule BA		XXX		0	0.0000	0	0.1300	0	0.1300	
76.		Other Short-Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1300	0	0.1300	
77.		Total All Other (Sum of Lines 72 + 73, 74 and 75)	0	XXX	0	0	XXX	0	XXX	0	XXX	
		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 30, 38, 55, 61, 65, 71 and 76)	684,302	0	0	684,302	XXX	14,576	XXX	36,268	XXX	
											51,323	

(a) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).

(b) Determined using the same factors and breakdowns used for directly owned real estate.

Asset Valuation Reserve Replications (Synthetic) Assets
N O N E

Schedule F - Claims
N O N E

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts										
									5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																			
1. Premiums written	82,250	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		82,250	XXX
2. Premiums earned	85,911	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		85,911	XXX
3. Incurred claims	61,906	72.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	61,906	72.1
4. Cost containment expenses	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0	0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	61,906	72.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	61,906	72.1
6. Increase in contract reserves	(2,233)	(2.6)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	(2,233)	(2.6)
7. Commissions (a)	12,369	14.4		0.0		0.0		0.0		0.0		0.0		0.0		0.0		12,369	14.4
8. Other general insurance expenses	4,846	5.6		0.0		0.0		0.0		0.0		0.0		0.0		0.0		4,846	5.6
9. Taxes, licenses and fees	351	0.4		0.0		0.0		0.0		0.0		0.0		0.0		0.0		351	0.4
10. Total other expenses incurred	17,566	20.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	17,566	20.4
11. Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0
12. Gain from underwriting before dividends or refunds	8,672	10.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	8,672	10.1
13. Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0	0.0
14. Gain from underwriting after dividends or refunds	8,672	10.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	8,672	10.1
DETAILS OF WRITE-INS																			
1101.																			
1102.																			
1103.																			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	

(a) Includes \$ 0 reported as "Contract, membership and other fees retained by agents."

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	0								
2. Advance premiums	1,382								1,382
3. Reserve for rate credits	0								
4. Total premium reserves, current year	1,382	0	0	0	0	0	0	0	1,382
5. Total premium reserves, prior year	5,043	0	0	0	0	0	0	0	5,043
6. Increase in total premium reserves	(3,661)	0	0	0	0	0	0	0	(3,661)
B. Contract Reserves:									
1. Additional reserves (a)	13,064								13,064
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	13,064	0	0	0	0	0	0	0	13,064
4. Total contract reserves, prior year.	15,297	0	0	0	0	0	0	0	15,297
5. Increase in contract reserves	(2,233)	0	0	0	0	0	0	0	(2,233)
C. Claim Reserves and Liabilities:									
1. Total current year	16,066	0	0	0	0	0	0	0	16,066
2. Total prior year	17,336	0	0	0	0	0	0	0	17,336
3. Increase	(1,270)	0	0	0	0	0	0	0	(1,270)

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	14,861								14,861
1.2 On claims incurred during current year	48,315								48,315
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	0								0
2.2 On claims incurred during current year	16,066								16,066
3. Test:									
3.1 Lines 1.1 and 2.1	14,861	0	0	0	0	0	0	0	14,861
3.2 Claim reserves and liabilities, December 31, prior year	17,336	0	0	0	0	0	0	0	17,336
3.3 Line 3.1 minus Line 3.2	(2,475)	0	0	0	0	0	0	0	(2,475)

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									

NONE

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Cincinnati Equitable Life Insurance Company
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims			61,906	61,906
2. Beginning Claim Reserves and Liabilities			17,336	17,336
3. Ending Claim Reserves and Liabilities			16,066	16,066
4. Claims Paid	0	0	63,176	63,176
B. Assumed Reinsurance:				
5. Incurred Claims.....			0	0
6. Beginning Claim Reserves and Liabilities			0	0
7. Ending Claim Reserves and Liabilities			0	0
8. Claims Paid	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred Claims.....			0	0
10. Beginning Claim Reserves and Liabilities			0	0
11. Ending Claim Reserves and Liabilities			0	0
12. Claims Paid	0	0	0	0
D. Net:				
13. Incurred Claims.....	0	0	61,906	61,906
14. Beginning Claim Reserves and Liabilities	0	0	17,336	17,336
15. Ending Claim Reserves and Liabilities	0	0	16,066	16,066
16. Claims Paid	0	0	63,176	63,176
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses			61,906	61,906
18. Beginning Reserves and Liabilities			17,336	17,336
19. Ending Reserves and Liabilities			16,066	16,066
20. Paid Claims and Cost Containment Expenses	0	0	63,176	63,176

Schedule S - Part 1 - Section 1

N O N E

Schedule S - Part 1 - Section 2

N O N E

Schedule S - Part 2

N O N E

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Amount in Force at End of Year	Reserve Credit Taken		10 Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
							8 Current Year	9 Prior Year		11 Current Year	12 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates						0	0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates						0	0	0	0	0	0	0	0
76236 ..31-121378 ..07/01/0119 ..Cincinnati Life Insurance Company ..OH.. ..YRT/I.. ..143,762 ..2,348 ..2,228 ..3,665 ..0 ..0 ..0 ..0 ..0 ..0 ..0 ..0													
82627 ..06-0839705 ..03/01/1981 ..Swiss Re Life ..NY.. ..YRT/I.. ..14,916 ..685 ..648 ..1,626 ..0 ..0 ..0 ..0 ..0 ..0 ..0 ..0													
82627 ..03/01/1981 ..Swiss Re Life ..NY.. ..ADB/I.. ..0 ..25 ..28 ..18 ..0 ..0 ..0 ..0 ..0 ..0 ..0 ..0													
0899999. General Account - Authorized U.S. Non-Affiliates						158,678	3,058	2,904	5,309	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates						158,678	3,058	2,904	5,309	0	0	0	0
1199999. Total General Account Authorized						158,678	3,058	2,904	5,309	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates						0	0	0	0	0	0	0	0
2299999. Total General Account Unauthorized						0	0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates						0	0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates						0	0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates						0	0	0	0	0	0	0	0
3399999. Total General Account Certified						0	0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified						158,678	3,058	2,904	5,309	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates						0	0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized						0	0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized						0	0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates						0	0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates						0	0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates						0	0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified						0	0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified						0	0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)						158,678	3,058	2,904	5,309	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)						0	0	0	0	0	0	0	0
9999999 - Totals						158,678	3,058	2,904	5,309	0	0	0	0

Schedule S - Part 3 - Section 2

N O N E

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE S - PART 6Five Year Exhibit of Reinsurance Ceded Business
(000 OMITTED)

	1 2013	2 2012	3 2011	4 2010	5 2009
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	5	5	5	5	4
2. Commissions and reinsurance expense allowances	0	0	0	0	0
3. Contract claims	0	0	0	0	0
4. Surrender benefits and withdrawals for life contracts				0	0
5. Dividends to policyholders				0	0
6. Reserve adjustments on reinsurance ceded	0	0	0	0	0
7. Increase in aggregate reserve for life and accident and health contracts				0	0
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	0	0	0	0	0
9. Aggregate reserves for life and accident and health contracts	3	3	3	3	3
10. Liability for deposit-type contracts				0	0
11. Contract claims unpaid	0	0	0	0	0
12. Amounts recoverable on reinsurance	0	0	0	0	0
13. Experience rating refunds due or unpaid		0	0	0	0
14. Policyholders' dividends (not included in Line 10)				0	0
15. Commissions and reinsurance expense allowances due				0	0
16. Unauthorized reinsurance offset	0	0	0	0	0
17. Offset for reinsurance with Certified Reinsurers		0	XXX	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust		0	XXX	XXX	XXX
23. Funds deposited by and withheld from (F)	0	XXX	XXX	XXX	XXX
24. Letters of credit (L)		0	XXX	XXX	XXX
25. Trust agreements (T)	0	XXX	XXX	XXX	XXX
26. Other (O)	0	XXX	XXX	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	68,148,580		68,148,580
2. Reinsurance (Line 16)	0	0	0
3. Premiums and considerations (Line 15)	753,535	0	753,535
4. Net credit for ceded reinsurance	XXX	3,058	3,058
5. All other admitted assets (balance)	1,923,204		1,923,204
6. Total assets excluding Separate Accounts (Line 26)	70,825,319	3,058	70,828,377
7. Separate Account assets (Line 27)	0		0
8. Total assets (Line 28)	70,825,319	3,058	70,828,377
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	59,271,124	3,058	59,274,182
10. Liability for deposit-type contracts (Line 3)	283,423		283,423
11. Claim reserves (Line 4)	272,405	0	272,405
12. Policyholder dividends/reserves (Lines 5 through 7)	4,550		4,550
13. Premium & annuity considerations received in advance (Line 8)	353,166		353,166
14. Other contract liabilities (Line 9)	395,606		395,606
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)	0		0
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)	0		0
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)			0
19. All other liabilities (balance)	1,215,900		1,215,900
20. Total liabilities excluding Separate Accounts (Line 26)	61,796,174	3,058	61,799,232
21. Separate Account liabilities (Line 27)			0
22. Total liabilities (Line 28)	61,796,174	3,058	61,799,232
23. Capital & surplus (Line 38)	9,029,145	XXX	9,029,145
24. Total liabilities, capital & surplus (Line 39)	70,825,319	3,058	70,828,377
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	3,058		
26. Claim reserves	0		
27. Policyholder dividends/reserves	0		
28. Premium & annuity considerations received in advance	0		
29. Liability for deposit-type contracts	0		
30. Other contract liabilities	0		
31. Reinsurance ceded assets	0		
32. Other ceded reinsurance recoverables	0		
33. Total ceded reinsurance recoverables	3,058		
34. Premiums and considerations	0		
35. Reinsurance in unauthorized companies	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers	0		
37. Reinsurance with Certified Reinsurers	0		
38. Funds held under reinsurance treaties with Certified Reinsurers	0		
39. Other ceded reinsurance payables/offsets	0		
40. Total ceded reinsurance payable/offsets	0		
41. Total net credit for ceded reinsurance	3,058		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	Direct Business Only			
			3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama.....	AL	.0	.0		0	0
2. Alaska.....	AK	.0	.0		0	0
3. Arizona.....	AZ	.0	.0		0	0
4. Arkansas.....	AR	.0	.0		0	0
5. California.....	CA	.0	.0		0	0
6. Colorado.....	CO	0	.0		0	0
7. Connecticut.....	CT	.0	.0		0	0
8. Delaware.....	DE	.0	.0		0	0
9. District of Columbia.....	DC	.0	.0		0	0
10. Florida.....	FL	0	.0		0	0
11. Georgia.....	GA	7,586,024	480,258		0	8,066,282
12. Hawaii.....	HI	.0	.0		0	0
13. Idaho.....	ID	.0	.0		0	0
14. Illinois.....	IL	0	.0		0	0
15. Indiana.....	IN	8,481,942	12,627		0	8,494,569
16. Iowa.....	IA	0	.0		0	0
17. Kansas.....	KS	.0	.0		0	0
18. Kentucky.....	KY	4,821,548	.12,756		0	4,834,304
19. Louisiana.....	LA	.0	.0		0	0
20. Maine.....	ME	.0	.0		0	0
21. Maryland.....	MD	.0	.0		0	0
22. Massachusetts.....	MA	.0	.0		0	0
23. Michigan.....	MI	.0	.0		0	0
24. Minnesota.....	MN	.0	.0		0	0
25. Mississippi.....	MS	.0	.0		0	0
26. Missouri.....	MO	.0	.0		0	0
27. Montana.....	MT	.0	.0		0	0
28. Nebraska.....	NE	.0	.0		0	0
29. Nevada.....	NV	.0	.0		0	0
30. New Hampshire.....	NH	.0	.0		0	0
31. New Jersey.....	NJ	.0	.0		0	0
32. New Mexico.....	NM	.0	.0		0	0
33. New York.....	NY	.0	.0		0	0
34. North Carolina.....	NC	.0	.0		0	0
35. North Dakota.....	ND	.0	.0		0	0
36. Ohio.....	OH	6,141,562	.50		0	6,141,612
37. Oklahoma.....	OK	.0	.0		0	0
38. Oregon.....	OR	.0	.0		0	0
39. Pennsylvania.....	PA	.0	.0		0	0
40. Rhode Island.....	RI	.0	.0		0	0
41. South Carolina.....	SC	.0	.0		0	0
42. South Dakota.....	SD	.0	.0		0	0
43. Tennessee.....	TN	83,134	.0		0	83,134
44. Texas.....	TX	.0	.0		0	0
45. Utah.....	UT	.0	.0		0	0
46. Vermont.....	VT	.0	.0		0	0
47. Virginia.....	VA	.0	.0		0	0
48. Washington.....	WA	.0	.0		0	0
49. West Virginia.....	WV	.0	.0		0	0
50. Wisconsin.....	WI	.0	.0		0	0
51. Wyoming.....	WY	.0	.0		0	0
52. American Samoa.....	AS	.0	.0		0	0
53. Guam.....	GU	.0	.0		0	0
54. Puerto Rico.....	PR	.0	.0		0	0
55. U.S. Virgin Islands.....	VI	.0	.0		0	0
56. Northern Mariana Islands.....	MP	.0	.0		0	0
57. Canada.....	CAN	.0	.0		0	0
58. Aggregate Other Alien.....	OT	.0	.0		0	0
59. Total.....		27,114,210	505,691	0	0	27,619,901

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYST

NON

Explanation

Asterisk **NUKE** Explanation

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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.

Responses

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? YES

2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? YES

3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? YES

4. Will an actuarial opinion be filed by March 1? YES

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1? YES

6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? YES

7. Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1? YES

8. Will the Supplemental Investment Risks Interrogatories be filed by April 1? YES

JUNE FILING

9. Will an audited financial report be filed by June 1? YES

10. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? YES

AUGUST FILING

11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? YES

The following supplemental reports are required to be filed as part of your annual 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.

MARCH FILING

12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? NO

13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? YES

14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? NO

15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? YES

16. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? YES

17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1? NO

18. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1? NO

19. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1? NO

20. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? YES

21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? YES

22. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1? NO

23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? NO

24. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? NO

25. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1? NO

26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1? NO

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Cincinnati Equitable Life Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....	YES
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
34.	Will the Worker's Compensation Carve-Out Supplement be filed by March 1?	.....	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	.....	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....	NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	.....	NO

APRIL FILING

40. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? YES

41. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1? YES

42. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? NO

43. Will the Accident and Health Policy Experience Exhibit be filed by April 1? YES

44. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1? YES

45. Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1? YES

46. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? NO

47. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? NO

AUGUST FILING

48. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? NO

Explanations:

- 12. N/A
- 14. N/A
- 17. N/A
- 18. N/A
- 19. N/A
- 22. N/A
- 23. N/A
- 24. N/A
- 25. N/A
- 26. N/A
- 27. N/A
- 28. N/A
- 29. N/A
- 30. N/A
- 31. N/A
- 33.
- 34. N/A
- 36. N/A
- 37. N/A
- 38. N/A
- 39. N/A
- 42. N/A
- 46. N/A
- 47. N/A
- 48. N/A

Bar Codes:

12. SIS Stockholder Information Supplement [Document Identifier 420]



N/A

12. SIS Stockholder Information Supplement [Document Identifier 420]



A standard linear barcode is located at the bottom of the page, consisting of vertical black bars of varying widths on a white background.



Barcode: 9781451650000



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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

28. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]

29. Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII [Document Identifier 436]

30. Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII [Document Identifier 437]

31. Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII [Document Identifier 438]

33. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]

34. Workers' Compensation Carve-Out Supplement [Document Identifier 495]

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

37. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]

38. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

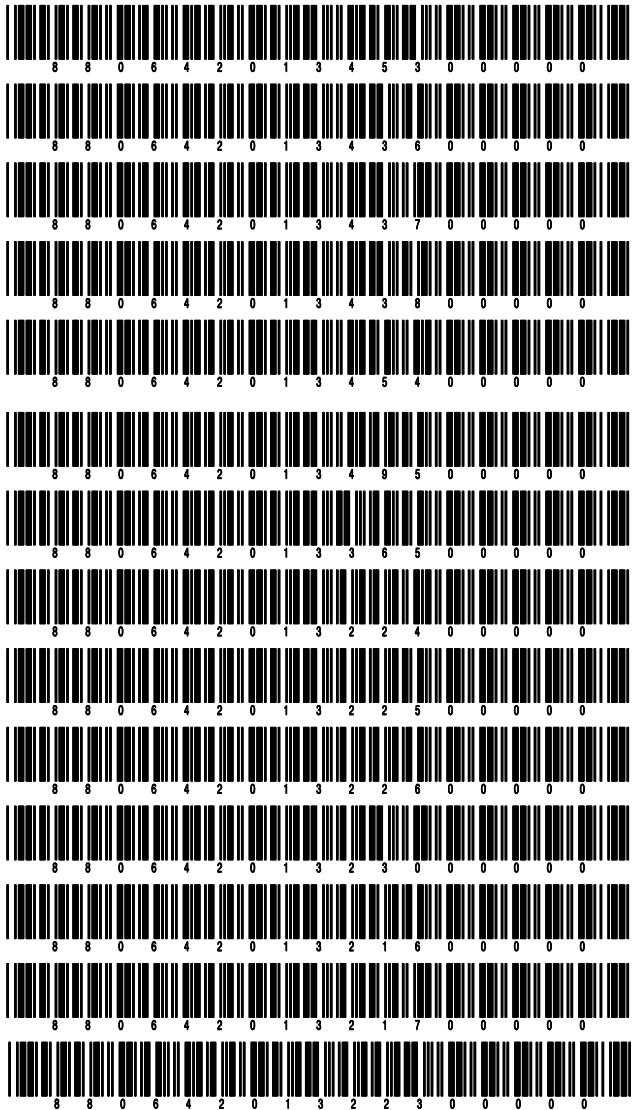
39. Relief from the Requirements for Audit Committees [Document Identifier 226]

42. Credit Insurance Experience Exhibit [Document Identifier 230]

46. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]

47. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]

48. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Cincinnati Equitable Life Insurance Company
OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENT FOR THE YEAR 2013 OF THE Cincinnati Equitable Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2013
 (To Be Filed by March 1)

FOR THE STATE OF Ohio.....

NAIC Group Code 0838

NAIC Company Code 88064

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit Gregory Baker

Title CFO

Telephone Number 513-621-1826

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011; 2012; 2013						
										11	Incurred Claims		14	15	Incurred Claims		18		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16	17	Percent of Premiums Earned	Number of Covered Lives
YES	AP355BAUC	B	NO	003000	10/01/1996	12/31/2004	12/31/2004	12/31/2004	Medicare Supplement	85,453	61,906	72.4	32			0.0			
0199999. Total Experience on Individual Policies										85,453	61,906	72.4	32	0	0	0	0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 525 Vine Street, Suite 1925 Cincinnati , OH 45202
 - 2.2 Contact Person and Phone Number: Baker A Gregory 513-621-1826
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 525 Vine Street, Suite 1925 Cincinnati , OH 45202
 - 3.2 Contact Person and Phone Number: Baker A Gregory 513-621-1826
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2013 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2013
(To Be Filed by March 1)

Of The Cincinnati Equitable Life Insurance Company
ADDRESS (City, State and Zip Code) Cincinnati, OH 45202
NAIC Group Code 0838 NAIC Company Code 88064 Employer's Identification Number (FEIN) 35-1452221

SUPPLEMENTAL SCHEDULE O - PART 1

**Development of Incurred Losses
(\$000 OMITTED)**

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Net Amount Paid Policyholders				
	1 2009	2 2010	3 2011	4 2012	5 2013(a)
1. Prior	.0	84	82	82	82
2. 2009	0	0			0
3. 2010	XXX	0			0
4. 2011	XXX	XXX			0
5. 2012	XXX	XXX	XXX		0
6. 2013	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior	13	13	13	13	13
2. 2009	113	106	106	106	106
3. 2010	XXX	109	103	103	103
4. 2011	XXX	XXX	109	107	107
5. 2012	XXX	XXX	XXX	60	58
6. 2013	XXX	XXX	XXX	XXX	60

Section C - Credit Accident and Health

1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX				
5. 2012	XX	XX	XX	XX	
6. 2013	XXX	XXX	XXX	XXX	XXX

NONE

Section D -

1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX				
5. 2012	XX	XX	XX	XX	
6. 2013	XXX	XXX	XXX	XXX	XXX

NONE

Section E -

1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX				
5. 2012	XX	XX	XX	XX	
6. 2013	XXX	XXX	XXX	XXX	XXX

NONE

Section F -

1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX				
5. 2012	XX	XX	XX	XX	
6. 2013	XXX	XXX	XXX	XXX	XXX

NONE

Section G -

1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX				
5. 2012	XX	XX	XX	XX	
6. 2013	XXX	XXX	XXX	XXX	XXX

NONE

(a) See paragraph 9 of the Annual Audited Financial Report in the General section of the annual statement ins

Supplement Schedule O - Part 2 Section A
N O N E

Supplement Schedule O - Part 2 Section B
N O N E

Supplement Schedule O - Part 2 Section C
N O N E

Supplement Schedule O - Part 2 Section D
N O N E

Supplement Schedule O - Part 2 Section E
N O N E

Supplement Schedule O - Part 2 Section F
N O N E

Supplement Schedule O - Part 2 Section G
N O N E

SUPPLEMENT FOR THE YEAR 2013 OF THE Cincinnati Equitable Life Insurance Company
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
 (\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. 2009				XXX	XXX
2. 2010	XXX				XXX
3. 2011	XXX	XXX			
4. 2012	XXX	XXX	XXX		
5. 2013	XXX	XXX	XXX	XXX	XXX

Section B - Other Accident and Health

1. 2009	113	96	96	XXX	XXX
2. 2010	XXX	109	103	103	XXX
3. 2011	XXX	XXX	109	107	107
4. 2012	XXX	XXX	XXX	60	58
5. 2013	XXX	XXX	XXX	XXX	60

Section C - Credit Accident and Health

1. 2009				XXX	XXX
2. 2010	XXX				XXX
3. 2011	XXX	XX			
4. 2012	XX	XX	XXX		
5. 2013	XX	XXX	XXX	XXX	XXX

Section D -

1. 2009				XXX	XXX
2. 2010	XXX				XXX
3. 2011	XXX	XX			
4. 2012	XX	XX	XXX		
5. 2013	XX	XXX	XXX	XXX	XXX

Section E -

1. 2009				XXX	XXX
2. 2010	XXX				XXX
3. 2011	XXX	XX			
4. 2012	XX	XX	XXX		
5. 2013	XX	XXX	XXX	XXX	XXX

Section F -

1. 2009				XXX	XXX
2. 2010	XXX				XXX
3. 2011	XXX	XX			
4. 2012	XX	XX	XXX		
5. 2013	XX	XXX	XXX	XXX	XXX

Section G -

1. 2009				XXX	XXX
2. 2010	XXX				XXX
3. 2011	XXX	XX			
4. 2012	XX	XX	XXX		
5. 2013	XX	XXX	XXX	XXX	XXX

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. 2009					
2. 2010	XX				
3. 2011	XX	XXX			
4. 2012	XXX	XXX	XXX		
5. 2013	XXX	XXX	XXX	XXX	XXX

Section B - Other Accident and Health

1. 2009	113	.96	.96	.96	.96
2. 2010	XXX	109	103	103	103
3. 2011	XXX	XXX	109	107	107
4. 2012	XXX	XXX	XXX	60	58
5. 2013	XXX	XXX	XXX	XXX	60

Section C - Credit Accident and Health

1. 2009					
2. 2010	XXX				
3. 2011	XXX	XXX			
4. 2012	XXX	XXX	XXX		
5. 2013	XX	XXX	XXX	XXX	XXX

Section D -

1. 2009					
2. 2010	XXX				
3. 2011	XXX	XXX			
4. 2012	XXX	XXX	XXX		
5. 2013	XX	XXX	XXX	XXX	XXX

Section E -

1. 2009					
2. 2010	XXX				
3. 2011	XXX	XXX			
4. 2012	XXX	XXX	XXX		
5. 2013	XX	XXX	XXX	XXX	XXX

Section F -

1. 2009					
2. 2010	XXX				
3. 2011	XXX	XXX			
4. 2012	XXX	XXX	XXX		
5. 2013	XX	XXX	XXX	XXX	XXX

Section G -

1. 2009					
2. 2010	XXX				
3. 2011	XXX	XXX			
4. 2012	XXX	XXX	XXX		
5. 2013	XX	XXX	XXX	XXX	XXX

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial Life		
2. Ordinary Life	IBNR	256
3. Individual Annuity		
4. Supplementary Contracts		
5. Credit Life		
6. Group Life		
7. Group Annuities		
8. Group Accident and Health		
9. Credit Accident and Health		
10. Other Accident and Health	Developed	16
11. Total		272

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