



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

## ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2014  
OF THE CONDITION AND AFFAIRS OF THE

## **Cincinnati Equitable Insurance Company**

NAIC Group Code 0838 0838 NAIC Company Code 16721 Employer's ID Number 31-0239840  
(Current) (Prior)

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio  
Country of Domicile United States of America

Incorporated/Organized 01/24/1827 Commenced Business 04/17/1826

Statutory Home Office 525 Vine Street, Suite 1925, Cincinnati , OH, US 45202  
(Street and Number) (City or Town, State, Country and Zip Code)

Mail Address 525 Vine Street, Suite 1925, (Street and Number or P.O. Box) Cincinnati, OH, US 45202  
(City or Town, State, Country and Zip Code)

Primary Location of Books and Records      525 Vine Street, Suite 1925  
(Street and Number)  
Cincinnati, OH, US 45202      513-621-1826  
(City or Town, State, Country and Zip Code)      (Area Code) (Telephone Number)

Internet Website Address [www.cineqlife.com](http://www.cineqlife.com)

Statutory Statement Contact Gregory A Baker, 513-621-1826  
(Name) (Area Code) (Telephone Number)  
gbaker@cineqlife.com, 513-621-4531  
(E-mail Address) (FAX Number)

## OFFICERS

**OFFICERS**

Chairman of the Board Peter A Alpaugh President/CFO/Treasurer Gregory A Baker  
Secretary Linda S Bales

**OTHER**

#### **DIRECTORS OR TRUSTEES**

ANDREA A KESSEL  
DREW F KNOWLES

---

GREGORY A BAKER

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.

Peter A. Alpaugh  
Chairman of the Board

Linda S. Bales  
Secretary

Gregory A. Baker  
Treasurer

Subscribed and sworn to before me this  
13th day of February 2015

a. Is this an original filing? .....

b. If no,

1. State the amendment number.....
2. Date filed .....
3. Number of pages attached

Yes [ X ] No [ ]

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Richard H. Hansman, Jr.

11/8/2019



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0838

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2014

NAIC Company Code 16721

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....												
2.1 Allied lines .....												
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4. Private crop .....												
3. Farmowners multiple peril .....												
4. Homeowners multiple peril .....												
5.1 Commercial multiple peril (non-liability portion) .....												
5.2 Commercial multiple peril (liability portion) .....												
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....												
10. Financial guaranty .....												
11. Medical professional liability .....												
12. Earthquake .....												
13. Group accident and health (b) .....												
14. Credit accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....												
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....												
19.2 Other private passenger auto liability .....												
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....												
35. TOTALS (a) .....												
<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 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(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 2014 OF THE Cincinnati Equitable Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0838

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2014

NAIC Company Code 16721

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
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15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
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3401. ....												
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3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(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 .....



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0838

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2014

NAIC Company Code 16721

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(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 2014 OF THE Cincinnati Equitable Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0838

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2014

NAIC Company Code 16721

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(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 .....



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0838

BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2014

NAIC Company Code 16721

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
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24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a) .....	0	0	0	0	0	0	20,000	30,000	0	4,000	5,171	0
<b>DETAILS OF WRITE-INS</b>												
3401. .....												
3402. .....												
3403. .....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(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 .....



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Insurance Company

**EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)**

NAIC Group Code 0838

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2014

NAIC Company Code 16721

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire .....	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines .....	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop .....	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood .....	0	0	0	0	0	0	0	0	0	0	0	0
2.4. Private crop .....	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril .....	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril .....	0	0	0	0	0	0	0	20,000	20,000	4,000	4,000	0
5.1 Commercial multiple peril (non-liability portion) .....	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion) .....	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine .....	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine .....	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty .....	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability .....	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake .....	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health(b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only .....	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees .....	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan premium (b) .....	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation .....	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - occurrence .....	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made .....	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation .....	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability .....	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection) .....	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability .....	0	0	0	0	0	0	0	10,000	0	0	1,171	0
19.3 Commercial auto no-fault (personal injury protection) .....	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability .....	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage .....	0	0	0	0	0	0	0	0	0	0	0	0
21.2 Commercial auto physical damage .....	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils) .....	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity .....	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety .....	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft .....	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery .....	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit .....	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty .....	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a) .....	0	0	0	0	0	0	20,000	30,000	0	4,000	5,171	0
<b>DETAILS OF WRITE-INS</b>												
3401. ....												
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3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

(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.

Schedule F - Part 1

**N O N E**

Schedule F - Part 2

**N O N E**

Schedule F - Part 3

**N O N E**

Schedule F - Part 4

**N O N E**

Schedule F - Part 5

**N O N E**

Schedule F - Part 5 - Bank Footnote

**N O N E**

Schedule F - Part 6 - Section 1 - Provision for Reinsurance Ceded to Certified Reinsurers

**N O N E**

Schedule F - Part 6 - Section 1 - Bank Footnote

**N O N E**

Schedule F - Part 6 - Section 2 - Provision for Overdue Reinsurance Ceded to Certified Reinsurers

**N O N E**

Schedule F - Part 7 - Provision for Overdue Authorized Reinsurance

**N O N E**

Schedule F - Part 8 - Provision for Overdue Reinsurance

**N O N E**

Schedule F - Part 9 - Restatement of Balance Sheet to Identify Net Credit for Reinsurance

**N O N E**

Schedule H - Part 1

**N O N E**

Schedule H - Part 2 - Reserves and Liabilities

**N O N E**

Schedule H - Part 3 - Prior Year's Claim Reserves and Liabilities

**N O N E**

Schedule H - Part 4 - Reinsurance

**N O N E**

Schedule H - Part 5 - Health Claims

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Insurance Company  
**SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	0	0	(2)	0	5	0	0	0	3	
2. 2005	3,996	351	3,645	1,291	0	50	0	314	0	0	0	1,655	
3. 2006	3,784	346	3,438	2,127	218	90	0	413	4	73	2,408	0	
4. 2007	2,029	923	1,106	1,193	277	2	0	227	41	1	1,104	0	
5. 2008	61	61	0	2	2	0	0	5	4	0	1	0	
6. 2009	0	0	0	0	0	0	0	0	0	0	0	0	
7. 2010	0	0	0	0	0	0	0	0	0	0	0	0	
8. 2011	0	0	0	0	0	0	0	0	0	0	0	0	
9. 2012	0	0	0	0	0	0	0	0	0	0	0	0	
10. 2013	0	0	0	0	0	0	0	0	0	0	0	0	
11. 2014	0	0	0	0	0	0	0	0	0	0	0	0	
12. Totals	XXX	XXX	XXX	4,613	497	140	0	964	49	74	5,171	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.	20	0	0	0	4	0	0	0	0	0	0	24	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2007	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2008	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2009	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	20	0	0	0	4	0	0	0	0	0	0	24	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	20	4
2. 2005	1,655	0	1,655	41.4	0.0	45.4	0	0	0.0	0	0
3. 2006	2,630	222	2,408	69.5	64.2	70.0	0	0	0.0	0	0
4. 2007	1,422	318	1,104	70.1	34.5	99.8	0	0	0.0	0	0
5. 2008	7	6	1	11.5	9.8	0.0	0	0	0.0	0	0
6. 2009	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2012	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2014	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	20	4

**ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Insurance Company**  
**SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**  
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	
2. 2005	5,107	25	5,082	2,465	0	79	0	594	0	60	3,138	0	
3. 2006	3,897	41	3,856	2,316	0	32	0	466	0	39	2,814	1	
4. 2007	1,486	102	1,384	971	133	39	0	163	5	19	1,035	0	
5. 2008	149	56	93	180	0	0	0	29	0	0	209	0	
6. 2009	0	0	0	0	0	0	0	0	0	0	0	0	
7. 2010	0	0	0	0	0	0	0	0	0	0	0	0	
8. 2011	0	0	0	0	0	0	0	0	0	0	0	0	
9. 2012	0	0	0	0	0	0	0	0	0	0	0	0	
10. 2013	0	0	0	0	0	0	0	0	0	0	0	0	
11. 2014	0	0	0	0	0	0	0	0	0	0	0	0	
12. Totals	XXX	XXX	XXX	5,932	133	150	0	1,252	5	118	7,196	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Case Basis							
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. 2005	10	0	0	0	3	0	0	0	0	0	0	13	0			
3. 2006	0	0	0	0	1	0	0	0	0	0	0	1	0			
4. 2007	0	0	0	0	0	0	0	0	0	0	0	0	0			
5. 2008	0	0	0	0	0	0	0	0	0	0	0	0	0			
6. 2009	0	0	0	0	0	0	0	0	0	0	0	0	0			
7. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0			
8. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0			
9. 2012	0	0	0	0	0	0	0	0	0	0	0	0	0			
10. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0			
11. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0			
12. Totals	10	0	0	0	4	0	0	0	0	0	0	14	0			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Losses Unpaid	Loss Expenses Unpaid	
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2005	3,151	0	3,151	.61.7	0.0	.62.0	0	0	0.0	10	3
3. 2006	2,815	0	2,815	.72.2	0.0	.73.0	0	0	0.0	0	1
4. 2007	1,173	138	1,035	.78.9	.135.3	.74.8	0	0	0.0	0	0
5. 2008	209	0	209	.140.3	0.0	.224.7	0	0	0.0	0	0
6. 2009	0	0	0	0.0	0.0	.0.0	0	0	0.0	0	0
7. 2010	0	0	0	0.0	0.0	.0.0	0	0	0.0	0	0
8. 2011	0	0	0	0.0	0.0	.0.0	0	0	0.0	0	0
9. 2012	0	0	0	0.0	0.0	.0.0	0	0	0.0	0	0
10. 2013	0	0	0	0.0	0.0	.0.0	0	0	0.0	0	0
11. 2014	0	0	0	0.0	0.0	.0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	10	4

Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical  
**N O N E**

Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)  
**N O N E**

Schedule P - Part 1E - Commercial Multiple Peril  
**N O N E**

Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence  
**N O N E**

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made  
**N O N E**

Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)  
**N O N E**

Schedule P - Part 1H - Section 1 - Other Liability - Occurrence  
**N O N E**

Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made  
**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Insurance Company  
**SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,  
EARTHQUAKE, BURGLARY AND THEFT)**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	
2. 2013	0	0	0	0	0	0	0	0	0	0	0	XXX	
3. 2014	0	0	0	0	0	0	0	0	0	0	0	XXX	
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2014	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Insurance Company

**SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	
2. 2013	0	0	0	0	0	0	0	0	0	0	0	0	
3. 2014	0	0	0	0	0	0	0	0	0	0	0	0	
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. 2013	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. 2014	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2013	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2014	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Schedule P - Part 1K - Fidelity/Surety

**N O N E**

Schedule P - Part 1L - Other (Including Credit, Accident and Health)

**N O N E**

Schedule P - Part 1M - International

**N O N E**

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

**N O N E**

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

Schedule P - Part 1R - Section 1 - Products Liability - Occurrence

**N O N E**

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

**N O N E**

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 1T - Warranty

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Insurance Company  
**SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	11 One Year	12 Two Year
1. Prior	.375	.298	.227	.213	.211	.211	.210	.210	.210	.232	.22	.22
2. 2005	.1,618	.1,320	.1,319	.1,331	.1,344	.1,345	.1,341	.1,341	.1,341	.1,341	.0	.0
3. 2006	XXX	2,186	2,147	2,044	2,001	1,999	1,999	1,999	1,999	1,999	0	0
4. 2007	XXX	XXX	1,002	929	918	918	918	918	918	918	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
										12. Totals	22	22

**SCHEDULE P - PART 2B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

1. Prior	2,603	2,497	2,075	2,142	2,151	2,152	2,151	2,151	2,151	2,151	0	0
2. 2005	3,196	2,856	2,536	2,587	2,578	2,560	2,560	2,560	2,560	2,557	(3)	(3)
3. 2006	XXX	2,489	2,464	2,368	2,363	2,360	2,361	2,348	2,348	2,349	1	1
4. 2007	XXX	XXX	1,006	943	958	882	881	881	881	877	0	(4)
5. 2008	XXX	XXX	XXX	215	190	180	180	180	180	180	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX	XXX
										12. Totals	(2)	(6)

**SCHEDULE P - PART 2C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

1. Prior												
2. 2005												
3. 2006	XXX											
4. 2007	XXX	XXX										
5. 2008	XXX	XXX	XXX									
6. 2009	XXX	XXX	XXX	XXX								
7. 2010	XXX	XXX	XXX	XXX	XX							
8. 2011	XXX	XXX	XXX	XXX	XX	XXX						
9. 2012	XXX	XXX	XXX	XXX	XX	XXX	XX					
10. 2013	XXX	XXX	XXX	XXX	XXX	XX	XXX	XX	XXX			XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
										12. Totals		

**SCHEDULE P - PART 2D - WORKERS' COMPENSATION  
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior												
2. 2005												
3. 2006	XXX											
4. 2007	XXX	XXX										
5. 2008	XXX	XXX	XXX									
6. 2009	XXX	XXX	XXX	XXX								
7. 2010	XXX	XXX	XXX	XXX	XX							
8. 2011	XXX	XXX	XXX	XXX	XX	XXX	XX					
9. 2012	XXX	XXX	XXX	XXX	XX	XXX	XX	XX				
10. 2013	XXX	XXX	XXX	XXX	XXX	XX	XXX	XX	XXX			XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
										12. Totals		

**SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL**

1. Prior												
2. 2005												
3. 2006	XXX											
4. 2007	XXX	XXX										
5. 2008	XXX	XXX	XXX									
6. 2009	XXX	XXX	XXX	XXX								
7. 2010	XXX	XXX	XXX	XXX	XX							
8. 2011	XXX	XXX	XXX	XXX	XX	XXX	XX					
9. 2012	XXX	XXX	XXX	XXX	XX	XXX	XX	XX				
10. 2013	XXX	XXX	XXX	XXX	XXX	XX	XXX	XX	XXX			XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
										12. Totals		

**SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	11 One Year	12 Two Year
1. Prior												
2. 2005												
3. 2006	XXX											
4. 2007	XXX	XXX										
5. 2008	XXX	XXX	XXX									
6. 2009	XXX	XXX	XXX	XXX								
7. 2010	XXX	XXX	XXX	XX	XXX							
8. 2011	XXX	XXX	XXX	XX	XXX	XXX						
9. 2012	XXX	XXX	XXX	XXX	XX	XXX	XXX					
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

**NONE****SCHEDULE P - PART 2F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

1. Prior												
2. 2005												
3. 2006	XXX											
4. 2007	XXX	XXX										
5. 2008	XXX	XXX	XXX									
6. 2009	XXX	XXX	XXX	XXX								
7. 2010	XXX	XXX	XXX	XXX	XX							
8. 2011	XXX	XXX	XXX	XX	XXX	XXX						
9. 2012	XXX	XXX	XXX	XX	XXX	XXX	XX					
10. 2013	XXX	XXX	XXX	XXX	XX	XXX	XXX	XXX				XXX
11. 2014	XXX			XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
										12. Totals		

**NONE****SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),  
BOILER AND MACHINERY)**

1. Prior												
2. 2005												
3. 2006	XXX											
4. 2007	XXX	XXX										
5. 2008	XXX	XXX	XXX									
6. 2009	XXX	XXX	XXX	XXX								
7. 2010	XXX	XXX	XXX	XXX	XX							
8. 2011	XXX	XXX	XXX	XX	XXX	XXX	0					
9. 2012	XXX	XXX	XXX	XX	XXX	XXX	XX	0				
10. 2013	XXX	XXX	XXX	XXX	XX	XXX	XXX	XXX	0			XXX
11. 2014	XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

**NONE****SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2005	50	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0		XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX	
										12. Totals		0

**NONE****SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

1. Prior												
2. 2005												
3. 2006	XXX											
4. 2007	XXX	XXX										
5. 2008	XXX	XXX	XXX									
6. 2009	XXX	XXX	XXX	XXX								
7. 2010	XXX	XXX	XXX	XXX	XX							
8. 2011	XXX	XXX	XXX	XX	XXX	XXX	0					
9. 2012	XXX	XXX	XXX	XX	XXX	XXX	XX	0				
10. 2013	XXX	XXX	XXX	XXX	XX	XXX	XXX	XXX	0			XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX	
										12. Totals		

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Insurance Company  
**SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,  
EARTHQUAKE, BURGLARY, AND THEFT)**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	11 One Year	12 Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
2. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										4. Totals	0	0

**SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE**

1. Prior	XXX	0	0	0	0	0						
2. 2013	XXX	0	0	0	XXX							
3. 2014	XXX	0	XXX	XXX								
										4. Totals	0	0

**SCHEDULE P - PART 2K - FIDELITY/SURETY**

1. Prior	XXX											
2. 2013	XXX					XXX						
3. 2014	XXX				XXX	XXX						
										4. Totals		

**SCHEDULE P - PART 2L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)**

1. Prior	XXX											
2. 2013	XXX					XXX						
3. 2014	XXX				XXX	XXX						
										4. Totals		

**SCHEDULE P - PART 2M - INTERNATIONAL**

1. Prior												
2. 2005												
3. 2006	XXX											
4. 2007	XXX	XXX										
5. 2008	XXX	XXX	XXX									
6. 2009	XXX	XXX	XXX	XXX								
7. 2010	XXX	XXX	XXX	XXX	XXX							
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2012	XXX											
10. 2013	XXX				XXX							
11. 2014	XXX		XXX	XXX								
										12. Totals		

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

**N O N E**

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

**N O N E**

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

**N O N E**

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 2T - Warranty

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Insurance Company  
**SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014		
1. Prior	.000	188	212	211	211	211	210	210	210	208	(1,007)	
2. 2005	855	1,275	1,285	1,322	1,344	1,345	1,341	1,341	1,341	1,341	0	0
3. 2006	XXX	1,790	2,036	2,012	2,000	1,999	1,999	1,999	1,999	1,999	0	0
4. 2007	XXX	XXX	902	918	918	918	918	918	918	918	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

**SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

1. Prior	.000	(4,813)	1,757	2,094	2,151	2,152	2,151	2,151	2,151	2,151	(4,639)	
2. 2005	1,405	2,153	2,344	2,497	2,549	2,549	2,549	2,549	2,549	2,544	0	0
3. 2006	XXX	1,120	1,866	2,176	2,339	2,339	2,339	2,348	2,348	2,348	.1	0
4. 2007	XXX	XXX	477	628	660	882	881	881	877	877	0	0
5. 2008	XXX	XXX	XXX	150	180	180	180	180	180	180	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

**SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

1. Prior	.000											
2. 2005												
3. 2006	XXX											
4. 2007	XXX	XXX										
5. 2008	XXX	XXX	XXX									
6. 2009	XXX	XXX	XXX	XXX								
7. 2010	XXX	XXX	XXX	XXX	XX							
8. 2011	XXX	XXX	XXX	XXX	XXX	XX						
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XX					
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XX				
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

**SCHEDULE P - PART 3D - WORKERS' COMPENSATION  
 (EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior	.000											
2. 2005												
3. 2006	XXX											
4. 2007	XXX	XXX										
5. 2008	XXX	XXX	XXX									
6. 2009	XXX	XXX	XXX	XXX								
7. 2010	XXX	XXX	XXX	XXX	XX							
8. 2011	XXX	XXX	XXX	XXX	XXX	XX						
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XX					
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XX				
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

**SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL**

1. Prior	.000											
2. 2005												
3. 2006	XXX											
4. 2007	XXX	XXX										
5. 2008	XXX	XXX	XXX									
6. 2009	XXX	XXX	XXX	XXX								
7. 2010	XXX	XXX	XXX	XXX	XX							
8. 2011	XXX	XXX	XXX	XXX	XXX	XX						
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XX					
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XX				
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

Schedule P - Part 3F - Section 1 - Medical Professional Liability - Occurrence

**N O N E**

Schedule P - Part 3F - Section 2 - Medical Professional Liability - Claims-Made

**N O N E**

Schedule P - Part 3G - Special Liability

**N O N E**

Schedule P - Part 3H - Section 1 - Other Liability - Occurrence

**N O N E**

Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Insurance Company  
**SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,  
EARTHQUAKE, BURGLARY, AND THEFT)**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	0	0	XXX	XXX
2. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

**SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE**

1. Prior	XXX	.000	0	0								
2. 2013	XXX	0	0	.0	.0							
3. 2014	XXX	XXX	0	0	0							

**SCHEDULE P - PART 3K - FIDELITY/SURETY**

1. Prior	XXX				XXX	XXX						
2. 2013	XXX				XXX	XXX						
3. 2014	XXX				XXX	XXX						

**NONE**

**SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)**

1. Prior	XXX				XXX	XXX						
2. 2013	XXX				XXX	XXX						
3. 2014	XXX				XXX	XXX						

**NONE**

**SCHEDULE P - PART 3M - INTERNATIONAL**

1. Prior	.000										XXX	XXX
2. 2005											XXX	XXX
3. 2006	XXX										XXX	XXX
4. 2007	XXX	XXX									XXX	XXX
5. 2008	XXX	XXX	XXX								XXX	XXX
6. 2009	XXX	XXX	XXX	XXX							XXX	XXX
7. 2010	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

**NONE**

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

**N O N E**

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence

**N O N E**

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made

**N O N E**

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 3T - Warranty

**N O N E**

Schedule P - Part 4A - Homeowners/Farmowners

**N O N E**

Schedule P - Part 4B - Private Passenger Auto Liability/Medical

**N O N E**

Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical

**N O N E**

Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation)

**N O N E**

Schedule P - Part 4E - Commercial Multiple Peril

**N O N E**

Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence

**N O N E**

Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made

**N O N E**

Schedule P - Part 4G - Special Liability

**N O N E**

Schedule P - Part 4H - Section 1 - Other Liability - Occurrence

**N O N E**

Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made

**N O N E**

Schedule P - Part 4I - Special Property

**N O N E**

Schedule P - Part 4J - Auto Physical Damage

**N O N E**

Schedule P - Part 4K - Fidelity/Surety

**N O N E**

Schedule P - Part 4L - Other (Including Credit, Accident and Health)

**N O N E**

Schedule P - Part 4M - International

**N O N E**

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

**N O N E**

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

**N O N E**

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

**N O N E**

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 4T - Warranty

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Insurance Company  
**SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS**  
**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	112	1,341	2	0	0	(2,350)	0	0	0	0
2. 2005	179	240	240	241	241	0	0	0	0	0
3. 2006	XXX	292	342	344	347	0	0	0	0	0
4. 2007	XXX	XXX	140	148	149	0	0	0	0	0
5. 2008	XXX	XXX	XXX	2	2	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	11	4	1	0	0	0	0	0	0	0
2. 2005	49	2	2	0	0	0	0	0	0	0
3. 2006	XXX	29	4	3	0	0	0	0	0	0
4. 2007	XXX	XXX	5	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	37	1,716	0	0	0	0	(2,102)	0	0	0
2. 2005	293	319	320	320	320	320	0	0	0	0
3. 2006	XXX	397	432	433	433	433	0	0	0	0
4. 2007	XXX	XXX	194	201	202	202	0	0	0	0
5. 2008	XXX	XXX	XXX	5	5	5	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Insurance Company  
**SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	268	1,702	17	.8	5	(6,371)	0	0	0	0
2. 2005	354	589	612	615	616	0	0	0	0	0
3. 2006	XXX	298	373	387	391	0	0	.1	.1	.1
4. 2007	XXX	XXX	135	158	160	0	0	0	0	0
5. 2008	XXX	XXX	XXX	18	20	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	.86	.31	14	.8	.1	.0	0	0	0	0
2. 2005	118	29	9	.5	2	1	1	.1	.1	.1
3. 2006	XXX	88	20	7	3	1	1			
4. 2007	XXX	XXX	.27	4	4	0				
5. 2008	XXX	XXX	XXX	3	0	0				
6. 2009	XXX	XXX	XXX	XXX	0	0				
7. 2010	XXX	XXX	XXX	XXX	XXX	0				
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior	.41	2,046	14	1	0	.0	(5,291)	0	0	0
2. 2005	556	.741	754	.754	754	.754	1	.1	.1	.0
3. 2006	XXX	.460	482	.485	485	.485	1	.1	.1	.1
4. 2007	XXX	XXX	188	190	192	.192	0	0	0	0
5. 2008	XXX	XXX	XXX	22	23	.23	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 1

**N O N E**

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 2

**N O N E**

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 3

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 1

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 2

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 3

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B

**N O N E**

Schedule P - Part 5H - Other Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 5H - Other Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 5H - Other Liability - Occurrence - Section 3A

**N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B

**N O N E**

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A

**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B

**N O N E**

Schedule P - Part 5T - Warranty - Section 1

**N O N E**

Schedule P - Part 5T - Warranty - Section 2

**N O N E**

Schedule P - Part 5T - Warranty - Section 3

**N O N E**

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 1

**N O N E**

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 2

**N O N E**

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

**N O N E**

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

**N O N E**

Schedule P - Part 6E - Commercial Multiple Peril - Section 1

**N O N E**

Schedule P - Part 6E - Commercial Multiple Peril - Section 2

**N O N E**

Schedule P - Part 6H - Other Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 6H - Other Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B

**N O N E**

Schedule P - Part 6M - International - Section 1

**N O N E**

Schedule P - Part 6M - International - Section 2

**N O N E**

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

**N O N E**

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

**N O N E**

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

**N O N E**

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2

**N O N E**

Schedule P - Part 6R - Products Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 6R - Products Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B

**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Insurance Company

**SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS (\$000 OMITTED)****SECTION 1**

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners .....	24		0.0	0		0.0
2. Private Passenger Auto Liability/ Medical .....	14		0.0	0		0.0
3. Commercial Auto/Truck Liability/ Medical .....			0.0	0		0.0
4. Workers' Compensation .....			0.0	0		0.0
5. Commercial Multiple Peril .....			0.0	0		0.0
6. Medical Professional Liability - Occurrence .....			0.0	0		0.0
7. Medical Professional Liability - Claims - Made .....			0.0	0		0.0
8. Special Liability .....			0.0	0		0.0
9. Other Liability - Occurrence .....			0.0	0		0.0
10. Other Liability - Claims-Made .....			0.0	0		0.0
11. Special Property .....	0		0.0	0		0.0
12. Auto Physical Damage .....	0		0.0	0		0.0
13. Fidelity/Surety .....			0.0	0		0.0
14. Other .....			0.0	0		0.0
15. International .....			0.0	0		0.0
16. Reinsurance - Nonproportional Assumed Property .....	XXX	XXX	XXX	XXX	XXX	XXX
17. Reinsurance - Nonproportional Assumed Liability .....	XXX	XXX	XXX	XXX	XXX	XXX
18. Reinsurance - Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX	XXX	XXX	XXX
19. Products Liability - Occurrence .....			0.0	0		0.0
20. Products Liability - Claims-Made .....			0.0	0		0.0
21. Financial Guaranty/Mortgage Guaranty .....			0.0	0		0.0
22. Warranty .....			0.0	0		0.0
23. Totals .....	38	0	0.0	0	0	0.0

**SECTION 2**

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior .....										
2. 2005 .....										
3. 2006 .....	XXX									
4. 2007 .....	XXX	XXX	XX							
5. 2008 .....	XXX	XXX	XX	XX	XX	XX				
6. 2009 .....	XXX	XXX	XX	XX	XX	XX	XX			
7. 2010 .....	XXX	XXX	XX	XX	XX	XX	XX			
8. 2011 .....	XXX	XXX	XX	XXX	XXX	XXX	XXX			
9. 2012 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3**

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014
1. Prior .....										
2. 2005 .....										
3. 2006 .....	XXX									
4. 2007 .....	XXX	XXX	XX							
5. 2008 .....	XXX	XXX	XX	XX	XX	XX	XX			
6. 2009 .....	XXX	XXX	XX	XX	XX	XX	XX			
7. 2010 .....	XXX	XXX	XX	XX	XX	XX	XX			
8. 2011 .....	XXX	XXX	XX	XXX	XXX	XXX	XXX			
9. 2012 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2013 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Insurance Company  
**SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (\$000 OMITTED)**  
**SECTION 1**

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners .....	24		0.0	0		0.0
2. Private Passenger Auto Liability/Medical .....	14		0.0	0		0.0
3. Commercial Auto/Truck Liability/Medical .....			0.0	0		0.0
4. Workers' Compensation .....			0.0	0		0.0
5. Commercial Multiple Peril .....			0.0	0		0.0
6. Medical Professional Liability - Occurrence .....			0.0	0		0.0
7. Medical Professional Liability - Claims - Made .....			0.0	0		0.0
8. Special Liability .....			0.0	0		0.0
9. Other Liability - Occurrence .....			0.0	0		0.0
10. Other Liability - Claims-Made .....			0.0	0		0.0
11. Special Property .....	0		0.0	0		0.0
12. Auto Physical Damage .....	0		0.0	0		0.0
13. Fidelity/Surety .....			0.0	0		0.0
14. Other .....			0.0	0		0.0
15. International .....			0.0	0		0.0
16. Reinsurance - Nonproportional Assumed Property .....			0.0	0		0.0
17. Reinsurance - Nonproportional Assumed Liability .....			0.0	0		0.0
18. Reinsurance - Nonproportional Assumed Financial Lines .....			0.0	0		0.0
19. Products Liability - Occurrence .....			0.0	0		0.0
20. Products Liability - Claims-Made .....			0.0	0		0.0
21. Financial Guaranty/Mortgage Guaranty .....			0.0	0		0.0
22. Warranty .....			0.0	0		0.0
23. Totals .....	38	0	0.0	0	0	0.0

**SECTION 2**

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										
	1 2005	2	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011	9 2012	10 2013	2014
1. Prior .....											
2. 2005 .....											
3. 2006 .....	XXX										
4. 2007 .....	XXX	XXX									
5. 2008 .....	XXX	XXX	XX								
6. 2009 .....	XXX	XXX	XX	XX							
7. 2010 .....	XXX	XXX	XX	XX	XX						
8. 2011 .....	XXX	XXX	XX	XXX	XXX	XX					
9. 2012 .....	XXX	XXX	XX	XXX	XXX	XXX	XX				
10. 2013 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

**SECTION 3**

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)										
	1 2005	2	3 2006	4 2007	5 2008	6 2009	7 2010	8 2011	9 2012	10 2013	2014
1. Prior .....											
2. 2005 .....											
3. 2006 .....	XXX										
4. 2007 .....	XXX	XXX									
5. 2008 .....	XXX	XXX	XX								
6. 2009 .....	XXX	XXX	XX	XX							
7. 2010 .....	XXX	XXX	XX	XX	XX						
8. 2011 .....	XXX	XXX	XX	XXX	XXX	XX					
9. 2012 .....	XXX	XXX	XX	XXX	XXX	XXX	XX				
10. 2013 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Insurance Company  
**SCHEDULE P INTERROGATORIES**

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? ..... Yes [ ] No [ X ]  
 If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? ..... \$ .....
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? ..... Yes [ ] No [ X ]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? ..... Yes [ ] No [ X ]
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? ..... Yes [ ] No [ ] N/A [ X ]
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior .....		
1.602 2005 .....		
1.603 2006 .....		
1.604 2007 .....		
1.605 2008 .....		
1.606 2009 .....		
1.607 2010 .....		
1.608 2011 .....		
1.609 2012 .....		
1.610 2013.....		
1.611 2014.....		
1.612 Totals .....	0	0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? ..... Yes [ X ] No [ ]
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? ..... Yes [ X ] No [ ]
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? ..... Yes [ ] No [ X ]  
 If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.  
 Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5. What were the net premiums in force at the end of the year for:  
 (in thousands of dollars) .....  
 5.1 Fidelity .....  
 5.2 Surety .....
6. Claim count information is reported per claim or per claimant (Indicate which). ..... per claim.....  
 If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? ..... Yes [ ] No [ X ]
- 7.2 (An extended statement may be attached.) .....  
 .....

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

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
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					
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 Alien .....	OT					
59. Total .....						

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Insurance Company

**SCHEDULE Y**

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

# NON

Explanation

Asterisk	Explanation
*	Indicates a required field.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Insurance Company

## SCHEDULE Y

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Insurance Company  
**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.

MARCH FILING		Responses
1. Will an actuarial opinion be filed by March 1?	.....	WAIVED
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....	YES
APRIL FILING		
5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	.....	YES
6. Will Management's Discussion and Analysis be filed by April 1?	.....	YES
7. Will the Supplemental Investment Risk Interrogatories be filed by April 1?	.....	YES
MAY FILING		
8. Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	.....	SEE EXPLANATION
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 <b>NO</b> to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplemental is required of your company but is not being filed for whatever reason enter <b>SEE EXPLANATION</b> 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 Financial Guaranty Insurance Exhibit be filed by March 1?	.....	NO
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....	NO
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	.....	NO
16. Will the Trusted Surplus Statement be filed with the state of domicile and the NAIC by March 1?	.....	NO
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	.....	NO
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	.....	YES
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....	NO
20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	.....	NO
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	.....	NO
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	.....	NO
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	.....	NO
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....	NO
25. 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
26. 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
27. 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		
28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	.....	NO
29. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....	NO
30. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....	NO
31. 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
32. 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		
33. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....	NO
Explanations:		
8. Not combined with any other PC Comapny	N/A	
12. N/A		
13. N/A		
14. N/A		
15. N/A		
16. N/A		
17. N/A		
19. N/A		
20. N/A		
21. 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		
32. N/A		
33. N/A		
Bar Codes:		
1. Actuarial Opinion [Document Identifier 440]		
12. SIS Stockholder Information Supplement [Document Identifier 420]		
13. Financial Guaranty Insurance Exhibit [Document Identifier 240]		
14. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]		
15. Supplement A to Schedule T [Document Identifier 455]		
16. Trusted Surplus Statement [Document Identifier 490]		
17. Premiums Attributed to Protected Cells [Document Identifier 385]		
19. Medicare Part D Coverage Supplement [Document Identifier 365]		
20. Actuarial Opinion Summary (AOS) [Document Identifier 441]		
21. Reinsurance Attestation Supplement [Document Identifier 399]		

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Insurance Company  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

22. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]
23. Bail Bond Supplement [Document Identifier 500]
24. Director and Officer Insurance Coverage Supplement [Document Identifier 505]
25. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
26. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
27. Relief from the Requirements for Audit Committees [Document Identifier 226]
28. Credit Insurance Experience Exhibit [Document Identifier 230]
29. Long-Term Care Experience Reporting Forms [Document Identifier 306]
30. Accident and Health Policy Experience Exhibit [Document Identifier 210]
31. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
32. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
33. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]



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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Insurance Company  
**OVERFLOW PAGE FOR WRITE-INS**



SUPPLEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Insurance Company

**REINSURANCE SUMMARY SUPPLEMENTAL FILING FOR GENERAL INTERROGATORY 9 (PART 2)**

For The Year Ended December 31, 2014

To Be Filed by March 1

### (A) Financial Impact

	1 As Reported	2 Interrogatory 9 Reinsurance Effect	3 Restated Without Interrogatory 9 Reinsurance
A01. Assets .....	3,916,018	0	3,916,018
A02. Liabilities .....	.85,954	0	.85,954
A03. Surplus as regards to policyholders .....	3,830,064	0	3,830,064
A04. Income before taxes	71,688	0	71,688

(B) Summary of Reinsurance Contract Terms	(C) Management's Objectives

D. If the response to General Interrogatory 9.4 (Part 2 Property & Casualty Interrogatories) is yes, explain below why the contracts are treated differently for GAAP and SAP.

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