



LIFE AND ACCIDENT AND HEALTH COMPANIES — ASSOCIATION EDITION

ANNUAL STATEMENT
For the Year Ended December 31, 2014
OF THE CONDITION AND AFFAIRS OF THE
CINCINNATI LIFE INSURANCE COMPANY

NAIC Group Code	00244	(Current Period)	00244	(Prior Period)	NAIC Company Code	76236	Employer's ID Number	31-1213778
Organized under the Laws of	Ohio				State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States							
Incorporated/Organized	07/02/1987				Commenced Business	02/01/1988		
Statutory Home Office	6200 SOUTH GILMORE ROAD				(Street and Number)	FAIRFIELD, OH, US 45014-5141		
Main Administrative Office	6200 SOUTH GILMORE ROAD				(Street and Number)	FAIRFIELD, OH, US 45014-5141		513-870-2000
Mail Address	6200 SOUTH GILMORE ROAD				(Street and Number or P.O. Box)	FAIRFIELD, OH, US 45014-5141		(Area Code) (Telephone Number)
Primary Location of Books and Records	6200 SOUTH GILMORE ROAD				(Street and Number)	FAIRFIELD, OH, US 45014-5141		513-870-2000
Internet Web Site Address	WWW.CINFIN.COM							
Statutory Statement Contact	JOSEPH DAVID WURZELBACHER				(Name)	513-870-2000-4902		(Area Code) (Telephone Number) (Extension)
	JOE_WURZELBACHER@CINFIN.COM				(E-Mail Address)	513-603-5500		(FAX Number)

OFFICERS

Name	Title	Name	Title
DAVID HUGH POPPLEWELL	PRESIDENT	MICHAEL JAMES SEWELL	CFO & SENIOR VICE PRESIDENT
TODD HANCOCK PENDERY	TREASURER & VICE PRESIDENT	ROGER ANDREW BROWN	ACTUARY & VICE PRESIDENT

OTHER OFFICERS

KENNETH WILLIAM STECHER	CHAIRMAN OF THE BOARD	STEVEN JUSTUS JOHNSTON	CHIEF EXECUTIVE OFFICER
JACOB FERDINAND SCHERER JR.	EXECUTIVE VICE PRESIDENT	BRAD ERIC BEHRINGER	SENIOR VICE PRESIDENT
TERESA CURRIN CRACAS	SENIOR VICE PRESIDENT	MARTIN FRANCIS HOLLENBECK	SENIOR VICE PRESIDENT
JOHN SCOTT KELLINGTON	SENIOR VICE PRESIDENT	LISA ANNE LOVE	SENIOR VICE PRESIDENT
ERIC NEIL MATHEWS	SENIOR VICE PRESIDENT	GLENN DOUGLAS NICHOLSON	SENIOR VICE PRESIDENT
STEPHEN MICHAEL SPRAY	SENIOR VICE PRESIDENT	TIMOTHY LEE TIMMEL	SENIOR VICE PRESIDENT
MICHAEL RAY ABRAMS	VICE PRESIDENT	ROGER ANDREW BROWN	VICE PRESIDENT
DAVID LEWIS BURBRINK	VICE PRESIDENT	ANTHONY WAYNE DUNN	VICE PRESIDENT
WILLIAM JAMES GEIER	VICE PRESIDENT	SCOTT ALAN GILLIAM	VICE PRESIDENT
THERESA ANN HOFFER	VICE PRESIDENT	THOMAS CHRISTOPHER HOGAN	VICE PRESIDENT
HELEN KYRIOS	VICE PRESIDENT	RICHARD LOUIS MATHEWS	VICE PRESIDENT
RICHARD PARKS MATSON	VICE PRESIDENT	DENNIS EUGENE MCDANIEL	VICE PRESIDENT
FRANCIS TIMOTHY OBERMEYER			
#	VICE PRESIDENT	MICHAEL KEVIN O'CONNOR	VICE PRESIDENT
CAROL ANN OLER	VICE PRESIDENT	TODD HANCOCK PENDERY	VICE PRESIDENT
THOMAS JOSEPH SCHEID	VICE PRESIDENT	GREGORY DALE SCHMIDT	VICE PRESIDENT
STEVEN ANTHONY SOLORIA	VICE PRESIDENT	DOUGLAS WAYNE STANG	VICE PRESIDENT
BRETT JOSEPH STARR	VICE PRESIDENT	MONTGOMERY LEE TROTIER	VICE PRESIDENT
GERALD LEE VARNEY	VICE PRESIDENT	MICHAEL BERNARD WEDIG	VICE PRESIDENT
MARK ALAN WELSH	VICE PRESIDENT	BRIAN KEITH WOOD	VICE PRESIDENT

DIRECTORS OR TRUSTEES

WILLIAM FORREST BAHL	GREGORY THOMAS BIER	ROGER ANDREW BROWN	MARTIN FRANCIS HOLLENBECK
STEVEN JUSTUS JOHNSTON	WILLIAM RODNEY MCMULLEN	MARTIN JOSEPH MULLEN	GLENN DOUGLAS NICHOLSON
DAVID PUTNAM OSBORN #	DAVID HUGH POPPLEWELL	JACOB FERDINAND SCHERER JR	JOHN JEFFERSON SCHIFF JR
THOMAS REID SCHIFF	MICHAEL JAMES SEWELL	KENNETH WILLIAM STECHER	TIMOTHY LEE TIMMEL

State of OHIO ss
County of BUTLER

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

DAVID HUGH POPPLEWELL PRESIDENT	MICHAEL JAMES SEWELL CFO & SENIOR VICE PRESIDENT	TODD HANCOCK PENDERY TREASURER & VICE PRESIDENT
a. Is this an original filing?		Yes [X] No []
b. If no:		
1. State the amendment number		
2. Date filed		
3. Number of pages attached		
Subscribed and sworn to before me this 20th day of February, 2015		
KAREN S. DONNER, NOTARY PUBLIC OCTOBER 26, 2019		



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	4,576,644			320	4,576,964
2. Annuity considerations	322,938				322,938
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	4,899,582	0	0	320	4,899,903
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,519,459		0	0	1,519,459
10. Matured endowments	0			0	0
11. Annuity benefits	693,125		0		693,125
12. Surrender values and withdrawals for life contracts	271,737			0	271,737
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	2,484,322	0	0	0	2,484,322
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	26	1,519,459				0		0	26	1,519,459
Settled during current year:										
18.1 By payment in full	26	1,519,459				0		0	26	1,519,459
18.2 By payment on compromised claims									0	0
18.3 Totals paid	26	1,519,459	0	0	0	0	0	0	26	1,519,459
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	26	1,519,459	0	0	0	0	0	0	26	1,519,459
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	6,965	1,552,003,053	0	(a) 0	0	0	46	65,093	7,011	1,552,068,145
21. Issued during year	477	121,354,697			0	0	0	0	477	121,354,697
22. Other changes to in force (Net)	(565)	(90,690,866)			0	0	(1)	(1,000)	(566)	(90,691,866)
23. In force December 31 of current year	6,877	1,582,666,884	0	(a) 0	0	0	45	64,093	6,922	1,582,730,976

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	72	102		0	10
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1 Non-cancelable (b).	270	276		0	5
25.2 Guaranteed renewable (b).	99,837	104,311		23,064	67,957
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	16	19		0	10
25.5 All other (b).	615	789		169	275
25.6 Totals (sum of Lines 25.1 to 25.5)	100,738	105,395	0	23,233	68,248
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	100,810	105,497	0	23,233	68,259

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	48,591			0	48,591
2. Annuity considerations	0				0
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	48,591	0	0	0	48,591
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0		0	0	0
10. Matured endowments	0			0	0
11. Annuity benefits	0		0		0
12. Surrender values and withdrawals for life contracts	0			0	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 remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year		0				0		0	0	0
Settled during current year:										
18.1 By payment in full		0				0		0	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	62	15,988,917	0	(a) 0	0	0	0	0	62	15,988,917
21. Issued during year	2	500,000			0	0	0	0	2	500,000
22. Other changes to in force (Net)	(1)	(1,045,000)			0	0	0	0	(1)	(1,045,000)
23. In force December 31 of current year	63	15,443,917	0	(a) 0	0	0	0	0	63	15,443,917

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

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0			0	0
2. Annuity considerations	0				0
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0		0	0	0
10. Matured endowments	0			0	0
11. Annuity benefits	0		0		0
12. Surrender values and withdrawals for life contracts	0			0	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 remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	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	0	0	(a)	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	(a)	0	0	0	0	0	0	0

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	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)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,199,847			30	2,199,877
2. Annuity considerations	67,065				67,065
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,266,912	0	0	30	2,266,942
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	593,691		0	0	593,691
10. Matured endowments	0			0	0
11. Annuity benefits	595,379		1,200		596,579
12. Surrender values and withdrawals for life contracts	88,747			0	88,747
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	1,277,817	0	1,200	0	1,279,017
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	4	593,691				0		0	4	593,691
Settled during current year:										
18.1 By payment in full	4	593,691				0		0	4	593,691
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	593,691	0	0	0	0	0	0	4	593,691
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	593,691	0	0	0	0	0	0	4	593,691
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	2,089	750,782,610	0	(a) 0	0	0	8	6,000	2,097	750,788,610
21. Issued during year	189	110,569,273			0	0	0	0	189	110,569,273
22. Other changes to in force (Net)	(75)	(30,831,700)			0	0	1	500	(74)	(30,831,200)
23. In force December 31 of current year	2,203	830,520,183	0	(a) 0	0	0	9	6,500	2,212	830,526,683

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).....					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).....	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	96	124		0	5
25.2 Guaranteed renewable (b).....	27,468	21,879		0	(3,084)
25.3 Non-renewable for stated reasons only (b).....	0	0		0	0
25.4 Other accident only	6	8		0	5
25.5 All other (b).....	11	318		437	452
25.6 Totals (sum of Lines 25.1 to 25.5)	27,581	22,329	0	437	(2,621)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	27,581	22,329	0	437	(2,621)

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,731,709			122	2,731,830
2. Annuity considerations	698,091				698,091
3. Deposit-type contract funds	387,177	XXX		XXX	387,177
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	3,816,977	0	0	122	3,817,099
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	554,963		0	0	554,963
10. Matured endowments	0			0	0
11. Annuity benefits	229,856		0		229,856
12. Surrender values and withdrawals for life contracts	645,818			0	645,818
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	1,430,638	0	0	0	1,430,638
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	8	554,963				0		0	8	554,963
Settled during current year:										
18.1 By payment in full	8	554,963				0		0	8	554,963
18.2 By payment on compromised claims									0	0
18.3 Totals paid	8	554,963	0	0	0	0	0	0	8	554,963
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	8	554,963	0	0	0	0	0	0	8	554,963
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	2,358	835,863,891	0	(a) 0	1	20,230,098	7	8,000	2,366	856,101,989
21. Issued during year	403	114,980,721			0	0	0	0	403	114,980,721
22. Other changes to in force (Net)	(217)	(46,353,816)			0	160,764	(1)	(2,000)	(218)	(46,195,052)
23. In force December 31 of current year	2,544	904,490,796	0	(a) 0	1	20,390,862	6	6,000	2,551	924,887,658

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).....					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).....	248	276		0	21
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0		0	5
25.2 Guaranteed renewable (b).....	6,168	6,300		0	16
25.3 Non-renewable for stated reasons only (b).....	0	0		0	0
25.4 Other accident only	0	0		0	0
25.5 All other (b).....	37	49		0	10
25.6 Totals (sum of Lines 25.1 to 25.5)	6,205	6,350	0	0	31
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,452	6,625	0	0	52

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	6,411,214			685	6,411,899
2. Annuity considerations	486,086				486,086
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	6,897,300	0	0	685	6,897,985
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,571,284		0	1,525	2,572,809
10. Matured endowments	0			1,185	1,185
11. Annuity benefits	335,322		0		335,322
12. Surrender values and withdrawals for life contracts	191,738			1,011	192,749
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	3,098,344	0	0	3,721	3,102,065
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	23	2,571,284				0	3	2,710	26	2,573,994
Settled during current year:										
18.1 By payment in full	23	2,571,284				0	3	2,710	26	2,573,994
18.2 By payment on compromised claims									0	0
18.3 Totals paid	23	2,571,284	0	0	0	0	3	2,710	26	2,573,994
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	23	2,571,284	0	0	0	0	3	2,710	26	2,573,994
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	10,599	1,830,864,742	0	(a) 0	0	0	288	269,901	10,887	1,831,134,643
21. Issued during year	620	152,823,098			0	0	0	0	620	152,823,098
22. Other changes to in force (Net)	(690)	(66,955,630)			0	0	(2)	2,000	(692)	(66,953,630)
23. In force December 31 of current year	10,529	1,916,732,210	0	(a) 0	0	0	286	271,901	10,815	1,917,004,111

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	0
25.2 Guaranteed renewable (b).	18,496	19,742		65,363	201,445
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	430	489		0	36
25.5 All other (b).	56	69		0	16
25.6 Totals (sum of Lines 25.1 to 25.5)	18,981	20,301	0	65,363	201,497
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	18,981	20,301	0	65,363	201,497

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	.0			.0	.0
2. Annuity considerations .....	.0				.0
3. Deposit-type contract funds .....	.0	XXX		XXX	.0
4. Other considerations .....					.0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....	.0		.0	.0	.0
10. Matured endowments .....	.0		.0	.0	.0
11. Annuity benefits .....	.0		.0		.0
12. Surrender values and withdrawals for life contracts .....	.0			.0	.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 remaining write-ins for Line 13 from overflow page.....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	.0	.0	.0	.0	.0	.0	.0	.0	.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 .....	.0	.0	(a)	.0	.0	.0	.0	.0	.0	.0
21. Issued during year .....									.0	.0
22. Other changes to in force (Net) .....									.0	.0
23. In force December 31 of current year	0	0	(a)	0	0	0	0	0	0	0

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	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) .....	.0	.0	.0	.0	.0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,632,990			0	1,632,990
2. Annuity considerations	38,199				38,199
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,671,189	0	0	0	1,671,189
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,218,274		0	0	1,218,274
10. Matured endowments	0			0	0
11. Annuity benefits	143,376		0		143,376
12. Surrender values and withdrawals for life contracts	9,712			227	9,939
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	1,371,362	0	0	227	1,371,589
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	9	1,218,274				0		0	9	1,218,274
Settled during current year:										
18.1 By payment in full	9	1,218,274				0		0	9	1,218,274
18.2 By payment on compromised claims									0	0
18.3 Totals paid	9	1,218,274	0	0	0	0	0	0	9	1,218,274
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	9	1,218,274	0	0	0	0	0	0	9	1,218,274
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	1,444	478,747,966	0	(a) 0	0	0	6	11,000	1,450	478,758,966
21. Issued during year	266	92,831,080			0	0	0	0	266	92,831,080
22. Other changes to in force (Net)	(56)	(13,395,021)			0	0	(1)	(3,000)	(57)	(13,398,021)
23. In force December 31 of current year	1,654	558,184,025	0	(a) 0	0	0	5	8,000	1,659	558,192,025

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	0
25.2 Guaranteed renewable (b).	19,775	19,986		0	5
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	0	0		0	0
25.5 All other (b).	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	19,775	19,986	0	0	5
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	19,775	19,986	0	0	5

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	549,098			0	549,098
2. Annuity considerations	0				0
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	549,098	0	0	0	549,098
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0		0	0	0
10. Matured endowments	0			0	0
11. Annuity benefits	76,526		0		76,526
12. Surrender values and withdrawals for life contracts	19,822			0	19,822
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	96,348	0	0	0	96,348
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year		0				0		0	0	0
Settled during current year:										
18.1 By payment in full		0				0		0	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	646	132,037,823	0	(a) 0	0	0	2	1,593	648	132,039,416
21. Issued during year	56	39,485,001			0	0	0	0	56	39,485,001
22. Other changes to in force (Net)	(24)	(7,819,604)			0	0	0	0	(24)	(7,819,604)
23. In force December 31 of current year	678	163,703,220	0	(a) 0	0	0	2	1,593	680	163,704,812

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0		0	5
25.2 Guaranteed renewable (b)	1,273	1,288		0	0
25.3 Non-renewable for stated reasons only (b)	0	0		0	0
25.4 Other accident only	270	277		0	5
25.5 All other (b)	57	103		0	5
25.6 Totals (sum of Lines 25.1 to 25.5)	1,600	1,668	0	0	16
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,600	1,668	0	0	16

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	341,647			0	341,647
2. Annuity considerations	86,171				86,171
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	427,818	0	0	0	427,818
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	9,799		0	0	9,799
10. Matured endowments	0			0	0
11. Annuity benefits	100,409		0		100,409
12. Surrender values and withdrawals for life contracts	9,669			0	9,669
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	119,877	0	0	0	119,877
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	2	9,799				0		0	2	9,799
Settled during current year:										
18.1 By payment in full	2	9,799				0		0	2	9,799
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	9,799	0	0	0	0	0	0	2	9,799
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	9,799	0	0	0	0	0	0	2	9,799
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	404	98,596,280	0	(a) 0	0	0	4	3,185	408	98,599,465
21. Issued during year	44	35,877,680			0	0	0	0	44	35,877,680
22. Other changes to in force (Net)	(14)	(12,067,931)			0	0	1	500	(13)	(12,067,431)
23. In force December 31 of current year	434	122,406,029	0	(a) 0	0	0	5	3,685	439	122,409,714

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0		0	0
25.2 Guaranteed renewable (b)	6,373	6,383		57,165	97,463
25.3 Non-renewable for stated reasons only (b)	0	0		0	0
25.4 Other accident only	0	0		0	0
25.5 All other (b)	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	6,373	6,383	0	57,165	97,463
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,373	6,383	0	57,165	97,463

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	118,168			2,379	120,548
2. Annuity considerations	0				0
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	118,168	0	0	2,379	120,548
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	7,787		0	1,750	9,537
10. Matured endowments	0			0	0
11. Annuity benefits	0		0		0
12. Surrender values and withdrawals for life contracts	7,499			0	7,499
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	15,285	0	0	1,750	17,035
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	2	7,787				0	2	1,750	4	9,537
Settled during current year:										
18.1 By payment in full	2	7,787				0	2	1,750	4	9,537
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	7,787	0	0	0	0	2	1,750	4	9,537
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	7,787	0	0	0	0	2	1,750	4	9,537
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	174	42,024,602	0	(a) 0	0	0	304	349,310	478	42,373,912
21. Issued during year	0	0			0	0	0	0	0	0
22. Other changes to in force (Net)	(11)	(2,036,000)			0	0	(1)	(750)	(12)	(2,036,750)
23. In force December 31 of current year	163	39,988,602	0	(a) 0	0	0	303	348,560	466	40,337,162

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0		0	0
25.2 Guaranteed renewable (b)	2,570	4,463		0	789
25.3 Non-renewable for stated reasons only (b)	0	0		0	0
25.4 Other accident only	0	0		0	0
25.5 All other (b)	73	123		0	5
25.6 Totals (sum of Lines 25.1 to 25.5)	2,643	4,586	0	0	795
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,643	4,586	0	0	795

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	6,590,399			299	6,590,698
2. Annuity considerations	704,061				704,061
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	7,294,460	0	0	299	7,294,759
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,318,540		0	0	2,318,540
10. Matured endowments	0			1,185	1,185
11. Annuity benefits	4,815,482		0		4,815,482
12. Surrender values and withdrawals for life contracts	1,521,470			1,623	1,523,093
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	8,655,491	0	0	2,808	8,658,299
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	41	2,318,540				0	1	1,185	42	2,319,725
Settled during current year:										
18.1 By payment in full	41	2,318,540				0	1	1,185	42	2,319,725
18.2 By payment on compromised claims									0	0
18.3 Totals paid	41	2,318,540	0	0	0	0	1	1,185	42	2,319,725
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	41	2,318,540	0	0	0	0	1	1,185	42	2,319,725
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	8,933	1,887,283,858	0	(a) 0	0	0	26	29,135	8,959	1,887,312,993
21. Issued during year	693	155,025,018			0	0	0	0	693	155,025,018
22. Other changes to in force (Net)	(530)	(13,687,788)			0	0	(1)	1,300	(531)	(13,686,488)
23. In force December 31 of current year	9,096	2,028,621,088	0	(a) 0	0	0	25	30,435	9,121	2,028,651,523

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	808	1,034		0	63
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	42
25.2 Guaranteed renewable (b).	177,444	180,450		89,058	261,754
25.3 Non-renewable for stated reasons only (b).	0	0		0	5
25.4 Other accident only	10	17		0	5
25.5 All other (b).	892	1,553		967	1,003
25.6 Totals (sum of Lines 25.1 to 25.5)	178,346	182,020	0	90,025	262,808
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	179,154	183,054	0	90,025	262,871

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	13,176,747			1,267	13,178,014
2. Annuity considerations	78,010				78,010
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	13,254,757	0	0	1,267	13,256,024
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	6,448,750		0	0	6,448,750
10. Matured endowments	0			0	0
11. Annuity benefits	654,144		0		654,144
12. Surrender values and withdrawals for life contracts	1,044,534			1,246	1,045,780
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	8,147,428	0	0	1,246	8,148,674
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	91	6,448,750				0		0	91	6,448,750
Settled during current year:										
18.1 By payment in full	91	6,448,750				0		0	91	6,448,750
18.2 By payment on compromised claims									0	0
18.3 Totals paid	91	6,448,750	0	0	0	0	0	0	91	6,448,750
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	91	6,448,750	0	0	0	0	0	0	91	6,448,750
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	21,923	3,934,661,702	0	(a)0	0	0	96	87,278	22,019	3,934,748,980
21. Issued during year	2,035	322,280,623			0	0	0	0	2,035	322,280,623
22. Other changes to in force (Net)	(2,055)	(234,377,375)			0	0	(2)	(2,185)	(2,057)	(234,379,560)
23. In force December 31 of current year	21,903	4,022,564,951	0	(a)0	0	0	94	85,093	21,997	4,022,650,043

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	13,355	13,422		26,443	26,443
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)	45	56		0	5
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).	0	0		0	16
25.2 Guaranteed renewable (b).	378,145	385,284		192,918	827,716
25.3 Non-renewable for stated reasons only (b).	0	0		0	5
25.4 Other accident only	760	796		0	16
25.5 All other (b).	843	980		0	36
25.6 Totals (sum of Lines 25.1 to 25.5)	379,748	387,060	0	192,918	827,789
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	393,148	400,538	0	219,360	854,237

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0			0	0
2. Annuity considerations	0				0
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0		0	0	0
10. Matured endowments	0			0	0
11. Annuity benefits	0		0		0
12. Surrender values and withdrawals for life contracts	0			0	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 remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	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	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	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)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	45,984			0	45,984
2. Annuity considerations	0				0
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	45,984	0	0	0	45,984
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0		0	0	0
10. Matured endowments	0			0	0
11. Annuity benefits	0		0		0
12. Surrender values and withdrawals for life contracts	90,807			0	90,807
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	90,807	0	0	0	90,807
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year		0				0		0	0	0
Settled during current year:										
18.1 By payment in full		0				0		0	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	75	27,000,291	0	(a) 0	0	0	0	0	75	27,000,291
21. Issued during year	1	500,000			0	0	0	0	1	500,000
22. Other changes to in force (Net)	(5)	(9,620,837)			0	0	0	0	(5)	(9,620,837)
23. In force December 31 of current year	71	17,879,454	0	(a) 0	0	0	0	0	71	17,879,454

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

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	720,120			0	720,120
2. Annuity considerations	22,609				22,609
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	742,729	0	0	0	742,729
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	262,082		0	0	262,082
10. Matured endowments	0			0	0
11. Annuity benefits	21,931		0		21,931
12. Surrender values and withdrawals for life contracts	18,038			0	18,038
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	302,052	0	0	0	302,052
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	2	262,082				0		0	2	262,082
Settled during current year:										
18.1 By payment in full	2	262,082				0		0	2	262,082
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	262,082	0	0	0	0	0	0	2	262,082
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	262,082	0	0	0	0	0	0	2	262,082
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	874	283,074,837	0	(a) 0	0	0	1	1,000	875	283,075,837
21. Issued during year	102	39,445,899			0	0	0	0	102	39,445,899
22. Other changes to in force (Net)	(31)	(8,509,422)			0	0	0	0	(31)	(8,509,422)
23. In force December 31 of current year	945	314,011,315	0	(a) 0	0	0	1	1,000	946	314,012,315

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	0
25.2 Guaranteed renewable (b).	5,822	5,892		0	0
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	0	0		0	0
25.5 All other (b).	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	5,822	5,892	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,822	5,892	0	0	0

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	16,420,166			322	16,420,488
2. Annuity considerations	3,637,496				3,637,496
3. Deposit-type contract funds	20,000	XXX		XXX	20,000
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	20,077,662	0	0	322	20,077,984
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	20,169,510		3,333	4,500	20,177,344
10. Matured endowments	0			0	0
11. Annuity benefits	4,273,979		0		4,273,979
12. Surrender values and withdrawals for life contracts	1,717,180			0	1,717,180
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	26,160,669	0	3,333	4,500	26,168,502
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	100	20,169,510			1	3,333	5	4,500	106	20,177,344
Settled during current year:										
18.1 By payment in full	100	20,169,510			1	3,333	5	4,500	106	20,177,344
18.2 By payment on compromised claims									0	0
18.3 Totals paid	100	20,169,510	0	0	1	3,333	5	4,500	106	20,177,344
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	100	20,169,510	0	0	1	3,333	5	4,500	106	20,177,344
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	27,509	5,508,713,025	0	(a) 0	1	20,000	22	20,093	27,532	5,508,753,117
21. Issued during year	1,750	355,719,496			0	0	0	0	1,750	355,719,496
22. Other changes to in force (Net)	(1,837)	(276,872,143)			0	0	(3)	(1,500)	(1,840)	(276,873,643)
23. In force December 31 of current year	27,422	5,587,560,378	0	(a) 0	1	20,000	19	18,593	27,442	5,587,598,970

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	3,310	3,818		0	50,000
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	1,614	2,630		0	151
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0		0	0
25.2 Guaranteed renewable (b)	473,612	484,983		84,429	233,400
25.3 Non-renewable for stated reasons only (b)	0	0		0	0
25.4 Other accident only	361	415		0	21
25.5 All other (b)	597	917		786	815
25.6 Totals (sum of Lines 25.1 to 25.5)	474,571	486,314	0	85,215	234,236
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	479,494	492,761	0	85,215	284,387

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	16,768,544			2,794	16,771,338
2. Annuity considerations	1,450,274				1,450,274
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	18,218,819	0	0	2,794	18,221,613
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	9,162,594		0	0	9,162,594
10. Matured endowments	4,500			0	4,500
11. Annuity benefits	3,831,880		5,465		3,837,345
12. Surrender values and withdrawals for life contracts	1,816,506			1,786	1,818,292
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	14,815,479	0	5,465	1,786	14,822,730
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	125	9,167,094				0		0	125	9,167,094
Settled during current year:										
18.1 By payment in full	125	9,167,094				0		0	125	9,167,094
18.2 By payment on compromised claims									0	0
18.3 Totals paid	125	9,167,094	0	0	0	0	0	0	125	9,167,094
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	125	9,167,094	0	0	0	0	0	0	125	9,167,094
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	30,560	5,156,991,954	0	0	0	40,000	245	311,207	30,805	5,157,343,161
21. Issued during year	2,693	353,811,064			0	0	0	0	2,693	353,811,064
22. Other changes to in force (Net)	(2,487)	(297,444,366)			0	0	(4)	(5,000)	(2,491)	(297,449,366)
23. In force December 31 of current year	30,766	5,213,358,651	0	0	0	40,000	241	306,207	31,007	5,213,704,858

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	2,736	2,743		264	4,743
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	68	101		0	5
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1 Non-cancelable (b).	250	250		0	0
25.2 Guaranteed renewable (b).	377,949	382,861		97,498	(22,578)
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	111	150		0	10
25.5 All other (b).	763	820		225	258
25.6 Totals (sum of Lines 25.1 to 25.5)	379,073	384,082	0	97,723	(22,309)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	381,877	386,927	0	97,987	(17,561)

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	10,511,493			0	10,511,493
2. Annuity considerations	7,639,734				7,639,734
3. Deposit-type contract funds	108,778	XXX		XXX	108,778
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	18,260,004	0	0	0	18,260,004
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	7,686,008		0	0	7,686,008
10. Matured endowments	0			0	0
11. Annuity benefits	16,739,970		0		16,739,970
12. Surrender values and withdrawals for life contracts	2,591,434			0	2,591,434
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	27,017,413	0	0	0	27,017,413
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	32	7,686,008				0		0	32	7,686,008
Settled during current year:										
18.1 By payment in full	32	7,686,008				0		0	32	7,686,008
18.2 By payment on compromised claims									0	0
18.3 Totals paid	32	7,686,008	0	0	0	0	0	0	32	7,686,008
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	32	7,686,008	0	0	0	0	0	0	32	7,686,008
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	13,979	3,394,487,742	0	(a) 0	0	10,000	4	3,500	13,983	3,394,501,242
21. Issued during year	944	296,000,406			0	0	0	0	944	296,000,406
22. Other changes to in force (Net)	(754)	(170,208,869)			0	0	0	0	(754)	(170,208,869)
23. In force December 31 of current year	14,169	3,520,279,279	0	(a) 0	0	10,000	4	3,500	14,173	3,520,292,779

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0		0	0
25.2 Guaranteed renewable (b)	130,337	138,652		49,568	65,784
25.3 Non-renewable for stated reasons only (b)	0	0		0	0
25.4 Other accident only	13,420	16,551		6,487	2,064
25.5 All other (b)	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	143,758	155,203	0	56,055	67,848
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	143,758	155,203	0	56,055	67,848

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	3,536,646			0	3,536,646
2. Annuity considerations	204,331				204,331
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	3,740,977	0	0	0	3,740,977
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	812,258		0	0	812,258
10. Matured endowments	0			0	0
11. Annuity benefits	243,131		0		243,131
12. Surrender values and withdrawals for life contracts	65,373			0	65,373
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	1,120,762	0	0	0	1,120,762
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	13	812,258				0		0	13	812,258
Settled during current year:										
18.1 By payment in full	13	812,258				0		0	13	812,258
18.2 By payment on compromised claims									0	0
18.3 Totals paid	13	812,258	0	0	0	0	0	0	13	812,258
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	13	812,258	0	0	0	0	0	0	13	812,258
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	3,892	1,324,212,437	0	(a) 0	0	0	1	593	3,893	1,324,213,030
21. Issued during year	393	132,547,908			0	0	0	0	393	132,547,908
22. Other changes to in force (Net)	(156)	(57,638,640)			0	0	(1)	(593)	(157)	(57,639,233)
23. In force December 31 of current year	4,129	1,399,121,705	0	(a) 0	0	0	0	0	4,129	1,399,121,705

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).....					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).....	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0		0	0
25.2 Guaranteed renewable (b).....	33,023	33,580		0	1,514
25.3 Non-renewable for stated reasons only (b).....	0	0		0	0
25.4 Other accident only	0	0		0	0
25.5 All other (b).....	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	33,023	33,580	0	0	1,514
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	33,023	33,580	0	0	1,514

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	9,109,040			1,626	9,110,666
2. Annuity considerations	230,831				230,831
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	9,339,871	0	0	1,626	9,341,497
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,028,319		0	9,500	4,037,819
10. Matured endowments	2,000			0	2,000
11. Annuity benefits	1,743,203		0		1,743,203
12. Surrender values and withdrawals for life contracts	1,463,191			7,075	1,470,266
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	7,236,714	0	0	16,575	7,253,289
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	65	4,030,319				0	9	9,500	74	4,039,819
Settled during current year:										
18.1 By payment in full	65	4,030,319				0	9	9,500	74	4,039,819
18.2 By payment on compromised claims									0	0
18.3 Totals paid	65	4,030,319	0	0	0	0	9	9,500	74	4,039,819
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	65	4,030,319	0	0	0	0	9	9,500	74	4,039,819
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	15,290	2,939,375,817	0	(a) 0	0	0	290	343,253	15,580	2,939,719,069
21. Issued during year	902	159,720,944			0	0	0	0	902	159,720,944
22. Other changes to in force (Net)	(1,196)	(140,924,825)			0	0	(29)	(32,974)	(1,225)	(140,957,799)
23. In force December 31 of current year	14,996	2,958,171,935	0	(a) 0	0	0	261	310,279	15,257	2,958,482,214

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	221	383		0	52
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	0
25.2 Guaranteed renewable (b).	266,363	265,858		172,947	452,983
25.3 Non-renewable for stated reasons only (b).	0	0		11,800	9,370
25.4 Other accident only	481	758		0	42
25.5 All other (b).	2,503	3,290		1,264	1,715
25.6 Totals (sum of Lines 25.1 to 25.5)	269,347	269,906	0	186,012	464,110
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	269,567	270,289	0	186,012	464,162

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	694,257			0	694,257
2. Annuity considerations	0				0
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	694,257	0	0	0	694,257
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	67,664		0	0	67,664
10. Matured endowments	1,000			0	1,000
11. Annuity benefits	0		0		0
12. Surrender values and withdrawals for life contracts	31,667			0	31,667
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	100,331	0	0	0	100,331
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	2	68,664				0		0	2	68,664
Settled during current year:										
18.1 By payment in full	2	68,664				0		0	2	68,664
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	68,664	0	0	0	0	0	0	2	68,664
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	68,664	0	0	0	0	0	0	2	68,664
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	960	114,044,574	0	(a) 0	0	0	1	500	961	114,045,074
21. Issued during year	157	30,468,665			0	0	0	0	157	30,468,665
22. Other changes to in force (Net)	(135)	(856,002)			0	0	0	0	(135)	(856,002)
23. In force December 31 of current year	982	143,657,237	0	(a) 0	0	0	1	500	983	143,657,737

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	10
25.2 Guaranteed renewable (b).	1,166	1,180		0	0
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	7	11		0	10
25.5 All other (b).	82	125		0	21
25.6 Totals (sum of Lines 25.1 to 25.5)	1,255	1,316	0	0	42
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,255	1,316	0	0	42

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	97,492			0	97,492
2. Annuity considerations	6,500				6,500
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	103,992	0	0	0	103,992
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,573		0	0	2,573
10. Matured endowments	0			0	0
11. Annuity benefits	0		0		0
12. Surrender values and withdrawals for life contracts	0			0	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	2,573	0	0	0	2,573
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	2,573				0		0	1	2,573
Settled during current year:										
18.1 By payment in full	1	2,573				0		0	1	2,573
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	2,573	0	0	0	0	0	0	1	2,573
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	2,573	0	0	0	0	0	0	1	2,573
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	115	26,624,258	0	(a) 0	0	0	0	0	115	26,624,258
21. Issued during year	25	6,450,000			0	0	0	0	25	6,450,000
22. Other changes to in force (Net)	(12)	(673,874)			0	0	0	0	(12)	(673,874)
23. In force December 31 of current year	128	32,400,384	0	(a) 0	0	0	0	0	128	32,400,384

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

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,833,594			583	2,834,178
2. Annuity considerations	610,636				610,636
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	3,444,230	0	0	583	3,444,813
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	974,143		0	1,000	975,143
10. Matured endowments	0			1,778	1,778
11. Annuity benefits	391,483		0		391,483
12. Surrender values and withdrawals for life contracts	75,050			3,510	78,560
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	1,440,677	0	0	6,287	1,446,964
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	9	974,143				0	1	2,778	10	976,921
Settled during current year:										
18.1 By payment in full	9	974,143				0	1	2,778	10	976,921
18.2 By payment on compromised claims									0	0
18.3 Totals paid	9	974,143	0	0	0	0	1	2,778	10	976,921
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	9	974,143	0	0	0	0	1	2,778	10	976,921
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	3,019	1,070,846,700	0	(a) 0	0	0	125	117,452	3,144	1,070,964,152
21. Issued during year	352	138,037,918			0	0	0	0	352	138,037,918
22. Other changes to in force (Net)	(177)	(52,343,749)			0	0	(3)	(2,000)	(180)	(52,345,749)
23. In force December 31 of current year	3,194	1,156,540,869	0	(a) 0	0	0	122	115,452	3,316	1,156,656,321

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	0
25.2 Guaranteed renewable (b).	50,169	48,026		0	230,134
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	0	0		0	0
25.5 All other (b).	133	133		0	10
25.6 Totals (sum of Lines 25.1 to 25.5)	50,302	48,159	0	0	230,144
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	50,302	48,159	0	0	230,144

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	536,606			232	536,838
2. Annuity considerations	0				0
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	536,606	0	0	232	536,838
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,317		0	0	1,317
10. Matured endowments	0			0	0
11. Annuity benefits	22,045		0		22,045
12. Surrender values and withdrawals for life contracts	11,900			0	11,900
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	35,261	0	0	0	35,261
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	1,317				0		0	1	1,317
Settled during current year:										
18.1 By payment in full	1	1,317				0		0	1	1,317
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	1,317	0	0	0	0	0	0	1	1,317
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	1,317	0	0	0	0	0	0	1	1,317
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	609	249,472,091	0	(a) 0	0	0	13	12,470	622	249,484,561
21. Issued during year	68	25,064,900			0	0	0	0	68	25,064,900
22. Other changes to in force (Net)	(24)	(35,727,844)			0	0	0	0	(24)	(35,727,844)
23. In force December 31 of current year	653	238,809,147	0	(a) 0	0	0	13	12,470	666	238,821,617

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).....					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).....	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0		0	0
25.2 Guaranteed renewable (b).....	1,645	1,671		0	0
25.3 Non-renewable for stated reasons only (b).....	0	0		0	0
25.4 Other accident only	27	28		0	10
25.5 All other (b).....	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	1,671	1,699	0	0	10
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,671	1,699	0	0	10

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	13,025,296			13,946	13,039,242
2. Annuity considerations	2,729,781				2,729,781
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	15,755,077	0	0	13,946	15,769,023
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,627,869		0	51,305	5,679,174
10. Matured endowments	11,016			1,716	12,732
11. Annuity benefits	3,275,021		5,989		3,281,010
12. Surrender values and withdrawals for life contracts	1,069,911			16,417	1,086,328
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	9,983,816	0	5,989	69,438	10,059,243
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	80	5,638,884				0	37	53,021	117	5,691,906
Settled during current year:										
18.1 By payment in full	80	5,638,884				0	37	53,021	117	5,691,906
18.2 By payment on compromised claims									0	0
18.3 Totals paid	80	5,638,884	0	0	0	0	37	53,021	117	5,691,906
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	80	5,638,884	0	0	0	0	37	53,021	117	5,691,906
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	19,196	4,755,206,369	0	(a) 0	0	0	2,451	2,868,355	21,647	4,758,074,724
21. Issued during year	1,141	274,625,784			0	0	0	0	1,141	274,625,784
22. Other changes to in force (Net)	(1,048)	(209,436,461)			0	0	(86)	(116,120)	(1,134)	(209,552,580)
23. In force December 31 of current year	19,289	4,820,395,692	0	(a) 0	0	0	2,365	2,752,235	21,654	4,823,147,927

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	134	134		0	10
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	0
25.2 Guaranteed renewable (b).	455,975	460,058		154,169	103,775
25.3 Non-renewable for stated reasons only (b).	0	0		0	10
25.4 Other accident only	157	101		0	31
25.5 All other (b).	813	946		0	120
25.6 Totals (sum of Lines 25.1 to 25.5)	456,945	461,105	0	154,169	103,936
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	457,079	461,239	0	154,169	103,947

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	9,593,607			0	9,593,607
2. Annuity considerations	3,340,670				3,340,670
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	12,934,277	0	0	0	12,934,277
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	7,666,784		0	0	7,666,784
10. Matured endowments	4,000			0	4,000
11. Annuity benefits	3,715,130		0		3,715,130
12. Surrender values and withdrawals for life contracts	152,595			0	152,595
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	11,538,509	0	0	0	11,538,509
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	23	7,670,784				0		0	23	7,670,784
Settled during current year:										
18.1 By payment in full	23	7,670,784				0		0	23	7,670,784
18.2 By payment on compromised claims									0	0
18.3 Totals paid	23	7,670,784	0	0	0	0	0	0	23	7,670,784
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	23	7,670,784	0	0	0	0	0	0	23	7,670,784
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	11,704	4,192,647,426	0	(a) 0	0	0	8	6,000	11,712	4,192,653,426
21. Issued during year	840	343,771,618			0	0	0	0	840	343,771,618
22. Other changes to in force (Net)	(533)	(179,252,805)			0	0	0	0	(533)	(179,252,805)
23. In force December 31 of current year	12,011	4,357,166,240	0	(a) 0	0	0	8	6,000	12,019	4,357,172,240

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	13,531	13,568		7,628	7,628
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	156	201		0	10
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0		0	0
25.2 Guaranteed renewable (b)	78,281	79,525		36,500	44,546
25.3 Non-renewable for stated reasons only (b)	0	0		0	0
25.4 Other accident only	0	0		0	0
25.5 All other (b)	11	14		0	5
25.6 Totals (sum of Lines 25.1 to 25.5)	78,292	79,539	0	36,500	44,551
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	91,979	93,309	0	44,128	52,190

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OFMississippi

DURING THE YEAR2014

NAIC Group Code00244

LIFE INSURANCE

NAIC Company Code76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	355,388			268	355,656
2. Annuity considerations	300				300
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	355,688	0	0	268	355,956
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	29,528		0	0	29,528
10. Matured endowments	0			0	0
11. Annuity benefits	6,569		0		6,569
12. Surrender values and withdrawals for life contracts	31,929			812	32,741
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	68,025	0	0	812	68,837
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page.	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	3	29,528				0		0	3	29,528
Settled during current year:										
18.1 By payment in full	3	29,528				0		0	3	29,528
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	29,528	0	0	0	0	0	0	3	29,528
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	29,528	0	0	0	0	0	0	3	29,528
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	623	87,368,628	0	(a)0	0	0	6	7,093	629	87,375,721
21. Issued during year	163	21,849,787			0	0	0	0	163	21,849,787
22. Other changes to in force (Net)	(97)	(5,092,927)			0	0	0	0	(97)	(5,092,927)
23. In force December 31 of current year	689	104,125,488	0	(a)0	0	0	6	7,093	695	104,132,581

(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).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	0
25.2 Guaranteed renewable (b).	1,380	1,401		0	26
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	13	15		0	5
25.5 All other (b).	165	176		0	21
25.6 Totals (sum of Lines 25.1 to 25.5)	1,557	1,592	0	0	52
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,557	1,592	0	0	52

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	7,752,833			0	7,752,833
2. Annuity considerations	263,296				263,296
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	8,016,129	0	0	0	8,016,129
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,301,120		0	0	5,301,120
10. Matured endowments	0			0	0
11. Annuity benefits	965,840		0		965,840
12. Surrender values and withdrawals for life contracts	590,279			418	590,697
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	6,857,239	0	0	418	6,857,656
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	48	5,301,120				0		0	48	5,301,120
Settled during current year:										
18.1 By payment in full	48	5,301,120				0		0	48	5,301,120
18.2 By payment on compromised claims									0	0
18.3 Totals paid	48	5,301,120	0	0	0	0	0	0	48	5,301,120
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	48	5,301,120	0	0	0	0	0	0	48	5,301,120
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	10,603	2,531,517,779	0	(a) 0	0	0	3	2,500	10,606	2,531,520,279
21. Issued during year	783	245,896,770			0	0	0	0	783	245,896,770
22. Other changes to in force (Net)	(716)	(156,627,008)			0	0	0	0	(716)	(156,627,008)
23. In force December 31 of current year	10,670	2,620,787,541	0	(a) 0	0	0	3	2,500	10,673	2,620,790,041

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	0
25.2 Guaranteed renewable (b).	65,704	65,809		2,500	12,605
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	0	0		0	0
25.5 All other (b).	171	235		0	31
25.6 Totals (sum of Lines 25.1 to 25.5)	65,875	66,043	0	2,500	12,636
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	65,875	66,043	0	2,500	12,636

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,194,076			0	1,194,076
2. Annuity considerations	25,510				25,510
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,219,585	0	0	0	1,219,585
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	299,966		0	0	299,966
10. Matured endowments	0			0	0
11. Annuity benefits	226,099		0		226,099
12. Surrender values and withdrawals for life contracts	367			0	367
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	526,431	0	0	0	526,431
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	2	299,966				0		0	2	299,966
Settled during current year:										
18.1 By payment in full	2	299,966				0		0	2	299,966
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	299,966	0	0	0	0	0	0	2	299,966
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	299,966	0	0	0	0	0	0	2	299,966
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	1,091	397,163,548	0	(a) 0	0	0	0	0	1,091	397,163,548
21. Issued during year	133	57,595,993			0	0	0	0	133	57,595,993
22. Other changes to in force (Net)	(43)	(16,158,841)			0	0	0	0	(43)	(16,158,841)
23. In force December 31 of current year	1,181	438,600,700	0	(a) 0	0	0	0	0	1,181	438,600,700

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	0
25.2 Guaranteed renewable (b).	6,531	6,610		0	0
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	0	0		0	0
25.5 All other (b).	34	53		0	5
25.6 Totals (sum of Lines 25.1 to 25.5)	6,565	6,662	0	0	5
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,565	6,662	0	0	5

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,896,348			0	1,896,348
2. Annuity considerations	276,780				276,780
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,173,128	0	0	0	2,173,128
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,176,578		0	0	4,176,578
10. Matured endowments	0			0	0
11. Annuity benefits	867,037		0		867,037
12. Surrender values and withdrawals for life contracts	30,659			0	30,659
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	5,074,274	0	0	0	5,074,274
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	8	4,176,578				0		0	8	4,176,578
Settled during current year:										
18.1 By payment in full	8	4,176,578				0		0	8	4,176,578
18.2 By payment on compromised claims									0	0
18.3 Totals paid	8	4,176,578	0	0	0	0	0	0	8	4,176,578
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	8	4,176,578	0	0	0	0	0	0	8	4,176,578
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	2,080	600,379,517	0	(a) 0	0	0	0	0	2,080	600,379,517
21. Issued during year	223	76,392,143			0	0	0	0	223	76,392,143
22. Other changes to in force (Net)	(90)	(24,255,282)			0	0	0	0	(90)	(24,255,282)
23. In force December 31 of current year	2,213	652,516,378	0	(a) 0	0	0	0	0	2,213	652,516,378

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	0
25.2 Guaranteed renewable (b).	12,754	12,817		0	531
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	1,019	1,159		0	31
25.5 All other (b).	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	13,774	13,976	0	0	562
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,774	13,976	0	0	562

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	444,873			175	445,048
2. Annuity considerations	6,470				6,470
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	451,343	0	0	175	451,518
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	17,215		0	0	17,215
10. Matured endowments	0			0	0
11. Annuity benefits	244,601		0		244,601
12. Surrender values and withdrawals for life contracts	18,888			461	19,349
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	280,705	0	0	461	281,166
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	5	17,215				0		0	5	17,215
Settled during current year:										
18.1 By payment in full	5	17,215				0		0	5	17,215
18.2 By payment on compromised claims									0	0
18.3 Totals paid	5	17,215	0	0	0	0	0	0	5	17,215
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	5	17,215	0	0	0	0	0	0	5	17,215
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	395	111,264,321	0	(a)0	0	0	14	14,593	409	111,278,914
21. Issued during year	26	23,480,004			0	0	0	0	26	23,480,004
22. Other changes to in force (Net)	14	(730,660)			0	0	0	0	14	(730,660)
23. In force December 31 of current year	435	134,013,666	0	(a)0	0	0	14	14,593	449	134,028,258

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	0
25.2 Guaranteed renewable (b).	19,687	19,905		0	47
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	0	0		0	0
25.5 All other (b).	81	81		0	5
25.6 Totals (sum of Lines 25.1 to 25.5)	19,767	19,986	0	0	52
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	19,767	19,986	0	0	52

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	323,645			0	323,645
2. Annuity considerations	3,000				3,000
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	326,645	0	0	0	326,645
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0		0	0	0
10. Matured endowments	0		0	0	0
11. Annuity benefits	0		0		0
12. Surrender values and withdrawals for life contracts	1,961			0	1,961
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	1,961	0	0	0	1,961
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year		0				0		0	0	0
Settled during current year:										
18.1 By payment in full		0				0		0	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	298	102,456,099	0	(a)0	0	0	0	0	298	102,456,099
21. Issued during year	24	9,410,002			0	0	0	0	24	9,410,002
22. Other changes to in force (Net)	1	(5,068,166)			0	0	0	0	1	(5,068,166)
23. In force December 31 of current year	323	106,797,936	0	(a)0	0	0	0	0	323	106,797,936

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	0
25.2 Guaranteed renewable (b).	5,123	5,155		0	172
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	0	0		0	0
25.5 All other (b).	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	5,123	5,155	0	0	172
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,123	5,155	0	0	172

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	603,110			33	603,143
2. Annuity considerations	0				0
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	603,110	0	0	33	603,143
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,882		0	0	4,882
10. Matured endowments	0			0	0
11. Annuity benefits	0		0		0
12. Surrender values and withdrawals for life contracts	30,418			0	30,418
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	35,299	0	0	0	35,299
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	4,882				0		0	1	4,882
Settled during current year:										
18.1 By payment in full	1	4,882				0		0	1	4,882
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	4,882	0	0	0	0	0	0	1	4,882
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	4,882	0	0	0	0	0	0	1	4,882
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	713	234,859,305	0	(a) 0	0	0	15	21,593	728	234,880,897
21. Issued during year	24	18,000,000			0	0	0	0	24	18,000,000
22. Other changes to in force (Net)	1	(390,388)			0	0	0	0	1	(390,388)
23. In force December 31 of current year	738	252,468,916	0	(a) 0	0	0	15	21,593	753	252,490,509

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	38	41		0	5
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	0
25.2 Guaranteed renewable (b).	269	308		0	94
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	0	0		0	0
25.5 All other (b).	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	269	308	0	0	94
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	307	349	0	0	99

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	364,204			13	364,217
2. Annuity considerations	469,755				469,755
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	833,959	0	0	13	833,972
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	163,390		0	0	163,390
10. Matured endowments	0			0	0
11. Annuity benefits	51,261		0		51,261
12. Surrender values and withdrawals for life contracts	6,499			0	6,499
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	221,151	0	0	0	221,151
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	5	163,390				0		0	5	163,390
Settled during current year:										
18.1 By payment in full	5	163,390				0		0	5	163,390
18.2 By payment on compromised claims									0	0
18.3 Totals paid	5	163,390	0	0	0	0	0	0	5	163,390
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	5	163,390	0	0	0	0	0	0	5	163,390
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	392	82,490,750	0	(a)0	0	0	3	3,593	395	82,494,343
21. Issued during year	71	6,425,402			0	0	0	0	71	6,425,402
22. Other changes to in force (Net)	(35)	(2,829,263)			0	0	0	0	(35)	(2,829,263)
23. In force December 31 of current year	428	86,086,889	0	(a)0	0	0	3	3,593	431	86,090,482

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0		0	0
25.2 Guaranteed renewable (b)	8,734	7,506		0	10,826
25.3 Non-renewable for stated reasons only (b)	0	0		0	0
25.4 Other accident only	0	0		0	0
25.5 All other (b)	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	8,734	7,506	0	0	10,826
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,734	7,506	0	0	10,826

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	326,432			330	326,763
2. Annuity considerations	6,000				6,000
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	332,432	0	0	330	332,763
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0		0	1,000	1,000
10. Matured endowments	0			0	0
11. Annuity benefits	3,456		0		3,456
12. Surrender values and withdrawals for life contracts	56,958			0	56,958
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	60,415	0	0	1,000	61,415
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year		0				0	1	1,000	1	1,000
Settled during current year:										
18.1 By payment in full		0				0	1	1,000	1	1,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	1	1,000	1	1,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	1	1,000	1	1,000
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	462	138,799,528	0	(a) 0	0	0	44	35,350	506	138,834,878
21. Issued during year	0	0			0	0	0	0	0	0
22. Other changes to in force (Net)	3	4,862,014			0	0	(6)	(4,000)	(3)	4,858,014
23. In force December 31 of current year	465	143,661,542	0	(a) 0	0	0	38	31,350	503	143,692,892

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	0
25.2 Guaranteed renewable (b).	976	980		95,533	122,897
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	0	0		0	0
25.5 All other (b).	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	976	980	0	95,533	122,897
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	976	980	0	95,533	122,897

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	12,164,656			952	12,165,608
2. Annuity considerations	464,189				464,189
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	12,628,845	0	0	952	12,629,797
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,613,410		0	0	4,613,410
10. Matured endowments	10,000			0	10,000
11. Annuity benefits	1,140,061		415		1,140,477
12. Surrender values and withdrawals for life contracts	594,967			0	594,967
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	6,358,438	0	415	0	6,358,854
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	82	4,623,410				0		0	82	4,623,410
Settled during current year:										
18.1 By payment in full	82	4,623,410				0		0	82	4,623,410
18.2 By payment on compromised claims									0	0
18.3 Totals paid	82	4,623,410	0	0	0	0	0	0	82	4,623,410
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	82	4,623,410	0	0	0	0	0	0	82	4,623,410
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	17,812	3,678,042,229	0	(a) 0	0	0	46	60,541	17,858	3,678,102,769
21. Issued during year	1,440	261,432,062			0	0	0	0	1,440	261,432,062
22. Other changes to in force (Net)	(1,271)	(191,299,078)			0	0	3	1,000	(1,268)	(191,298,078)
23. In force December 31 of current year	17,981	3,748,175,213	0	(a) 0	0	0	49	61,541	18,030	3,748,236,754

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	185	224		0	16
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	0
25.2 Guaranteed renewable (b).	262,436	261,234		119,996	(242,549)
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	92	74		0	73
25.5 All other (b).	1,448	1,884		0	156
25.6 Totals (sum of Lines 25.1 to 25.5)	263,976	263,192	0	119,996	(242,319)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	264,161	263,416	0	119,996	(242,304)

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,452,071			0	1,452,071
2. Annuity considerations	6,912				6,912
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,458,982	0	0	0	1,458,982
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	314,994		0	0	314,994
10. Matured endowments	0			0	0
11. Annuity benefits	124,789		0		124,789
12. Surrender values and withdrawals for life contracts	55			0	55
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	439,838	0	0	0	439,838
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	4	314,994				0		0	4	314,994
Settled during current year:										
18.1 By payment in full	4	314,994				0		0	4	314,994
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	314,994	0	0	0	0	0	0	4	314,994
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	314,994	0	0	0	0	0	0	4	314,994
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	1,544	603,572,766	0	(a) 0	0	0	1	500	1,545	603,573,266
21. Issued during year	110	48,235,006			0	0	0	0	110	48,235,006
22. Other changes to in force (Net)	(76)	(34,063,472)			0	0	0	0	(76)	(34,063,472)
23. In force December 31 of current year	1,578	617,744,300	0	(a) 0	0	0	1	500	1,579	617,744,800

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	3,725	3,735		4,732	4,732
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)	0	0		0	0
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)	0	0		0	0
25.2 Guaranteed renewable (b)	4,117	4,167		0	0
25.3 Non-renewable for stated reasons only (b)	0	0		0	0
25.4 Other accident only	0	0		0	0
25.5 All other (b)	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	4,117	4,167	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,842	7,902	0	4,732	4,732

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0			0	0
2. Annuity considerations	0				0
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0		0	0	0
10. Matured endowments	0		0	0	0
11. Annuity benefits	0		0		0
12. Surrender values and withdrawals for life contracts	0			0	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 remaining write-ins for Line 13 from overflow page.	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	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	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	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)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	45,333,298		124,954	35,128	45,493,381
2. Annuity considerations	3,214,707				3,214,707
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	48,548,005	0	124,954	35,128	48,708,087
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	32,854,018		6,537,448	107,274	39,498,739
10. Matured endowments	2,500			6,623	9,123
11. Annuity benefits	5,802,186		94,838		5,897,024
12. Surrender values and withdrawals for life contracts	4,829,533			45,107	4,874,640
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	43,488,237	0	6,632,286	159,003	50,279,526
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	398	32,856,518			8	6,537,448	111	113,896	517	39,507,862
Settled during current year:										
18.1 By payment in full	398	32,856,518			8	6,537,448	111	113,896	517	39,507,862
18.2 By payment on compromised claims									0	0
18.3 Totals paid	398	32,856,518	0	0	8	6,537,448	111	113,896	517	39,507,862
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	398	32,856,518	0	0	8	6,537,448	111	113,896	517	39,507,862
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	77,164	14,196,559,339	0	0	6	2,023,216,920	15,916	15,491,659	93,086	16,235,267,918
21. Issued during year	3,949	980,566,003			0	20,412,500	0	0	3,949	1,000,978,503
22. Other changes to in force (Net)	(4,189)	(616,354,348)			0	14,537,902	(595)	(639,281)	(4,784)	(602,455,727)
23. In force December 31 of current year	76,924	14,560,770,994	0	0	6	2,058,167,322	15,321	14,852,378	92,251	16,633,790,694

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	6,840	7,106		1,570,066	1,440,602
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	1,137	1,420		175	295
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).	52	52		0	73
25.2 Guaranteed renewable (b).	1,510,706	1,499,303		848,118	(245,903)
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	1,978	2,059		0	380
25.5 All other (b).	8,406	9,726		7,065	7,722
25.6 Totals (sum of Lines 25.1 to 25.5)	1,521,142	1,511,140	0	855,183	(237,727)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,529,119	1,519,666	0	2,425,425	1,203,170

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	685,716			0	685,716
2. Annuity considerations	0				0
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	685,716	0	0	0	685,716
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	294,869		0	0	294,869
10. Matured endowments	0			0	0
11. Annuity benefits	12,667		0		12,667
12. Surrender values and withdrawals for life contracts	14,997			299	15,297
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	322,533	0	0	299	322,832
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	7	294,869				0		0	7	294,869
Settled during current year:										
18.1 By payment in full	7	294,869				0		0	7	294,869
18.2 By payment on compromised claims									0	0
18.3 Totals paid	7	294,869	0	0	0	0	0	0	7	294,869
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	7	294,869	0	0	0	0	0	0	7	294,869
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	1,195	144,709,559	0	(a) 0	0	0	2	2,000	1,197	144,711,559
21. Issued during year	442	53,797,745			0	0	0	0	442	53,797,745
22. Other changes to in force (Net)	(240)	(1,050,034)			0	0	(1)	(1,000)	(241)	(1,051,034)
23. In force December 31 of current year	1,397	197,457,270	0	(a) 0	0	0	1	1,000	1,398	197,458,270

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	10
25.2 Guaranteed renewable (b).	5,054	5,114		0	0
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	0	0		0	0
25.5 All other (b).	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	5,054	5,114	0	0	10
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,054	5,114	0	0	10

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	669,896			0	669,896
2. Annuity considerations	0				0
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	669,896	0	0	0	669,896
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,000,948		0	0	1,000,948
10. Matured endowments	0			0	0
11. Annuity benefits	99,693		0		99,693
12. Surrender values and withdrawals for life contracts	24,923			0	24,923
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	1,125,564	0	0	0	1,125,564
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	2	1,000,948				0		0	2	1,000,948
Settled during current year:										
18.1 By payment in full	2	1,000,948				0		0	2	1,000,948
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	1,000,948	0	0	0	0	0	0	2	1,000,948
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	1,000,948	0	0	0	0	0	0	2	1,000,948
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	869	250,530,454	0	(a) 0	0	0	1	4,000	870	250,534,454
21. Issued during year	204	89,275,018			0	0	0	0	204	89,275,018
22. Other changes to in force (Net)	(20)	(10,662,959)			0	0	0	0	(20)	(10,662,959)
23. In force December 31 of current year	1,053	329,142,513	0	(a) 0	0	0	1	4,000	1,054	329,146,513

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	0
25.2 Guaranteed renewable (b).	1,724	1,736		0	5
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	66	86		0	16
25.5 All other (b).	50	66		0	10
25.6 Totals (sum of Lines 25.1 to 25.5)	1,840	1,888	0	0	31
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,840	1,888	0	0	31

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	18,642,975			14,261	18,657,236
2. Annuity considerations	5,195,508				5,195,508
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	23,838,483	0	0	14,261	23,852,744
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	11,421,960		289,557	45,459	11,756,976
10. Matured endowments	18,256			7,763	26,019
11. Annuity benefits	5,047,826		0		5,047,826
12. Surrender values and withdrawals for life contracts	1,267,397			8,222	1,275,619
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	17,755,439	0	289,557	61,444	18,106,440
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	157	11,440,216			1	289,557	44	53,222	202	11,782,995
Settled during current year:										
18.1 By payment in full	157	11,440,216			1	289,557	44	53,222	202	11,782,995
18.2 By payment on compromised claims									0	0
18.3 Totals paid	157	11,440,216	0	0	1	289,557	44	53,222	202	11,782,995
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	157	11,440,216	0	0	1	289,557	44	53,222	202	11,782,995
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	30,936	5,861,486,040	0	(a) 0	0	0	2,595	2,543,440	33,531	5,864,029,480
21. Issued during year	1,476	445,655,405			0	0	0	0	1,476	445,655,405
22. Other changes to in force (Net)	(1,627)	(261,915,104)			0	0	(83)	(89,715)	(1,710)	(262,004,818)
23. In force December 31 of current year	30,785	6,045,226,341	0	(a) 0	0	0	2,512	2,453,725	33,297	6,047,680,067

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	699	976		0	78
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0		0	0
25.2 Guaranteed renewable (b)	383,299	381,695		86,525	417,171
25.3 Non-renewable for stated reasons only (b)	0	0		0	0
25.4 Other accident only	127	129		0	42
25.5 All other (b)	1,527	1,522		275	502
25.6 Totals (sum of Lines 25.1 to 25.5)	384,953	383,345	0	86,800	417,714
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	385,653	384,321	0	86,800	417,792

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	178			0	178
2. Annuity considerations	0				0
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	178	0	0	0	178
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0		0	0	0
10. Matured endowments	0		0	0	0
11. Annuity benefits	0		0		0
12. Surrender values and withdrawals for life contracts	0			0	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 remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	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	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	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)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	69,350			0	69,350
2. Annuity considerations	0				0
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	69,350	0	0	0	69,350
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0		0	0	0
10. Matured endowments	0			0	0
11. Annuity benefits	0		0		0
12. Surrender values and withdrawals for life contracts	1,691			0	1,691
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	1,691	0	0	0	1,691
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year		0				0		0	0	0
Settled during current year:										
18.1 By payment in full		0				0		0	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	76	25,448,366	0	(a) 0	1	40,000	1	1,000	78	25,489,366
21. Issued during year	7	3,950,000			0	0	0	0	7	3,950,000
22. Other changes to in force (Net)	(6)	(971,932)			0	(5,000)	0	0	(6)	(976,932)
23. In force December 31 of current year	77	28,426,434	0	(a) 0	1	35,000	1	1,000	79	28,462,434

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

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	3,765,878			69	3,765,947
2. Annuity considerations	97,658				97,658
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	3,863,536	0	0	69	3,863,605
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	522,641		0	0	522,641
10. Matured endowments	0			0	0
11. Annuity benefits	451,031		0		451,031
12. Surrender values and withdrawals for life contracts	1,228,668			1,208	1,229,876
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	2,202,340	0	0	1,208	2,203,548
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	25	522,641				0		0	25	522,641
Settled during current year:										
18.1 By payment in full	25	522,641				0		0	25	522,641
18.2 By payment on compromised claims									0	0
18.3 Totals paid	25	522,641	0	0	0	0	0	0	25	522,641
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	25	522,641	0	0	0	0	0	0	25	522,641
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	5,802	979,814,077	0	(a) 0	0	0	19	16,093	5,821	979,830,170
21. Issued during year	653	103,197,374			0	0	0	0	653	103,197,374
22. Other changes to in force (Net)	(79)	(13,572,155)			0	0	0	0	(79)	(13,572,155)
23. In force December 31 of current year	6,376	1,069,439,296	0	(a) 0	0	0	19	16,093	6,395	1,069,455,389

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	23	23		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	16
25.2 Guaranteed renewable (b).	133,702	131,018		29,040	(105,667)
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	0	0		0	0
25.5 All other (b).	321	412		0	57
25.6 Totals (sum of Lines 25.1 to 25.5)	134,023	131,430	0	29,040	(105,594)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	134,045	131,452	0	29,040	(105,594)

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,137,611			0	1,137,611
2. Annuity considerations	355,909				355,909
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,493,520	0	0	0	1,493,520
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	136,354		0	0	136,354
10. Matured endowments	0			0	0
11. Annuity benefits	365,941		0		365,941
12. Surrender values and withdrawals for life contracts	5,421			0	5,421
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	507,716	0	0	0	507,716
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	4	136,354				0		0	4	136,354
Settled during current year:										
18.1 By payment in full	4	136,354				0		0	4	136,354
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	136,354	0	0	0	0	0	0	4	136,354
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	136,354	0	0	0	0	0	0	4	136,354
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	1,343	429,223,270	0	(a) 0	0	0	0	0	1,343	429,223,270
21. Issued during year	137	56,467,258			0	0	0	0	137	56,467,258
22. Other changes to in force (Net)	(57)	(15,973,288)			0	0	0	0	(57)	(15,973,288)
23. In force December 31 of current year	1,423	469,717,239	0	(a) 0	0	0	0	0	1,423	469,717,239

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	1,007	1,010		7,356	7,356
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	0
25.2 Guaranteed renewable (b).	1,215	1,230		0	0
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	0	0		0	0
25.5 All other (b).	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	1,215	1,230	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,222	2,240	0	7,356	7,356

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	8,873,390			2,021	8,875,411
2. Annuity considerations	2,448,348				2,448,348
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	11,321,738	0	0	2,021	11,323,759
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,994,437		0	0	3,994,437
10. Matured endowments	0			375	375
11. Annuity benefits	590,354		0		590,354
12. Surrender values and withdrawals for life contracts	458,707			3,002	461,709
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	5,043,498	0	0	3,377	5,046,875
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	43	3,994,437				0	1	375	44	3,994,812
Settled during current year:										
18.1 By payment in full	43	3,994,437				0	1	375	44	3,994,812
18.2 By payment on compromised claims									0	0
18.3 Totals paid	43	3,994,437	0	0	0	0	1	375	44	3,994,812
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	43	3,994,437	0	0	0	0	1	375	44	3,994,812
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	11,662	3,249,981,933	0	(a) 0	0	0	168	252,286	11,830	3,250,234,218
21. Issued during year	1,412	272,732,648			0	0	0	0	1,412	272,732,648
22. Other changes to in force (Net)	(1,151)	(169,747,245)			0	0	(7)	(13,500)	(1,158)	(169,760,745)
23. In force December 31 of current year	11,923	3,352,967,336	0	(a) 0	0	0	161	238,786	12,084	3,353,206,122

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	2,516	2,522		0	68
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0		0	0
25.2 Guaranteed renewable (b)	156,614	154,268		130,842	47,885
25.3 Non-renewable for stated reasons only (b)				2,550	2,924
25.4 Other accident only	228	306		0	52
25.5 All other (b)	1,530	2,238		290	600
25.6 Totals (sum of Lines 25.1 to 25.5)	158,372	156,812	0	133,682	51,462
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	160,887	159,334	0	133,682	51,530

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	7,462,139			502	7,462,642
2. Annuity considerations	549,977				549,977
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	8,012,116	0	0	502	8,012,618
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,845,290		0	0	2,845,290
10. Matured endowments	1,000			0	1,000
11. Annuity benefits	978,508		0		978,508
12. Surrender values and withdrawals for life contracts	1,213,534			0	1,213,534
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	5,038,332	0	0	0	5,038,332
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	112	2,846,290				0		0	112	2,846,290
Settled during current year:										
18.1 By payment in full	112	2,846,290				0		0	112	2,846,290
18.2 By payment on compromised claims									0	0
18.3 Totals paid	112	2,846,290	0	0	0	0	0	0	112	2,846,290
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	112	2,846,290	0	0	0	0	0	0	112	2,846,290
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	19,032	1,618,367,115	0	(a) 0	0	0	36	35,245	19,068	1,618,402,360
21. Issued during year	2,469	244,493,805			0	0	0	0	2,469	244,493,805
22. Other changes to in force (Net)	(2,086)	(83,379,877)			0	0	0	98	(2,086)	(83,379,779)
23. In force December 31 of current year	19,415	1,779,481,043	0	(a) 0	0	0	36	35,343	19,451	1,779,516,386

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	84	117		0	10
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	0
25.2 Guaranteed renewable (b).	23,983	25,062		81,825	46,453
25.3 Non-renewable for stated reasons only (b).	0	0		0	5
25.4 Other accident only	51	94		0	16
25.5 All other (b).	219	263		0	31
25.6 Totals (sum of Lines 25.1 to 25.5)	24,253	25,419	0	81,825	46,505
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	24,337	25,536	0	81,825	46,516

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF U.S. Virgin Islands

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	.0			.0	.0
2. Annuity considerations	.0				.0
3. Deposit-type contract funds	.0	XXX		XXX	.0
4. Other considerations					.0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	.0		.0	.0	.0
10. Matured endowments	.0			.0	.0
11. Annuity benefits	.0		.0		.0
12. Surrender values and withdrawals for life contracts	.0			.0	.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 remaining write-ins for Line 13 from overflow page.	.0	.0	.0	.0	.0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.0	.0	.0	.0	.0	.0	.0	.0	.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	.0	.0	(a)	.0	.0	.0	.0	.0	.0	.0
21. Issued during year									.0	.0
22. Other changes to in force (Net)									.0	.0
23. In force December 31 of current year	0	0	(a)	0	0	0	0	0	0	0

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	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)	.0	.0	.0	.0	.0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,243,544			0	1,243,544
2. Annuity considerations	50,950				50,950
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,294,494	0	0	0	1,294,494
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0		0	0	0
10. Matured endowments	0			0	0
11. Annuity benefits	202,939		0		202,939
12. Surrender values and withdrawals for life contracts	18,702			0	18,702
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	221,642	0	0	0	221,642
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year		0				0		0	0	0
Settled during current year:										
18.1 By payment in full		0				0		0	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	1,226	561,132,574	0	(a) 0	0	0	0	0	1,226	561,132,574
21. Issued during year	144	82,260,037			0	0	0	0	144	82,260,037
22. Other changes to in force (Net)	(56)	(29,748,544)			0	0	0	0	(56)	(29,748,544)
23. In force December 31 of current year	1,314	613,644,068	0	(a) 0	0	0	0	0	1,314	613,644,068

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).....					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).....	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0		0	0
25.2 Guaranteed renewable (b).....	19,811	20,049		0	0
25.3 Non-renewable for stated reasons only (b)	0	0		0	0
25.4 Other accident only	0	0		0	0
25.5 All other (b).....	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	19,811	20,049	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	19,811	20,049	0	0	0

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	381,853			0	381,853
2. Annuity considerations	0				0
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	381,853	0	0	0	381,853
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	15,000		0	0	15,000
10. Matured endowments	0			0	0
11. Annuity benefits	0		0		0
12. Surrender values and withdrawals for life contracts	2,698			0	2,698
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	17,698	0	0	0	17,698
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	15,000				0		0	1	15,000
Settled during current year:										
18.1 By payment in full	1	15,000				0		0	1	15,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	15,000	0	0	0	0	0	0	1	15,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	15,000	0	0	0	0	0	0	1	15,000
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	599	143,374,252	0	(a) 0	0	0	0	0	599	143,374,252
21. Issued during year	43	13,242,500			0	0	0	0	43	13,242,500
22. Other changes to in force (Net)	(40)	(6,638,164)			0	0	0	0	(40)	(6,638,164)
23. In force December 31 of current year	602	149,978,588	0	(a) 0	0	0	0	0	602	149,978,588

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	0
25.2 Guaranteed renewable (b).	5,969	6,026		0	10
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	0	0		0	0
25.5 All other (b).	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	5,969	6,026	0	0	10
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,969	6,026	0	0	10

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	4,381,634			2,633	4,384,267
2. Annuity considerations	62,347				62,347
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	4,443,981	0	0	2,633	4,446,614
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,595,919		0	4,000	3,599,919
10. Matured endowments	0			0	0
11. Annuity benefits	280,719		830		281,550
12. Surrender values and withdrawals for life contracts	600,062			8,220	608,283
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	4,476,700	0	830	12,220	4,489,751
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	30	3,595,919				0	2	4,000	32	3,599,919
Settled during current year:										
18.1 By payment in full	30	3,595,919				0	2	4,000	32	3,599,919
18.2 By payment on compromised claims									0	0
18.3 Totals paid	30	3,595,919	0	0	0	0	2	4,000	32	3,599,919
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	30	3,595,919	0	0	0	0	2	4,000	32	3,599,919
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	7,229	1,436,946,762	0	(a) 0	0	0	175	269,291	7,404	1,437,216,052
21. Issued during year	282	85,243,428			0	0	0	0	282	85,243,428
22. Other changes to in force (Net)	(521)	(68,103,678)			0	0	(18)	(45,236)	(539)	(68,148,914)
23. In force December 31 of current year	6,990	1,454,086,512	0	(a) 0	0	0	157	224,054	7,147	1,454,310,566

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	203	270		0	16
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	0
25.2 Guaranteed renewable (b).	101,425	100,961		96,585	562,262
25.3 Non-renewable for stated reasons only (b).	0	0		0	5
25.4 Other accident only	20	34		0	5
25.5 All other (b).	328	350		0	68
25.6 Totals (sum of Lines 25.1 to 25.5)	101,773	101,345	0	96,585	562,340
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	101,976	101,615	0	96,585	562,355

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,804,571			0	1,804,571
2. Annuity considerations	27,300				27,300
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,831,871	0	0	0	1,831,871
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	114,886		0	0	114,886
10. Matured endowments	0			0	0
11. Annuity benefits	36,961		0		36,961
12. Surrender values and withdrawals for life contracts	14,202			0	14,202
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	166,050	0	0	0	166,050
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	114,886				0		0	1	114,886
Settled during current year:										
18.1 By payment in full	1	114,886				0		0	1	114,886
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	114,886	0	0	0	0	0	0	1	114,886
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	114,886	0	0	0	0	0	0	1	114,886
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	1,607	674,044,129	0	(a) 0	0	0	6	3,500	1,613	674,047,629
21. Issued during year	215	134,727,261			0	0	0	0	215	134,727,261
22. Other changes to in force (Net)	(71)	(21,125,790)			0	0	0	0	(71)	(21,125,790)
23. In force December 31 of current year	1,751	787,645,600	0	(a) 0	0	0	6	3,500	1,757	787,649,100

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	0
25.2 Guaranteed renewable (b).	9,579	9,803		0	16
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	56	84		0	16
25.5 All other (b).	1,100	1,137		1,389	1,414
25.6 Totals (sum of Lines 25.1 to 25.5)	10,736	11,025	0	1,389	1,445
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,736	11,025	0	1,389	1,445

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,473,187			12,223	2,485,410
2. Annuity considerations	89,218				89,218
3. Deposit-type contract funds	22,715	XXX		XXX	22,715
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,585,120	0	0	12,223	2,597,343
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,971,235		0	20,571	1,991,806
10. Matured endowments	1,016			2,000	3,016
11. Annuity benefits	351,232		0		351,232
12. Surrender values and withdrawals for life contracts	234,069			5,511	239,581
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	2,557,552	0	0	28,082	2,585,634
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	52	1,972,251				0	28	22,571	80	1,994,822
Settled during current year:										
18.1 By payment in full	52	1,972,251				0	28	22,571	80	1,994,822
18.2 By payment on compromised claims									0	0
18.3 Totals paid	52	1,972,251	0	0	0	0	28	22,571	80	1,994,822
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	52	1,972,251	0	0	0	0	28	22,571	80	1,994,822
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	4,823	544,845,417	0	(a) 0	0	0	1,215	1,177,075	6,038	546,022,491
21. Issued during year	343	52,317,633			0	0	0	0	343	52,317,633
22. Other changes to in force (Net)	(391)	(40,012,044)			0	0	(37)	(30,544)	(428)	(40,042,588)
23. In force December 31 of current year	4,775	557,151,005	0	(a) 0	0	0	1,178	1,146,531	5,953	558,297,536

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	18,802	22,424		8,877	10,362
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0		0	0
25.2 Guaranteed renewable (b)	50,718	52,878		22,200	(14,564)
25.3 Non-renewable for stated reasons only (b)	0	0		0	0
25.4 Other accident only	474	507		0	125
25.5 All other (b)	1,045	869		0	198
25.6 Totals (sum of Lines 25.1 to 25.5)	52,237	54,254	0	22,200	(14,241)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	71,039	76,678	0	31,077	(3,878)

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	9,072,204			0	9,072,204
2. Annuity considerations	1,484,653				1,484,653
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	10,556,857	0	0	0	10,556,857
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,136,932		0	1,250	3,138,182
10. Matured endowments	1,000			0	1,000
11. Annuity benefits	2,022,272		0		2,022,272
12. Surrender values and withdrawals for life contracts	425,222			0	425,222
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	5,585,427	0	0	1,250	5,586,677
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	33	3,137,932				0	1	1,250	34	3,139,182
Settled during current year:										
18.1 By payment in full	33	3,137,932				0	1	1,250	34	3,139,182
18.2 By payment on compromised claims									0	0
18.3 Totals paid	33	3,137,932	0	0	0	0	1	1,250	34	3,139,182
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	33	3,137,932	0	0	0	0	1	1,250	34	3,139,182
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	13,311	3,523,956,196	0	(a) 0	0	0	2	1,750	13,313	3,523,957,946
21. Issued during year	832	241,159,513			0	0	0	0	832	241,159,513
22. Other changes to in force (Net)	(748)	(154,034,454)			0	0	(1)	(1,250)	(749)	(154,035,704)
23. In force December 31 of current year	13,395	3,611,081,255	0	(a) 0	0	0	1	500	13,396	3,611,081,755

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	0
25.2 Guaranteed renewable (b).	273,004	269,302		70,259	(59,622)
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	714	1,122		3,340	3,419
25.5 All other (b).	439	640		0	115
25.6 Totals (sum of Lines 25.1 to 25.5)	274,157	271,064	0	73,599	(56,088)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	274,157	271,064	0	73,599	(56,088)

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	194,148			0	194,148
2. Annuity considerations	0				0
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	194,148	0	0	0	194,148
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0		0	0	0
10. Matured endowments	0			0	0
11. Annuity benefits	0		0		0
12. Surrender values and withdrawals for life contracts	0			0	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 remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year		0				0		0	0	0
Settled during current year:										
18.1 By payment in full		0				0		0	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	178	73,974,501	0	(a) 0	0	0	0	0	178	73,974,501
21. Issued during year	37	19,585,004			0	0	0	0	37	19,585,004
22. Other changes to in force (Net)	(13)	(7,105,752)			0	0	0	0	(13)	(7,105,752)
23. In force December 31 of current year	202	86,453,753	0	(a) 0	0	0	0	0	202	86,453,753

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

(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 LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2014

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	255,339,107	.0	124,954	93,214	255,557,275
2. Annuity considerations	37,452,268	.0	.0	.0	37,452,268
3. Deposit-type contract funds	538,670	XXX	.0	XXX	538,670
4. Other considerations	.0	.0	.0	.0	.0
5. Totals (Sum of Lines 1 to 4)	293,330,045	0	124,954	93,214	293,548,213
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	.0	.0	.0	.0	.0
6.2 Applied to pay renewal premiums	.0	.0	.0	.0	.0
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)	.0	.0	.0	.0	.0
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 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	148,529,240	.0	6,830,338	249,133	155,608,712
10. Matured endowments	56,288	.0	.0	22,624	78,911
11. Annuity benefits	61,773,436	.0	108,738	.0	61,882,173
12. Surrender values and withdrawals for life contracts	24,617,205	.0	.0	106,156	24,723,361
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	.0	.0	.0	.0
15. Totals	234,976,168	0	6,939,076	377,913	242,293,157
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	.0	.0	.0	.0	.0
1399. Total (Lines 1301 through 1303 + 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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Incurred during current year	1,682	148,585,528	.0	.0	10	6,830,338	246	271,757	1,938	155,687,623
Settled during current year:										
18.1 By payment in full	1,682	148,585,528	.0	.0	10	6,830,338	246	271,757	1,938	155,687,623
18.2 By payment on compromised claims	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.3 Totals paid	1,682	148,585,528	.0	.0	10	6,830,338	246	271,757	1,938	155,687,623
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	1,682	148,585,528	.0	.0	10	6,830,338	246	271,757	1,938	155,687,623
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	396,444	82,883,861,421	(a)	.0	9	2,043,557,018	24,216	24,458,012	420,669	84,951,876,451
21. Issued during year	29,795	6,949,279,594	.0	.0	.0	20,412,500	.0	.0	29,795	6,969,692,094
22. Other changes to in force (Net)	(26,237)	(3,890,819,006)	.0	.0	.0	14,693,666	(878)	(986,249)	(27,115)	(3,877,111,590)
23. In force December 31 of current year	400,002	85,942,322,008	(a)	0	9	2,078,663,184	23,338	23,471,763	423,349	88,044,456,955

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).	44,504	45,403	.0	1,616,489	1,541,503
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).	27,050	32,932	.0	9,053	11,178
24.4 Medicare Title XVIII exempt from state taxes or fees	.0	.0	.0	.0	.0
Other Individual Policies:					
25.1 Non-cancelable (b).	.668	.702	.0	.0	.188
25.2 Guaranteed renewable (b).	5,676,406	5,696,707	.0	2,606,102	3,116,314
25.3 Non-renewable for stated reasons only (b).	.0	.0	.0	14,350	12,331
25.4 Other accident only	20,894	25,292	.0	9,827	6,447
25.5 All other (b).	24,348	29,882	.0	12,867	15,685
25.6 Totals (sum of Lines 25.1 to 25.5)	5,722,318	5,752,583	.0	2,643,147	3,150,964
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,793,872	5,830,919	0	4,268,688	4,703,646

(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

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year	5,442,887
2. Current year's realized pre-tax capital gains/(losses) of \$11,349,617 transferred into the reserve net of taxes of \$ 2,704,384	8,645,234
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)	14,088,120
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	5,068,497
6. Reserve as of December 31, current year (Line 4 minus Line 5)	9,019,623

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)
Year of Amortization				
1. 2014	1,530,047	3,538,450	0	5,068,497
2. 2015	1,172,331	1,858,459	0	3,030,790
3. 2016	986,363	1,387,378	0	2,373,741
4. 2017	824,004	1,009,995	0	1,833,999
5. 2018	604,073	621,693	0	1,225,766
6. 2019	419,167	216,929	0	636,096
7. 2020	299,002	3,356	0	302,358
8. 2021	223,523	2,758	0	226,281
9. 2022	188,276	2,111	0	190,387
10. 2023	166,248	1,469	0	167,717
11. 2024	139,582	778	0	140,360
12. 2025	111,097	395	0	111,492
13. 2026	35,123	346	0	35,470
14. 2027	(44,314)	296	0	(44,018)
15. 2028	(70,322)	241	0	(70,081)
16. 2029	(92,029)	181	0	(91,848)
17. 2030	(110,030)	140	0	(109,890)
18. 2031	(123,763)	111	0	(123,651)
19. 2032	(122,226)	80	0	(122,145)
20. 2033	(136,882)	52	0	(136,831)
21. 2034	(157,260)	16	0	(157,243)
22. 2035	(149,916)	0	0	(149,916)
23. 2036	(119,476)	0	0	(119,476)
24. 2037	(86,803)	0	0	(86,803)
25. 2038	(49,556)	0	0	(49,556)
26. 2039	(9,834)	0	0	(9,834)
27. 2040	9,003	0	0	9,003
28. 2041	5,734	0	0	5,734
29. 2042	1,720	0	0	1,720
30. 2043	0	0	0	0
31. 2044 and Later	0	0	0	0
32. Total (Lines 1 to 31)	5,442,887	8,645,234	0	14,088,120

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CINCINNATI 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	17,148,381	0	17,148,381	0	114,584	114,584	17,262,964
2. Realized capital gains/(losses) net of taxes-General Account	(5,833,383)		(5,833,383)			0	(5,833,383)
3. Realized capital gains/(losses) net of taxes-Separate Accounts	490,758		490,758			0	490,758
4. Unrealized capital gains/(losses) net of deferred taxes-General Account			0			0	0
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	5,396,193	0	5,396,193	0	22,555	22,555	5,418,747
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	17,201,949	0	17,201,949	0	137,138	137,138	17,339,087
9. Maximum reserve	25,544,396	0	25,544,396	0	169,160	169,160	25,713,557
10. Reserve objective	17,464,077	0	17,464,077	0	129,690	129,690	17,593,766
11. 20% of (Line 10 - Line 8)	52,426	0	52,426	0	(1,490)	(1,490)	50,936
12. Balance before transfers (Lines 8 + 11)	17,254,374	0	17,254,374	0	135,649	135,649	17,390,023
13. Transfers			0			0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	17,254,374	0	17,254,374	0	135,649	135,649	17,390,023

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

Line Num- ber	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1+2+3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4x5)	Factor	Amount (Cols. 4x7)	Factor	Amount (Cols. 4x9)
LONG-TERM BONDS												
1		Exempt Obligations	3,151,370	XXX	XXX	3,151,370	0.0000	0	0.0000	0	0.0000	0
2	1	Highest Quality	1,377,016,030	XXX	XXX	1,377,016,030	0.0004	550,806	0.0023	3,167,137	0.0030	4,131,048
3	2	High Quality	1,271,959,732	XXX	XXX	1,271,959,732	0.0019	2,416,723	0.0058	7,377,366	0.0090	11,447,638
4	3	Medium Quality	184,122,168	XXX	XXX	184,122,168	0.0093	1,712,336	0.0230	4,234,810	0.0340	6,260,154
5	4	Low Quality	11,712,646	XXX	XXX	11,712,646	0.0213	249,479	0.0530	620,770	0.0750	878,448
6	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7	6	In or Near Default	102,410	XXX	XXX	102,410	0.0000	0	0.2000	20,482	0.2000	20,482
8		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX	0	XXX		XXX		XXX	
9		Total Bonds (Sum of Lines 1 through 8)	2,848,064,356	XXX	XXX	2,848,064,356	XXX	4,929,345	XXX	15,420,565	XXX	22,737,770
PREFERRED STOCK												
10	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High Quality	5,046,800	XXX	XXX	5,046,800	0.0019	9,589	0.0058	29,271	0.0090	45,421
12	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	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)	5,046,800	XXX	XXX	5,046,800	XXX	9,589	XXX	29,271	XXX	45,421
SHORT-TERM BONDS												
18		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
20	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	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)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
DERIVATIVE INSTRUMENTS												
26		Exchange Traded		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		Total (Lines 9 + 17 + 25 + 33)	2,853,111,156	XXX	XXX	2,853,111,156	XXX	4,938,934	XXX	15,449,837	XXX	22,783,191

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

Line Num- ber	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. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
		MORTGAGE LOANS										
		In Good Standing:										
35		Farm Mortgages - CM1 - Highest Quality			XXX	0	0.0010	0	0.0050	0	0.0065	0
36		Farm Mortgages - CM2 - High Quality			XXX	0	0.0035	0	0.0100	0	0.0130	0
37		Farm Mortgages - CM3 - Medium Quality			XXX	0	0.0060	0	0.0175	0	0.0225	0
38		Farm Mortgages - CM4 - Low Medium Quality			XXX	0	0.0105	0	0.0300	0	0.0375	0
39		Farm Mortgages - CM5 - Low Quality			XXX	0	0.0160	0	0.0425	0	0.0550	0
40		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
41		Residential Mortgages - All Other			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 - CM1 - Highest Quality			XXX	0	0.0010	0	0.0050	0	0.0065	0
44		Commercial Mortgages - All Other - CM2 - High Quality			XXX	0	0.0035	0	0.0100	0	0.0130	0
45		Commercial Mortgages - All Other - CM3 - Medium Quality			XXX	0	0.0060	0	0.0175	0	0.0225	0
46		Commercial Mortgages - All Other - CM4 - Low Medium Quality			XXX	0	0.0105	0	0.0300	0	0.0375	0
47		Commercial Mortgages - All Other - CM5 - Low Quality			XXX	0	0.0160	0	0.0425	0	0.0550	0
		Overdue, Not in Process:										
48		Farm Mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
49		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
50		Residential Mortgages - All Other			XXX	0	0.0025	0	0.0058	0	0.0090	0
51		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
52		Commercial Mortgages - All Other			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In Process of Foreclosure:										
53		Farm Mortgages			XXX	0	0.0000	0	0.1700	0	0.1700	0
54		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
55		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0130	0	0.0130	0
56		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
57		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1700	0	0.1700	0
58		Total Schedule B Mortgages (Sum of Lines 35 through 57)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
59		Schedule DA Mortgages			XXX	0	0.0030	0	0.0100	0	0.0130	0
60		Total Mortgage Loans on Real Estate (Lines 58 + 59)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

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

Line Number	NAIC Designation	Description	1	2	3	4	BASIC CONTRIBUTION		RESERVE OBJECTIVE		MAXIMUM RESERVE	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Col. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
COMMON STOCK												
1		Unaffiliated Public		XXX	XXX	0	0.0000	0	0.1300 (a)	0	0.1300 (a)	0
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
Affiliated Investment Subsidiary:												
5		Fixed Income Exempt Obligations	0	0	0	0	XXX	0	XXX	0	XXX	0
6		Fixed Income Highest Quality	0	0	0	0	XXX	0	XXX	0	XXX	0
7		Fixed Income High Quality	0	0	0	0	XXX	0	XXX	0	XXX	0
8		Fixed Income Medium Quality	0	0	0	0	XXX	0	XXX	0	XXX	0
9		Fixed Income Low Quality	0	0	0	0	XXX	0	XXX	0	XXX	0
10		Fixed Income Lower Quality	0	0	0	0	XXX	0	XXX	0	XXX	0
11		Fixed Income In or Near Default	0	0	0	0	XXX	0	XXX	0	XXX	0
12		Unaffiliated Common Stock Public				0	0.0000	0	0.1300 (a)	0	0.1300 (a)	0
13		Unaffiliated Common Stock Private				0	0.0000	0	0.1600	0	0.1600	0
14		Real Estate				0	(b)	0	(b)	0	(b)	0
15		Affiliated-Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
16		Affiliated - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
17		Total Common Stock (Sum of Lines 1 through 16)	0	0	0	0	XXX	0	XXX	0	XXX	0
REAL ESTATE												
18		Home Office Property (General Account only)				0	0.0000	0	0.0750	0	0.0750	0
19		Investment Properties				0	0.0000	0	0.0750	0	0.0750	0
20		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
21		Total Real Estate (Sum of Lines 18 through 20)	0	0	0	0	XXX	0	XXX	0	XXX	0
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
24	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
25	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
26	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
27	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
28	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
29		Total with Bond Characteristics (Sum of Lines 22 through 28)	0	XXX	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	2	3	4	BASIC CONTRIBUTION		RESERVE OBJECTIVE		MAXIMUM RESERVE	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Col. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30	1	Highest Quality	56,386,740	XXX	XXX	56,386,740	0.0004	22,555	0.0023	129,690	0.0030	169,160
31	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
32	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
33	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
34	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
35	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
36		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	56,386,740	XXX	XXX	56,386,740	XXX	22,555	XXX	129,690	XXX	169,160
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38		Mortgages - CM1 - Highest Quality			XXX	0	0.0010	0	0.0050	0	0.0065	0
39		Mortgages - CM2 - High Quality			XXX	0	0.0035	0	0.0100	0	0.0130	0
40		Mortgages - CM3 - Medium Quality			XXX	0	0.0060	0	0.0175	0	0.0225	0
41		Mortgages - CM4 - Low Medium Quality			XXX	0	0.0105	0	0.0300	0	0.0375	0
42		Mortgages - CM5 - Low Quality			XXX	0	0.0160	0	0.0425	0	0.0550	0
43		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
44		Residential Mortgages - All Other		XXX	XXX	0	0.0013	0	0.0030	0	0.0040	0
45		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
		Overdue, Not in Process Affiliated:										
46		Farm Mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
47		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
48		Residential Mortgages - All Other			XXX	0	0.0025	0	0.0058	0	0.0090	0
49		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
50		Commercial Mortgages - All Other			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In Process of Foreclosure Affiliated:										
51		Farm Mortgages			XXX	0	0.0000	0	0.1700	0	0.1700	0
52		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
53		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0130	0	0.0130	0
54		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
55		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1700	0	0.1700	0
56		Total Affiliated (Sum of Lines 38 through 55)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
57		Unaffiliated - In Good Standing With Covenants			XXX	0	0.0000 (c)	0	0.0000 (c)	0	0.0000 (c)	0
58		Unaffiliated - In Good Standing Defeased With Government Securities			XXX	0	0.0010	0	0.0050	0	0.0065	0
59		Unaffiliated - In Good Standing - Primarily Senior			XXX	0	0.0035	0	0.0100	0	0.0130	0
60		Unaffiliated - In Good Standing All Other			XXX	0	0.0060	0	0.0175	0	0.0225	0
61		Unaffiliated - Overdue, Not in Process			XXX	0	0.0420	0	0.0760	0	0.1200	0
62		Unaffiliated - In Process of Foreclosure			XXX	0	0.0000	0	0.1700	0	0.1700	0
63		Total Unaffiliated (Sum of Lines 57 through 62)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
64		Total with Mortgage Loan Characteristics (Lines 56 + 63)	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	2	3	4	BASIC CONTRIBUTION		RESERVE OBJECTIVE		MAXIMUM RESERVE	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Col. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
65		Unaffiliated Public		XXX	XXX	0	0.0000	0	0.1300 (a)	0	0.1300 (a)	0
66		Unaffiliated Private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
67		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
68		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
69		Affiliated Other - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
70		Total with Common Stock Characteristics (Sum of Lines 65 through 69)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
71		Home Office Property (General Account only)				0	0.0000	0	0.0750	0	0.0750	0
72		Investment Properties				0	0.0000	0	0.0750	0	0.0750	0
73		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
74		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	0	0	0	0	XXX	0	XXX	0	XXX	0
LOW INCOME HOUSING TAX CREDIT INVESTMENTS												
75		Guaranteed Federal Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	0
76		Non-guaranteed Federal Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
77		Guaranteed State Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	0
78		Non-guaranteed State Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
79		All Other Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	0
80		Total LIHTC (Sum of Lines 75 through 79)	0	0	0	0	XXX	0	XXX	0	XXX	0
ALL OTHER INVESTMENTS												
81		NAIC 1 Working Capital Finance Investments		XXX		0	0.0000	0	0.0037	0	0.0037	0
82		NAIC 2 Working Capital Finance Investments		XXX		0	0.0000	0	0.0120	0	0.0120	0
83		Other Invested Assets - Schedule BA		XXX		0	0.0000	0	0.1300	0	0.1300	0
84		Other Short-Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1300	0	0.1300	0
85		Total All Other (Sum of Lines 81, 82, 83 and 84)	0	XXX	0	0	XXX	0	XXX	0	XXX	0
86		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)	56,386,740	0	0	56,386,740	XXX	22,555	XXX	129,690	XXX	169,160

(a) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).
(b) Determined using same factors and breakdowns used for directly owned real estate.
(c) This will be the factor associated with the risk category determined in the company generated worksheet.

SCHEDULE F

Showing all claims for death losses and all other contract claims resisted or compromised during the year, and all claims for death losses and all other contract claims resisted December 31 of current year

1	2	3	4	5	6	7	8
Contract Numbers	Claim Numbers	State of Residence of Claimant	Year of Claim for Death or Disability	Amount Claimed	Amount Paid During the Year	Amount Resisted Dec. 31 of Current Year	Why Compromised or Resisted
Disposed Death Claims - Ordinary							
6302455L		WI	2013	250,000	176,121		SETTLEMENT REACHED
6249528L		WI	2013	300,000	37,364		SETTLEMENT REACHED
0199999 - Disposed Death Claims - Ordinary				550,000	213,485	0	XXX
0599999 - Subtotals - Disposed - Death Claims				550,000	213,485	0	XXX
2699999 - Subtotals - Claims Disposed of During Current Year				550,000	213,485	0	XXX
Resisted Death Claims - Ordinary							
6091080P		VA	2008	19,631		19,631	MATERIAL MISREPRESENTATION
6276199L		GA	2013	1,000,000		1,000,000	MATERIAL MISREPRESENTATION
P2496656		SC	2014	25,885		25,885	POLICY LAPSED PRIOR TO DEATH
6318159L		TN	2013	100,000		100,000	MATERIAL MISREPRESENTATION
L2823484		IN	2014	25,000		25,000	POLICY LAPSED PRIOR TO DEATH
2799999 - Resisted Death Claims - Ordinary				1,170,516	0	1,170,516	XXX
3199999 - Subtotals - Resisted - Death Claims				1,170,516	0	1,170,516	XXX
5299999 - Subtotals - Claims Resisted During Current Year				1,170,516	0	1,170,516	XXX
5399999 Totals				1,720,516	213,485	1,170,516	XXX

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CINCINNATI 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									
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written	2,546,779	XXX.	710,922	XXX.		XXX.		XXX.	271	XXX.	1,813,638	XXX.		XXX.	11,425	XXX.	10,523	XXX.
2.	Premiums earned	2,577,508	XXX.	710,922	XXX.		XXX.		XXX.	289	XXX.	1,843,791	XXX.		XXX.	11,714	XXX.	10,792	XXX.
3.	Incurred claims	1,889,385	73.3	981,297	138.0		0.0		0.0		0.0	894,798	48.5	5,164	0.0	4,188	35.8	3,938	36.5
4.	Cost containment expenses	8,683	0.3	8,683	1.2		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)	1,898,068	73.6	989,980	139.3	0	0.0	0	0.0	0	0.0	894,798	48.5	5,164	0.0	4,188	35.8	3,938	36.5
6.	Increase in contract reserves	449,515	17.4	0	0.0	0	0.0	0	0.0	0	0.0	449,515	24.4	0	0.0	0	0.0	0	0.0
7.	Commissions (a)	(108,181)	(4.2)	(33,243)	(4.7)		0.0		0.0	5	1.7	(75,312)	(4.1)		0.0	192	1.6	177	1.6
8.	Other general insurance expenses	1,665,234	64.6	269,370	37.9		0.0	6,038	0.0	98	33.9	1,330,362	72.2		0.0	15,808	134.9	43,558	403.6
9.	Taxes, licenses and fees	188,606	7.3	36,417	5.1		0.0	83	0.0	1	0.3	150,877	8.2		0.0	311	2.7	917	8.5
10.	Total other expenses incurred	1,745,659	67.7	272,544	38.3	0	0.0	6,121	0.0	104	36.0	1,405,927	76.3	0	0.0	16,311	139.2	44,652	413.8
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
12.	Gain from underwriting before dividends or refunds	(1,515,734)	(58.8)	(551,602)	(77.6)	0	0.0	(6,121)	0.0	185	64.0	(906,449)	(49.2)	(5,164)	0.0	(8,785)	(75.0)	(37,798)	(350.2)
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	(1,515,734)	(58.8)	(551,602)	(77.6)	0	0.0	(6,121)	0.0	185	64.0	(906,449)	(49.2)	(5,164)	0.0	(8,785)	(75.0)	(37,798)	(350.2)
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 through 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 \$reported as "Contract, membership and other fees retained by agents."

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit A&H (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	302,488	899			3	301,336		130	120
2. Advance premiums	33,312					33,283		15	14
3. Reserve for rate credits	0								
4. Total premium reserves, current year	335,800	899	0	0	3	334,619	0	145	134
5. Total premium reserves, prior year	366,528	899	0	0	21	364,772	0	434	402
6. Increase in total premium reserves	(30,728)	0	0	0	(18)	(30,153)	0	(289)	(268)
B. Contract Reserves:									
1. Additional reserves (a)	6,805,243					6,805,243			
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	6,805,243	0	0	0	0	6,805,243	0	0	0
4. Total contract reserves, prior year	6,355,728	0	0	0	0	6,355,728	0	0	0
5. Increase in contract reserves	449,515	0	0	0	0	449,515	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year	10,558,484	6,484,721				4,062,795	4,280	2,931	3,757
2. Total prior year	10,482,416	6,482,648	0	0	0	3,982,116	7,039	560	10,053
3. Increase	76,069	2,073	0	0	0	80,680	(2,759)	2,371	(6,296)

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	1,129,489	835,295				279,244	5,962	474	8,514
1.2 On claims incurred during current year	683,829	143,929				534,875	1,961	1,343	1,721
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	8,836,846	5,622,402				3,212,763	656	449	576
2.2 On claims incurred during current year	1,721,638	862,319				850,032	3,624	2,482	3,181
3. Test:									
3.1 Lines 1.1 and 2.1	9,966,335	6,457,697	0	0	0	3,492,007	6,618	923	9,090
3.2 Claim reserves and liabilities, December 31 prior year	10,482,415	6,482,649	0	0	0	3,982,115	7,040	560	10,053
3.3 Line 3.1 minus Line 3.2	(516,080)	(24,952)	0	0	0	(490,108)	(422)	364	(963)

PART 4 - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	0								
2. Premiums earned	0								
3. Incurred claims	0								
4. Commissions	0								
B. Reinsurance Ceded:									
1. Premiums written	4,516,374	665,791		449	7	3,849,362		347	418
2. Premiums earned	4,585,620	665,791		449	7	3,918,608		347	418
3. Incurred claims	2,814,261	560,206				2,248,989	1,977	1,354	1,735
4. Commissions	827,144	33,243				793,901			

(a) Includes \$ 0 premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims.....	3,998,099		705,547	4,703,646
2. Beginning Claim Reserves and Liabilities.....	19,842,249	0	3,501,573	23,343,823
3. Ending Claim Reserves and Liabilities	20,211,964		3,566,817	23,778,781
4. Claims Paid	3,628,385	0	640,303	4,268,688
B. Assumed Reinsurance:				
5. Incurred Claims.....				0
6. Beginning Claim Reserves and Liabilities.....	0	0	0	0
7. Ending Claim Reserves and Liabilities.....				0
8. Claims Paid	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred Claims.....	2,392,122		422,139	2,814,261
10. Beginning Claim Reserves and Liabilities.....	11,073,130	0	1,954,082	13,027,212
11. Ending Claim Reserves and Liabilities.....	11,312,261		1,996,281	13,308,543
12. Claims Paid	2,152,991	0	379,940	2,532,930
D. Net:				
13. Incurred Claims.....	1,605,977	0	283,408	1,889,385
14. Beginning Claim Reserves and Liabilities.....	8,769,119	0	1,547,492	10,316,611
15. Ending Claim Reserves and Liabilities.....	8,899,702	0	1,570,536	10,470,238
16. Claims Paid.....	1,475,394	0	260,364	1,735,758
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses.....	1,614,660		283,408	1,898,068
18. Beginning Reserves and Liabilities.....	8,769,119	0	1,547,492	10,316,611
19. Ending Reserves and Liabilities.....	8,899,702		1,570,536	10,470,238
20. Paid Claims and Cost Containment Expenses	1,484,077	0	260,364	1,744,441

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

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CINCINNATI 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 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9	10		12	13		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
68276	48-1024691	01/01/1990	EMPLOYERS REASSUR CORP.	KS	CO/I	AXXX	238,581		1,388	3,209				
68276	48-1024691	01/01/1990	EMPLOYERS REASSUR CORP.	KS	CO/I	OL	141,221,692	18,583,019	20,390,888	382,318				
68276	48-1024691	01/01/1990	EMPLOYERS REASSUR CORP.	KS	YRT/I	AXXX	2,417,752	22,135	20,596	27,328				
68276	48-1024691	01/01/1990	EMPLOYERS REASSUR CORP.	KS	YRT/I	XXXL	875,735	5,305	4,863	6,651				
68276	48-1024691	01/01/1990	EMPLOYERS REASSUR CORP.	KS	YRT/I	OL	1,713,650	6,568	39,202	2,493				
68276	48-1024691	01/01/1990	EMPLOYERS REASSUR CORP.	KS	DIS/I	OL		54,763	38,708	2,494				
86258	13-2572994	08/01/2001	GENERAL RE LIFE CORP.	CT	CO/I	XXXL	59,497,736	2,731,242	2,548,661	97,301				
86258	13-2572994	01/01/1967	GENERAL RE LIFE CORP.	CT	YRT/I	AXXX	99,178	104	97	205	0	0		
86258	13-2572994	01/01/1967	GENERAL RE LIFE CORP.	CT	YRT/I	XXXL	281,157	567	504	555				
86258	13-2572994	01/01/1967	GENERAL RE LIFE CORP.	CT	YRT/I	OL	367,668	11,566	10,801	15,309				
86258	13-2572994	01/01/1967	GENERAL RE LIFE CORP.	CT	DIS/I	OL		20,173	18,810	889				
97071	13-3126819	03/01/1981	SCOR GLOBAL LIFE USA REINS CO.	DE	CO/I	OL	3,105,681	33,777	31,135	49,935	0	0		
97071	13-3126819	08/13/1969	SCOR GLOBAL LIFE USA REINS CO.	DE	YRT/I	OL	415,402	6,922	6,674	8,490				
97071	13-3126819	07/30/1986	SCOR GLOBAL LIFE USA REINS CO.	DE	ACO/I	OL		229,630	223,030		0	0		
97071	13-3126819	08/13/1969	SCOR GLOBAL LIFE USA REINS CO.	DE	DIS/I	OL		362,452	337,992					
97071	13-3126819	08/13/1969	SCOR GLOBAL LIFE USA REINS CO.	DE	OTH/G	OL	250,389	24,883	23,243	358,929	0	0		
88340	59-2859797	04/01/2002	HANNOVER LIFE REASSUR CO OF AMER.	FL	CO/I	XXXL	507,887,795	14,528,419	14,356,627	823,214				
88340	59-2859797	04/01/2002	HANNOVER LIFE REASSUR CO OF AMER.	FL	YRT/I	AXXX	1,608,622	12,148	10,886	17,692				
88340	59-2859797	04/01/2002	HANNOVER LIFE REASSUR CO OF AMER.	FL	YRT/I	XXXL	1,782,132,598	1,273,213	736,175	946,708	0	0		
88340	59-2859797	04/01/2002	HANNOVER LIFE REASSUR CO OF AMER.	FL	YRT/I	OL	17,401,055	16,290	11,590	22,677	0	0		
88340	59-2859797	04/01/2002	HANNOVER LIFE REASSUR CO OF AMER.	FL	DIS/I	OL		67,963	64,027	11,193				
65056	38-1659835	01/01/1999	JACKSON NATL LIFE INS CO.	MI	CO/I	OL	9,486,100	6,025,936	6,497,194	107,488				
65676	35-0472300	09/15/1997	LINCOLN NATL LIFE INS CO.	IN	CO/I	XXXL	1,721,707,383	20,483,215	20,340,026	2,697,146				
65676	35-0472300	09/15/1997	LINCOLN NATL LIFE INS CO.	IN	CO/I	OL	2,158,799,230	7,872,957	7,654,925	2,979,763				
65676	35-0472300	09/15/1997	LINCOLN NATL LIFE INS CO.	IN	YRT/I	AXXX	19,346,100	201,007	185,939	165,738				
65676	35-0472300	09/15/1997	LINCOLN NATL LIFE INS CO.	IN	YRT/I	XXXL	21,267,856	163,654	151,842	159,244				
65676	35-0472300	09/15/1997	LINCOLN NATL LIFE INS CO.	IN	YRT/I	OL	146,656,692	367,299	359,866	578,481				
65676	35-0472300	09/15/1997	LINCOLN NATL LIFE INS CO.	IN	DIS/I	OL		1,412,630	1,254,968	87,973				
66346	58-0828824	02/01/1988	MUNICH AMER REASSUR CO.	GA	CO/I	XXXL	59,977,739	2,732,551	2,549,860	98,036				
66346	58-0828824	02/01/1988	MUNICH AMER REASSUR CO.	GA	CO/I	OL	3,763,691	22,755	20,841	17,586				
66346	58-0828824	10/01/1994	MUNICH AMER REASSUR CO.	GA	YRT/I	AXXX	103,374,848	225,410	161,875	210,923				
66346	58-0828824	10/01/1994	MUNICH AMER REASSUR CO.	GA	YRT/I	XXXL	2,001,641,292	3,546,779	3,238,022	3,682,926				
66346	58-0828824	10/01/1994	MUNICH AMER REASSUR CO.	GA	YRT/I	OL	15,423,789	34,713	26,253	47,445				
66346	58-0828824	02/01/1988	MUNICH AMER REASSUR CO.	GA	DIS/I	OL		63,056	25,636	11,214				
66346	58-0828824	02/01/1988	MUNICH AMER REASSUR CO.	GA	ADB/I	OL				169,239				
67466	95-1079000	04/01/2002	PACIFIC LIFE INS CO.	NE	CO/I	XXXL	1,854,641,855	47,849,294	46,500,906	3,074,635				
67466	95-1079000	04/01/2002	PACIFIC LIFE INS CO.	NE	YRT/I	AXXX	4,152,186	32,669	27,658	23,742				
67466	95-1079000	04/01/2002	PACIFIC LIFE INS CO.	NE	YRT/I	XXXL	4,034,171	30,031	27,266	22,495				
67466	95-1079000	04/01/2002	PACIFIC LIFE INS CO.	NE	YRT/I	OL	4,466,071	24,724	20,390	23,538				
67466	95-1079000	04/01/2002	PACIFIC LIFE INS CO.	NE	DIS/I	OL		198,913	185,919	19,731				
93572	43-1235868	09/01/1995	RGA REINS CO.	MO	YRT/I	AXXX	139,414,353	384,786	277,880	388,969				
93572	43-1235868	09/01/1995	RGA REINS CO.	MO	YRT/I	XXXL	7,964,898,197	11,094,726	9,689,727	10,726,209				
93572	43-1235868	09/01/1995	RGA REINS CO.	MO	YRT/I	OL	54,454,672	134,043	144,310	256,941				
93572	43-1235868	09/01/1995	RGA REINS CO.	MO	DIS/I	OL		80,731	25,632	37,287				
93572	43-1235868	09/01/1995	RGA REINS CO.	MO	OTH/G	OL	176,700,750			541,420				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER INS CO.	CO	CO/I	XXXL	3,291,898,621	93,615,498	91,199,631	5,128,963				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER INS CO.	CO	CO/I	OL	79,220,115	342,548	330,037	149,847				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER INS CO.	CO	YRT/I	AXXX	38,224,208	450,355	536,996	201,172				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER INS CO.	CO	YRT/I	XXXL	97,605,655	580,593	649,483	326,762				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER INS CO.	CO	YRT/I	OL	109,183,998	564,446	582,395	701,858				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER INS CO.	CO	DIS/I	OL		471,254	434,259	48,521				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER INS CO.	CO	OTH/G	OL	6,969,243	9,289	8,645	19,515				
71706	57-0290111	07/01/1970	STANDARD LIFE & CAS INS CO.	UT	CO/I	OL	1,550,403	903,497	907,937	19,167				
82627	06-0839705	05/01/1981	SWISS RE LIFE & HLTH AMER INC.	CT	CO/I	XXXL	5,603,251,911	125,946,892	124,270,447	9,293,885				
82627	06-0839705	05/01/1981	SWISS RE LIFE & HLTH AMER INC.	CT	CO/I	OL	2,191,180,928	29,290,001	28,970,640	3,079,616				
82627	06-0839705	08/01/1978	SWISS RE LIFE & HLTH AMER INC.	CT	YRT/I	AXXX	43,530,615	345,143	303,654	358,329				
82627	06-0839705	08/01/1978	SWISS RE LIFE & HLTH AMER INC.	CT	YRT/I	XXXL	4,669,629,125	4,843,096	3,904,813	4,089,419				
82627	06-0839705	08/01/1978	SWISS RE LIFE & HLTH AMER INC.	CT	YRT/I	OL	51,537,539	368,014	346,146	685,124				
82627	06-0839705	08/01/1978	SWISS RE LIFE & HLTH AMER INC.	CT	DIS/I	OL		1,732,206	1,576,355	140,535				
82627	06-0839705	06/01/1974	SWISS RE LIFE & HLTH AMER INC.	CT	OTH/G	OL	317,943,304	9,353	8,734	1,161,782				

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SCHEDULE S - PART 4

[illegible]

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
0000001	8282	1	021000089	CITIBANK, N.A.	18,727

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SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business (000 OMITTED)					
	1 2014	2 2013	3 2012	4 2011	5 2010
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	61,282	59,235	56,960	54,859	53,504
2. Commissions and reinsurance expense allowances	5,966	6,224	6,567	6,732	7,152
3. Contract claims	64,119	54,621	37,623	29,923	47,597
4. Surrender benefits and withdrawals for life contracts	2,604	112	411	578	3,276
5. Dividends to policyholders		0	0	0	0
6. Reserve adjustments on reinsurance ceded	0	0	0	0	0
7. Increase in aggregate reserves for life and accident and health contracts	10,634	17,530	18,909	21,342	20,700
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	16,456	15,708	15,476	15,365	15,243
9. Aggregate reserves for life and accident and health contracts	439,364	428,730	411,127	392,219	370,876
10. Liability for deposit-type contracts		0	0	0	0
11. Contract claims unpaid	11,390	6,884	6,710	3,843	9,385
12. Amounts recoverable on reinsurance	5,316	347	1,514	2,287	3,692
13. Experience rating refunds due or unpaid		0	0	0	0
14. Policyholders' dividends (not included in Line 10)		0	0	0	0
15. Commissions and reinsurance expense allowances due	1,689	1,683	1,828	1,871	2,030
16. Unauthorized reinsurance offset	0	0	0	0	0
17. Offset for reinsurance with Certified Reinsurers	0	0	0	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)	19	17	15	16	20
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	0	0	XXX	XXX
23. Funds deposited by and withheld from (F)	0	0	0	XXX	XXX
24. Letters of credit (L)	0	0	0	XXX	XXX
25. Trust agreements (T)	0	0	0	XXX	XXX
26. Other (O)	0	0	0	XXX	XXX

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)	3,004,459,983		3,004,459,983
2. Reinsurance (Line 16)	7,004,755	(7,004,755)	0
3. Premiums and considerations (Line 15)	117,693,987	16,455,750	134,149,737
4. Net credit for ceded reinsurance	XXX	441,303,355	441,303,355
5. All other admitted assets (balance)	71,974,647		71,974,647
6. Total assets excluding Separate Accounts (Line 26)	3,201,133,372	450,754,349	3,651,887,721
7. Separate Account assets (Line 27)	714,841,223		714,841,223
8. Total assets (Line 28)	3,915,974,595	450,754,349	4,366,728,945
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	2,685,411,537	439,364,305	3,124,775,842
10. Liability for deposit-type contracts (Line 3)	183,381,030		183,381,030
11. Claim reserves (Line 4)	17,973,302	11,390,045	29,363,346
12. Policyholder dividends/reserves (Lines 5 through 7)	110		110
13. Premium & annuity considerations received in advance (Line 8)	1,280,278		1,280,278
14. Other contract liabilities (Line 9)	25,475,373		25,475,373
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	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		0
19. All other liabilities (balance)	64,157,716		64,157,716
20. Total liabilities excluding Separate Accounts (Line 26)	2,977,679,344	450,754,349	3,428,433,694
21. Separate Account liabilities (Line 27)	714,841,223		714,841,223
22. Total liabilities (Line 28)	3,692,520,568	450,754,349	4,143,274,917
23. Capital & surplus (Line 38)	223,454,028	XXX	223,454,028
24. Total liabilities, capital & surplus (Line 39)	3,915,974,595	450,754,349	4,366,728,945
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	439,364,305		
26. Claim reserves	11,390,045		
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	7,004,755		
32. Other ceded reinsurance recoverables	0		
33. Total ceded reinsurance recoverables	457,759,105		
34. Premiums and considerations	16,455,750		
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	16,455,750		
41. Total net credit for ceded reinsurance	441,303,355		

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CINCINNATI LIFE INSURANCE COMPANY

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

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL	4,576,964	322,938	47,460	43,129	0	4,990,492
2. Alaska	AK	48,591	0	0	0	0	48,591
3. Arizona	AZ	2,199,877	67,065	9,371	14,726	0	2,291,038
4. Arkansas	AR	2,731,830	698,091	5,805	0	387,177	3,822,904
5. California	CA	6,411,899	486,086	5,889	0	0	6,903,874
6. Colorado	CO	1,632,990	38,199	17,621	0	0	1,688,810
7. Connecticut	CT	549,098	0	1,273	0	0	550,371
8. Delaware	DE	341,647	86,171	2,091	1,894	0	431,803
9. District of Columbia	DC	120,548	0	628	1,846	0	123,022
10. Florida	FL	6,590,698	704,061	14,217	150,323	0	7,459,298
11. Georgia	GA	13,178,014	78,010	50,051	299,582	0	13,605,658
12. Hawaii	HI	45,984	0	0	0	0	45,984
13. Idaho	ID	720,120	22,609	5,822	0	0	748,551
14. Illinois	IL	16,420,488	3,637,496	204,238	185,348	20,000	20,467,569
15. Indiana	IN	16,771,338	1,450,274	270,502	55,706	0	18,547,820
16. Iowa	IA	10,511,493	7,639,734	61,007	60,520	108,778	18,381,532
17. Kansas	KS	3,536,646	204,331	12,548	14,015	0	3,767,540
18. Kentucky	KY	9,110,666	230,831	73,546	166,190	0	9,581,234
19. Louisiana	LA	694,257	0	1,166	0	0	695,423
20. Maine	ME	97,492	6,500	0	0	0	103,992
21. Maryland	MD	2,834,178	610,636	31,694	9,175	0	3,485,682
22. Massachusetts	MA	536,838	0	1,645	0	0	538,483
23. Michigan	MI	13,039,242	2,729,781	262,231	156,727	0	16,187,980
24. Minnesota	MN	9,593,607	3,340,670	45,010	28,919	0	13,008,205
25. Mississippi	MS	355,656	300	1,355	0	0	357,311
26. Missouri	MO	7,752,833	263,296	31,296	29,802	0	8,077,226
27. Montana	MT	1,194,076	25,510	6,531	0	0	1,226,117
28. Nebraska	NE	1,896,348	276,780	3,786	3,675	0	2,180,588
29. Nevada	NV	445,048	6,470	17,910	0	0	469,428
30. New Hampshire	NH	323,645	3,000	2,675	1,618	0	330,939
31. New Jersey	NJ	603,143	0	0	0	0	603,143
32. New Mexico	NM	364,217	469,755	0	8,518	0	842,490
33. New York	NY	326,763	6,000	0	0	0	332,763
34. North Carolina	NC	12,165,608	464,189	97,756	122,441	0	12,849,994
35. North Dakota	ND	1,452,071	6,912	4,117	0	0	1,463,100
36. Ohio	OH	45,493,381	3,214,707	436,658	903,348	0	50,048,093
37. Oklahoma	OK	685,716	0	5,054	0	0	690,769
38. Oregon	OR	669,896	0	959	0	0	670,854
39. Pennsylvania	PA	18,657,236	5,195,508	245,891	106,628	0	24,205,262
40. Rhode Island	RI	69,350	0	0	0	0	69,350
41. South Carolina	SC	3,765,947	97,658	25,783	96,002	0	3,985,390
42. South Dakota	SD	1,137,611	355,909	1,215	0	0	1,494,735
43. Tennessee	TN	8,875,411	2,448,348	87,264	61,451	0	11,472,474
44. Texas	TX	7,462,642	549,977	13,448	7,816	0	8,033,882
45. Utah	UT	1,243,544	50,950	19,811	0	0	1,314,305
46. Vermont	VT	381,853	0	4,717	0	0	386,571
47. Virginia	VA	4,384,267	62,347	45,575	39,325	0	4,531,514
48. Washington	WA	1,804,571	27,300	8,331	0	0	1,840,202
49. West Virginia	WV	2,485,410	89,218	33,896	7,457	22,715	2,638,696
50. Wisconsin	WI	9,072,204	1,484,653	96,149	148,147	0	10,801,153
51. Wyoming	WY	194,148	0	0	0	0	194,148
52. American Samoa	AS	0	0	0	0	0	0
53. Guam	GU	0	0	0	0	0	0
54. Puerto Rico	PR	178	0	0	0	0	178
55. US Virgin Islands	VI	0	0	0	0	0	0
56. Northern Mariana Islands	MP	0	0	0	0	0	0
57. Canada	CAN	0	0	0	0	0	0
58. Aggregate Other Alien	OT	0	0	0	0	0	0
59. Totals		255,557,275	37,452,268	2,313,992	2,724,325	538,670	298,586,530

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation
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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 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 Accountants 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?
-YES.....
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?
-NO.....
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?
-NO.....
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?
-YES.....
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.....
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.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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?	.....NO.....
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 Workers' 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.....
40.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5), be filed with the state of domicile by March 15?	.....YES.....

APRIL FILING

41.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....YES.....
42.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	.....YES.....
43.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	.....NO.....
44.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....
45.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	.....YES.....
46.	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.....
47.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....SEE EXPLANATION.....
48.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....SEE EXPLANATION.....
49.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile and the NAIC by April 30?	.....NO.....
50.	Will the Supplemental XXX/AXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	.....YES.....

AUGUST FILING

51.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?YES.....
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Explanation:

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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47.Exemption waiver received from the State of Ohio due to the limited number of policies covered by the exhibit.

48.Exemption waiver received from the State of Ohio due to the limited number of policies covered by the exhibit.

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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7 6 2 3 6 2 0 1 4 2 2 6 0 0 0 0 0

43. 
7 6 2 3 6 2 0 1 4 2 3 0 5 9 0 0 0

49. 
7 6 2 3 6 2 0 1 4 4 3 5 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

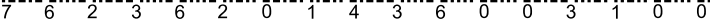
OVERFLOW PAGE FOR WRITE-INS

L002 Additional Aggregate Lines for Page 02 Line 25.
*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2504. AGENTS' BALANCES.....	17,216	17,216	0	0
2505. TUITION REIMBURSEMENT RECEIVABLE.....	58,098	22,646	35,452	88,113
2597. Summary of remaining write-ins for Line 25 from Page 02	75,314	39,862	35,452	88,113

L003 Additional Aggregate Lines for Page 03 Line 25.
*LIAB - Liabilities

	1	2
	Current Year	Prior Year
2504. RETIRED LIVES RESERVE.....	23,827	22,911
2597. Summary of remaining write-ins for Line 25 from Page 3	23,827	22,911



SUPPLEMENT FOR THE YEAR 2014 OF THE CINCINNATI LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Arizona

NAIC Group Code 00244

Address (City, State and Zip Code) FAIRFIELD, OH 45014-5141

Person Completing This Exhibit Roger A. Brown

Title	Vice President & Actuary
--------------	--------------------------

NAIC Company Code 76236

Telephone Number 513-870-2000

[illegible]

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: P.O. BOX 145496 CINCINNATI, OH 45250-5496
- 2.2 Contact Person and Phone Number: ANN BINZER 513-870-2282
-
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
- 3.1 Address: P.O. BOX 145496 CINCINNATI, OH 45250-5496
- 3.2 Contact Person and Phone Number: ANN BINZER 513-870-2282
-
4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Florida

NAIC Group Code 00244

Address (City, State and Zip Code) FAIRFIELD, OH 45014-5141

Person Completing This Exhibit Roger A. Brown

Title Vice President & Actuary

NAIC Company Code 76236

Telephone Number 513-870-2000

1. If response in Column 1 is no, give full and complete details

GENERAL INTERROGATORIES

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: P.O. BOX 145496 CINCINNATI, OH 45250-5496
- 2.2 Contact Person and Phone Number: ANN BINZER 513-870-2282
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
- 3.1 Address: P.O. BOX 145496 CINCINNATI, OH 45250-5496
- 3.2 Contact Person and Phone Number: ANN BINZER 513-870-2282
4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Illinois

NAIC Group Code 00244

Address (City, State and Zip Code) FAIRFIELD, OH 45014-5141

Person Completing This Exhibit Roger A. Brown

Title Vice President & Actuary

NAIC Company Code 76236

Telephone Number 513-870-2000

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

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: P.O. BOX 145496 CINCINNATI, OH 45250-5496 _____
- 2.2 Contact Person and Phone Number: ANN BINZER 513-870-2282 _____
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B). _____
- 3.1 Address: P.O. BOX 145496 CINCINNATI, OH 45250-5496 _____
- 3.2 Contact Person and Phone Number: ANN BINZER 513-870-2282 _____
4. Explain any policies identified above as policy type "O" _____



For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Indiana

NAIC Group Code 00244

Address (City, State and Zip Code) FAIRFIELD, OH 45014-5141

Person Completing This Exhibit Roger A. Brown

Title Vice President & Actuary

NAIC Company Code 76236

Telephone Number 513-870-2000

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

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: P.O. BOX 145496 CINCINNATI, OH 45250-5496 _____
- 2.2 Contact Person and Phone Number: ANN BINZER 513-870-2282 _____
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B). _____
- 3.1 Address: P.O. BOX 145496 CINCINNATI, OH 45250-5496 _____
- 3.2 Contact Person and Phone Number: ANN BINZER 513-870-2282 _____
4. Explain any policies identified above as policy type "O" _____



For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Washington

NAIC Group Code 00244

Address (City, State and Zip Code) FAIRFIELD, OH 45014-5141

Person Completing This Exhibit Roger A. Brown

Title Vice President & Actuary

NAIC Company Code 76236

Telephone Number 513-870-2000

1. If response in Column 1 is no, give full and complete details

GENERAL INTERROGATORIES

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: P.O. BOX 145496 CINCINNATI, OH 45250-5496
- 2.2 Contact Person and Phone Number: ANN BINZER 513-870-2282
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
- 3.1 Address: P.O. BOX 145496 CINCINNATI, OH 45250-5496
- 3.2 Contact Person and Phone Number: ANN BINZER 513-870-2282
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT
FOR THE YEAR ENDED DECEMBER 31, 2014

(To Be Filed By March 1)

Of The CINCINNATI LIFE INSURANCE COMPANY
Address (City, State and Zip Code) FAIRFIELD, OH 45014-5141
NAIC Group Code 00244 NAIC Company Code 76236 Employer's ID Number 31-1213778

SUPPLEMENTAL SCHEDULE O – PART 1

Development of Incurred Losses
(\$000 OMITTED)
Section A–Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2010	2 2011	3 2012	4 2013	5 2014(a)
1. Prior					194
2. 2010	235	245	107	137	92
3. 2011	xxx	132	285	119	131
4. 2012	xxx	xxx	103	317	114
5. 2013	xxx	xxx	xxx	78	304
6. 2014	xxx	xxx	xxx	xxx	144

Section B–Other Accident and Health

1. Prior					77
2. 2010	599	113	36	68	14
3. 2011	xxx	297	155	32	58
4. 2012	xxx	xxx	469	140	27
5. 2013	xxx	xxx	xxx	583	118
6. 2014	xxx	xxx	xxx	xxx	540

Section C–Credit Accident and Health

1. Prior					
2. 2010			0	0	
3. 2011	xxx	0	0	0	
4. 2012	xxx	xxx	0	0	
5. 2013	xxx	xxx	xxx	0	
6. 2014	xxx	xxx	xxx	xxx	

Section D -

1. Prior					
2. 2010			0	0	
3. 2011	xxx	0	0	0	
4. 2012	xxx	xxx	0	0	
5. 2013	xxx	xxx	xxx	0	
6. 2014	xxx	xxx	xxx	xxx	

Section E -

1. Prior					
2. 2010			0	0	
3. 2011	xxx	0	0	0	
4. 2012	xxx	xxx	0	0	
5. 2013	xxx	xxx	xxx	0	
6. 2014	xxx	xxx	xxx	xxx	

Section F-

1. Prior					
2. 2010			0	0	
3. 2011	xxx	0	0	0	
4. 2012	xxx	xxx	0	0	
5. 2013	xxx	xxx	xxx	0	
6. 2014	xxx	xxx	xxx	xxx	

Section G-

1. Prior					
2. 2010			0	0	
3. 2011	xxx	0	0	0	
4. 2012	xxx	xxx	0	0	
5. 2013	xxx	xxx	xxx	0	
6. 2014	xxx	xxx	xxx	xxx	

(a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O – PART 2

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....		.0	.0	.0	
2. 2010.....	.0		.0	.0	
3. 2011.....	XXX	.0	.0	.0	
4. 2012.....	XXX	XXX	.0	.0	
5. 2013.....	XXX	XXX	XXX	.0	
6. 2014.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior.....		.0	.0	.0	
2. 2010.....	.0		.0	.0	
3. 2011.....	XXX	.0	.0	.0	
4. 2012.....	XXX	XXX	.0	.0	
5. 2013.....	XXX	XXX	XXX	.0	
6. 2014.....	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. Prior.....		.0	.0	.0	
2. 2010.....	.0		.0	.0	
3. 2011.....	XXX	.0	.0	.0	
4. 2012.....	XXX	XXX	.0	.0	
5. 2013.....	XXX	XXX	XXX	.0	
6. 2014.....	XXX	XXX	XXX	XXX	

Section D-

1. Prior.....		.0	.0	.0	
2. 2010.....	.0		.0	.0	
3. 2011.....	XXX	.0	.0	.0	
4. 2012.....	XXX	XXX	.0	.0	
5. 2013.....	XXX	XXX	XXX	.0	
6. 2014.....	XXX	XXX	XXX	XXX	

Section E-

1. Prior.....		.0	.0	.0	
2. 2010.....	.0		.0	.0	
3. 2011.....	XXX	.0	.0	.0	
4. 2012.....	XXX	XXX	.0	.0	
5. 2013.....	XXX	XXX	XXX	.0	
6. 2014.....	XXX	XXX	XXX	XXX	

Section F-

1. Prior.....		.0	.0	.0	
2. 2010.....	.0		.0	.0	
3. 2011.....	XXX	.0	.0	.0	
4. 2012.....	XXX	XXX	.0	.0	
5. 2013.....	XXX	XXX	XXX	.0	
6. 2014.....	XXX	XXX	XXX	XXX	

Section G-

1. Prior.....		.0	.0	.0	
2. 2010.....	.0		.0	.0	
3. 2011.....	XXX	.0	.0	.0	
4. 2012.....	XXX	XXX	.0	.0	
5. 2013.....	XXX	XXX	XXX	.0	
6. 2014.....	XXX	XXX	XXX	XXX	

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O – PART 3

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. 2010	498	540	1,179	XXX	XXX
2. 2011	XXX	1,770	1,381	1,180	XXX
3. 2012	XXX	XXX	1,311	1,470	1,404
4. 2013	XXX	XXX	XXX	1,239	1,166
5. 2014	XXX	XXX	XXX	XXX	1,006

Section B - Other Accident and Health

1. 2010	1,455	1,226	1,260	XXX	XXX
2. 2011	XXX	1,254	1,264	1,273	XXX
3. 2012	XXX	XXX	1,175	1,250	1,229
4. 2013	XXX	XXX	XXX	1,687	1,464
5. 2014	XXX	XXX	XXX	XXX	1,399

Section C - Credit Accident and Health

1. 2010	0	0	0	XXX	XXX
2. 2011	XXX	0	0	0	XXX
3. 2012	XXX	XXX	0	0	0
4. 2013	XXX	XXX	XXX	0	0
5. 2014	XXX	XXX	XXX	XXX	0

Section D-

1. 2010	0	0	0	XXX	XXX
2. 2011	XXX	0	0	0	XXX
3. 2012	XXX	XXX	0	0	0
4. 2013	XXX	XXX	XXX	0	0
5. 2014	XXX	XXX	XXX	XXX	0

Section E-

1. 2010	0	0	0	XXX	XXX
2. 2011	XXX	0	0	0	XXX
3. 2012	XXX	XXX	0	0	0
4. 2013	XXX	XXX	XXX	0	0
5. 2014	XXX	XXX	XXX	XXX	0

Section F-

1. 2010	0	0	0	XXX	XXX
2. 2011	XXX	0	0	0	XXX
3. 2012	XXX	XXX	0	0	0
4. 2013	XXX	XXX	XXX	0	0
5. 2014	XXX	XXX	XXX	XXX	0

Section G-

1. 2010	0	0	0	XXX	XXX
2. 2011	XXX	0	0	0	XXX
3. 2012	XXX	XXX	0	0	0
4. 2013	XXX	XXX	XXX	0	0
5. 2014	XXX	XXX	XXX	XXX	0

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O – PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year 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 the End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. 2010.....	.0		.0	.0	
2. 2011.....	XXX	.0	.0	.0	
3. 2012.....	XXX	XXX	.0	.0	
4. 2013.....	XXX	XXX	XXX	.0	
5. 2014.....	XXX	XXX	XXX	XXX	

Section B – Other Accident and Health

1. 2010.....	.0	.0	.0	.0	
2. 2011.....	XXX	.0	.0	.0	
3. 2012.....	XXX	XXX	.0	.0	
4. 2013.....	XXX	XXX	XXX	.0	
5. 2014.....	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. 2010.....	.0	.0	.0	.0	
2. 2011.....	XXX	.0	.0	.0	
3. 2012.....	XXX	XXX	.0	.0	
4. 2013.....	XXX	XXX	XXX	.0	
5. 2014.....	XXX	XXX	XXX	XXX	

Section D-

1. 2010.....	.0	.0	.0	.0	
2. 2011.....	XXX	.0	.0	.0	
3. 2012.....	XXX	XXX	.0	.0	
4. 2013.....	XXX	XXX	XXX	.0	
5. 2014.....	XXX	XXX	XXX	XXX	

Section E-

1. 2010.....	.0	.0	.0	.0	
2. 2011.....	XXX	.0	.0	.0	
3. 2012.....	XXX	XXX	.0	.0	
4. 2013.....	XXX	XXX	XXX	.0	
5. 2014.....	XXX	XXX	XXX	XXX	

Section F-

1. 2010.....	.0	.0	.0	.0	
2. 2011.....	XXX	.0	.0	.0	
3. 2012.....	XXX	XXX	.0	.0	
4. 2013.....	XXX	XXX	XXX	.0	
5. 2014.....	XXX	XXX	XXX	XXX	

Section G-

1. 2010.....	.0	.0	.0	.0	
2. 2011.....	XXX	.0	.0	.0	
3. 2012.....	XXX	XXX	.0	.0	
4. 2013.....	XXX	XXX	XXX	.0	
5. 2014.....	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	Other.....	.235
2. Ordinary life	Other.....	15,941
3. Individual annuity		
4. Supplementary contracts		
5. Credit life		
6. Group life	Deve lopment.....	.187
7. Group annuities.....		
8. Group accident and health	Deve lopment.....	.6,485
9. Credit accident and health		
10. Other accident and health	Deve lopment.....	.4,074
11. Total		26,921

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