



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 Equitable Life Insurance Company

NAIC Group Code	0838	NAIC Company Code	88064	Employer's ID Number	35-1452221
	(Current)	(Prior)			
Organized under the Laws of	Ohio			State of Domicile or Port of Entry	Ohio
Country of Domicile	United States of America				
Incorporated/Organized	10/19/1977		Commenced Business	07/11/1978	
Statutory Home Office	525 Vine Street, Suite 1925		Cincinnati , OH, US 45202		
	(Street and Number)		(City or Town, State, Country and Zip Code)		
Main Administrative Office	525 Vine Street, Suite 1925				
	(Street and Number)				
	Cincinnati , OH, US 45202		513-621-1826		
	(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)		
Mail Address	P.O. BOX 3428		Cincinnati , OH, US 45202-3428		
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	525 Vine Street, Suite 1925				
	(Street and Number)				
	Cincinnati , OH, US 45202		513-621-1826		
	(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)		
Internet Website Address	www.cineqlife.com				
Statutory Statement Contact	Gregory Allen Baker		513-621-1826		
	(Name)		(Area Code) (Telephone Number)		
	gbaker@1826.com		513-621-4531		
	(E-mail Address)		(FAX Number)		

OFFICERS

Chairman of the Board	Peter A Alpaugh	President/CEO/CFO/Treasurer	Gregory A Baker
Secretary	Linda S Bales	V.P. SALES & MARKETING	Tonya G Crawford

OTHER

DIRECTORS OR TRUSTEES

Peter A Alpaugh	Andrea A Kessel	Gregory A Baker
James W Ketring	Drew F Knowles	

State of Ohio  
County of Hamilton SS:

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

Peter Alpaugh Chairman of the Board	Linda Bales Secretary	Gregory Baker Treasurer
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Subscribed and sworn to before me this	a. Is this an original filing? .....	Yes [ X ] No [ ]
13th day of February 2015	b. If no,	
	1. State the amendment number.....	
	2. Date filed .....	
	3. Number of pages attached.....	

Richard Hansman, Jr.

November 8, 2019



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	8,413,380				8,413,380
2. Annuity considerations .....	378,708				378,708
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	8,792,088	0	0	0	8,792,088
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....	2,320,243				2,320,243
10. Matured endowments .....					0
11. Annuity benefits .....	238,878				238,878
12. Surrender values and withdrawals for life contracts .....	378				378
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 .....	2,559,499	0	0	0	2,559,499
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	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 .....	3	30,063	0	0	0	0	0	0	3	30,063
17. Incurred during current year Settled during current year:	395	2,320,243							395	2,320,243
18.1 By payment in full .....	385	2,258,143							385	2,258,143
18.2 By payment on compromised claims .....	2	2,559							2	2,559
18.3 Totals paid .....	387	2,260,702	0	0	0	0	0	0	387	2,260,702
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	387	2,260,702	0	0	0	0	0	0	387	2,260,702
19. Unpaid Dec. 31, current year (16+17-18.6) .....	11	89,604	0	0	0	0	0	0	11	89,604
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	2,983	17,724,645	0 (a)	0	0	0	0	0	2,983	17,724,645
21. Issued during year .....	1,539	9,487,051							1,539	9,487,051
22. Other changes to in force (Net) .....	(440)	(2,697,613)							(440)	(2,697,613)
23. In force December 31 of current year .....	4,082	24,514,083	0 (a)	0	0	0	0	0	4,082	24,514,083

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2014

NAIC Group Code 0838

LIFE INSURANCE

NAIC Company Code 88064

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance .....	10,215,678				10,215,678
2. Annuity considerations .....	23,076				23,076
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	10,238,754	0	0	0	10,238,754
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....	92				92
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	92	0	0	0	92
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	92	0	0	0	92
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....	3,679,833				3,679,833
10. Matured endowments .....					0
11. Annuity benefits .....	5,263				5,263
12. Surrender values and withdrawals for life contracts .....	2,293				2,293
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 .....	3,687,389	0	0	0	3,687,389
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	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 .....	18	114,940	0	0	0	0	0	0	18	114,940
17. Incurred during current year Settled during current year:	614	3,679,833							614	3,679,833
18.1 By payment in full .....	604	3,622,043							604	3,622,043
18.2 By payment on compromised claims .....	3	7,038							3	7,038
18.3 Totals paid .....	607	3,629,081	0	0	0	0	0	0	607	3,629,081
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	607	3,629,081	0	0	0	0	0	0	607	3,629,081
19. Unpaid Dec. 31, current year (16+17-18.6) .....	25	165,692	0	0	0	0	0	0	25	165,692
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	4,899	31,312,356	0 (a)	0	0	0	0	0	4,899	31,312,356
21. Issued during year .....	1,918	12,267,872							1,918	12,267,872
22. Other changes to in force (Net) .....	(727)	(4,555,242)							(727)	(4,555,242)
23. In force December 31 of current year .....	6,090	39,024,986	0 (a)	0	0	0	0	0	6,090	39,024,986

(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) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

NONE

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



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

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2014

NAIC Group Code 0838

LIFE INSURANCE

NAIC Company Code 88064

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance .....	4,823,387				4,823,387
2. Annuity considerations .....	4,573				4,573
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	4,827,960	0	0	0	4,827,960
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....	2,247,669				2,247,669
10. Matured endowments .....					0
11. Annuity benefits .....	931				931
12. Surrender values and withdrawals for life contracts .....	9,799				9,799
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 .....	2,258,399	0	0	0	2,258,399
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	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 .....	9	51,779	0	0	0	0	0	0	9	51,779
17. Incurred during current year Settled during current year:	365	2,247,669							365	2,247,669
18.1 By payment in full .....	366	2,226,857							366	2,226,857
18.2 By payment on compromised claims .....	2	7,184							2	7,184
18.3 Totals paid .....	368	2,234,041	0	0	0	0	0	0	368	2,234,041
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	368	2,234,041	0	0	0	0	0	0	368	2,234,041
19. Unpaid Dec. 31, current year (16+17-18.6) .....	6	65,407	0	0	0	0	0	0	6	65,407
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	3,714	21,290,671	0 (a)	0	0	0	0	0	3,714	21,290,671
21. Issued during year .....	932	5,547,514							932	5,547,514
22. Other changes to in force (Net) .....	(426)	(2,658,115)							(426)	(2,658,115)
23. In force December 31 of current year .....	4,220	24,180,070	0 (a)	0	0	0	0	0	4,220	24,180,070

(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) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

NONE

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



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

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2014

NAIC Group Code 0838

NAIC Company Code 88064

LIFE INSURANCE

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

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 .....										
17. Incurred during current year Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....										
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year .....			(a)		No. of Policies					
21. Issued during year .....										
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....			(a)							

(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) .....					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

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



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

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2014

NAIC Group Code 0838

LIFE INSURANCE

NAIC Company Code 88064

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance .....	7,077,645				7,077,645
2. Annuity considerations .....	625				625
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	7,078,270	0	0	0	7,078,270
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....	2,385				2,385
6.2 Applied to pay renewal premiums .....	1,041				1,041
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	3,426	0	0	0	3,426
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	3,426	0	0	0	3,426
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....	3,053,365				3,053,365
10. Matured endowments .....					0
11. Annuity benefits .....	176				176
12. Surrender values and withdrawals for life contracts .....	10,693				10,693
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....	384				384
15. Totals .....	3,064,618	0	0	0	3,064,618
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	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 .....	9	59,231	0	0	0	0	0	0	9	59,231
17. Incurred during current year Settled during current year:	592	3,053,365							592	3,053,365
18.1 By payment in full .....	586	3,034,954							586	3,034,954
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	586	3,034,954	0	0	0	0	0	0	586	3,034,954
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	586	3,034,954	0	0	0	0	0	0	586	3,034,954
19. Unpaid Dec. 31, current year (16+17-18.6) .....	15	77,642	0	0	0	0	0	0	15	77,642
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	4,587	23,059,587	0 (a)	0	0	0	0	0	4,587	23,059,587
21. Issued during year .....	1,765	8,881,339							1,765	8,881,339
22. Other changes to in force (Net) .....	(725)	(3,868,067)							(725)	(3,868,067)
23. In force December 31 of current year .....	5,627	28,072,859	0 (a)	0	0	0	0	0	5,627	28,072,859

(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) .....	69,023	66,032		54,288	51,332
25.6 Totals (sum of Lines 25.1 to 25.5) .....	69,023	66,032	0	54,288	51,332
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	69,023	66,032	0	54,288	51,332

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



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

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2014

NAIC Group Code 0838

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	587,018				587,018
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	587,018	0	0	0	587,018
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	73,150				73,150
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	73,150	0	0	0	73,150
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	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	11	73,150							11	73,150
Settled during current year:										
18.1 By payment in full	11	73,150							11	73,150
18.2 By payment on compromised claims									0	0
18.3 Totals paid	11	73,150	0	0	0	0	0	0	11	73,150
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	11	73,150	0	0	0	0	0	0	11	73,150
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	26	193,683	0 (a)	0	0	0	0	0	26	193,683
21. Issued during year	136	829,019							136	829,019
22. Other changes to in force (Net)	(20)	(132,250)							(20)	(132,250)
23. In force December 31 of current year	142	890,452	0 (a)	0	0	0	0	0	142	890,452

(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)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

NONE

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



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

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2014

NAIC Group Code 0838

LIFE INSURANCE

NAIC Company Code 88064

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance .....	31,117,108	0	0	0	31,117,108
2. Annuity considerations .....	406,982	0	0	0	406,982
3. Deposit-type contract funds .....	0	XXX	0	XXX	0
4. Other considerations .....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4) .....	31,524,090	0	0	0	31,524,090
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....	2,385	0	0	0	2,385
6.2 Applied to pay renewal premiums .....	1,133	0	0	0	1,133
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....	0	0	0	0	0
6.4 Other .....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	3,518	0	0	0	3,518
Annuities:					
7.1 Paid in cash or left on deposit .....	0	0	0	0	0
7.2 Applied to provide paid-up annuities .....	0	0	0	0	0
7.3 Other .....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	3,518	0	0	0	3,518
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....	11,374,260	0	0	0	11,374,260
10. Matured endowments .....	0	0	0	0	0
11. Annuity benefits .....	245,248	0	0	0	245,248
12. Surrender values and withdrawals for life contracts .....	23,163	0	0	0	23,163
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....	384	0	0	0	384
15. Totals .....	11,643,055	0	0	0	11,643,055
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	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 .....	39	256,013	0	0	0	0	0	0	39	256,013
17. Incurred during current year Settled during current year:	1,977	11,374,260	0	0	0	0	0	0	1,977	11,374,260
18.1 By payment in full .....	1,952	11,215,147	0	0	0	0	0	0	1,952	11,215,147
18.2 By payment on compromised claims .....	7	16,781	0	0	0	0	0	0	7	16,781
18.3 Totals paid .....	1,959	11,231,928	0	0	0	0	0	0	1,959	11,231,928
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 .....	1,959	11,231,928	0	0	0	0	0	0	1,959	11,231,928
19. Unpaid Dec. 31, current year (16+17-18.6) .....	57	398,345	0	0	0	0	0	0	57	398,345
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	16,209	93,580,942	0	(a) 0	0	0	0	0	16,209	93,580,942
21. Issued during year .....	6,290	37,012,795	0	0	0	0	0	0	6,290	37,012,795
22. Other changes to in force (Net) .....	(2,338)	(13,911,287)	0	0	0	0	0	0	(2,338)	(13,911,287)
23. In force December 31 of current year .....	20,161	116,682,450	0	(a) 0	0	0	0	0	20,161	116,682,450

(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) .....	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b) .....	0	0	0	0	0
24.2 Credit (Group and Individual) .....	0	0	0	0	0
24.3 Collectively renewable policies (b) .....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b) .....	0	0	0	0	0
25.2 Guaranteed renewable (b) .....	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b) .....	0	0	0	0	0
25.4 Other accident only .....	0	0	0	0	0
25.5 All other (b) .....	69,023	66,032	0	54,288	51,332
25.6 Totals (sum of Lines 25.1 to 25.5) .....	69,023	66,032	0	54,288	51,332
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	69,023	66,032	0	54,288	51,332

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



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

**FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE**

INTEREST MAINTENANCE RESERVE		1 Amount
1. Reserve as of December 31, Prior Year .....		395,606
2. Current year's realized pre-tax capital gains/(losses) of \$ .....345,742 transferred into the reserve net of taxes of \$ .....117,553		228,189
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) .....		623,795
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4) .....		128,160
6. Reserve as of December 31, current year (Line 4 minus Line 5)		495,635

AMORTIZATION				
Year of Amortization	1  Reserve as of December 31, Prior Year	2  Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3  Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	4  Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2014 .....	102,860	25,300	0	128,160
2. 2015 .....	90,340	49,843	0	140,183
3. 2016 .....	68,843	45,728	0	114,571
4. 2017 .....	48,824	35,603	0	84,427
5. 2018 .....	29,832	25,219	0	55,050
6. 2019 .....	16,526	14,309	0	30,835
7. 2020 .....	12,106	7,974	0	20,080
8. 2021 .....	9,676	6,671	0	16,347
9. 2022 .....	7,355	5,277	0	12,632
10. 2023 .....	5,621	3,854	0	9,475
11. 2024 .....	4,697	2,331	0	7,028
12. 2025 .....	4,049	1,541	0	5,590
13. 2026 .....	3,231	1,504	0	4,735
14. 2027 .....	2,293	1,444	0	3,738
15. 2028 .....	1,495	1,416	0	2,912
16. 2029 .....	828	1,349	0	2,177
17. 2030 .....	505	1,178	0	1,683
18. 2031 .....	251	860	0	1,111
19. 2032 .....	(29)	501	0	473
20. 2033 .....	(459)	183	0	(276)
21. 2034 .....	(864)	(219)	0	(1,083)
22. 2035 .....	(1,272)	(415)	0	(1,687)
23. 2036 .....	(1,653)	(434)	0	(2,088)
24. 2037 .....	(1,944)	(454)	0	(2,398)
25. 2038 .....	(2,036)	(492)	0	(2,528)
26. 2039 .....	(1,904)	(513)	0	(2,416)
27. 2040 .....	(1,516)	(478)	0	(1,994)
28. 2041 .....	(1,123)	(378)	0	(1,501)
29. 2042 .....	(716)	(279)	0	(995)
30. 2043 .....	(212)	(180)	0	(392)
31. 2044 and Later		(54)	0	(54)
32. Total (Lines 1 to 31)	395,606	228,189	0	623,795

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

**ASSET VALUATION RESERVE**

	Default Component			Equity Component			7
	1	2	3	4	5	6	
	Other Than Mortgage Loans	Mortgage Loans	Total (Cols. 1 + 2)	Common Stock	Real Estate and Other Invested Assets	Total (Cols. 4 + 5)	Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year .....	267,947	0	267,947	327,592	51,323	378,914	646,861
2. Realized capital gains/(losses) net of taxes - General Account .....	(1,138)		(1,138)	3,899	6,056	9,955	8,817
3. Realized capital gains/(losses) net of taxes - Separate Accounts .....			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account .....			0	(263,860)	(21,924)	(285,784)	(285,784)
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 .....	73,676	0	73,676	0	14,938	14,938	88,615
8. Accumulated balances (Lines 1 through 5 - 6 + 7) .....	340,485	0	340,485	67,631	50,393	118,024	458,508
9. Maximum reserve .....	390,632	0	390,632	971,363	52,600	1,023,963	1,414,594
10. Reserve objective .....	271,943	0	271,943	971,363	37,171	1,008,533	1,280,477
11. 20% of (Line 10 - Line 8) .....	(13,708)	0	(13,708)	180,746	(2,644)	178,102	164,394
12. Balance before transfers (Lines 8 + 11) .....	326,776	0	326,776	248,377	47,749	296,126	622,902
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)	326,776	0	326,776	248,377	47,749	296,126	622,902

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

Line Num- ber	NAIC Desig- nation	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.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt Obligations .....	1,215,956	XXX	XXX	1,215,956	0.0000	0	0.0000	0	0.0000	0
2.	1	Highest Quality .....	49,964,615	XXX	XXX	49,964,615	0.0004	19,986	0.0023	114,919	0.0030	149,894
3.	2	High Quality .....	18,664,330	XXX	XXX	18,664,330	0.0019	35,462	0.0058	108,253	0.0090	167,979
4.	3	Medium Quality .....	844,548	XXX	XXX	844,548	0.0093	7,854	0.0230	19,425	0.0340	28,715
5.	4	Low Quality .....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6.	5	Lower Quality .....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7.	6	In or Near Default .....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8.		Total Unrated Multi-class Securities Acquired by Conversion ..		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Bonds (Sum of Lines 1 through 8)	70,689,449	XXX	XXX	70,689,449	XXX	63,302	XXX	242,596	XXX	346,587
PREFERRED STOCK												
10.	1	Highest Quality .....	845,250	XXX	XXX	845,250	0.0004	338	0.0023	1,944	0.0030	2,536
11.	2	High Quality .....	2,346,445	XXX	XXX	2,346,445	0.0019	4,458	0.0058	13,609	0.0090	21,118
12.	3	Medium Quality .....	599,722	XXX	XXX	599,722	0.0093	5,577	0.0230	13,794	0.0340	20,391
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)	3,791,417	XXX	XXX	3,791,417	XXX	10,374	XXX	29,347	XXX	44,044
SHORT - TERM BONDS												
18.		Exempt Obligations .....	1,314,144	XXX	XXX	1,314,144	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)	1,314,144	XXX	XXX	1,314,144	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)	75,795,010	XXX	XXX	75,795,010	XXX	73,676	XXX	271,943	XXX	390,632

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

Line Num- ber	NAIC Desig- nation	Description	1  Book/Adjusted Carrying Value	2  Reclassify Related Party Encumbrances	3  Add Third Party Encumbrances	4  Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5  Factor	6  Amount (Cols.4 x 5)	7  Factor	8  Amount (Cols. 4 x 7)	9  Factor	10  Amount (Cols. 4 x 9)
		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 Num- ber	NAIC Desig- nation	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.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
COMMON STOCK												
1.		Unaffiliated - Public .....	3,641,956	XXX	XXX	3,641,956	0.0000	0	0.1300 (a)	473,454	0.1300 (a)	473,454
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	XXX		XXX		XXX	
6.		Fixed Income - Highest Quality .....				0	XXX		XXX		XXX	
7.		Fixed Income - High Quality .....				0	XXX		XXX		XXX	
8.		Fixed Income - Medium Quality .....				0	XXX		XXX		XXX	
9.		Fixed Income - Low Quality .....				0	XXX		XXX		XXX	
10.		Fixed Income - Lower Quality .....				0	XXX		XXX		XXX	
11.		Fixed Income - In/Near Default .....				0	XXX		XXX		XXX	
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 and Procedures Manual) .....	3,830,064	XXX	XXX	3,830,064	0.0000	0	0.1300	497,908	0.1300	497,908
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)	7,472,020	0	0	7,472,020	XXX	0	XXX	971,363	XXX	971,363
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 .....	701,332	XXX	XXX	701,332	0.0213	14,938	0.0530	37,171	0.0750	52,600
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)	701,332	XXX	XXX	701,332	XXX	14,938	XXX	37,171	XXX	52,600

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

Line Num- ber	NAIC Desig- nation	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.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 .....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
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)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		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	(c)	0	(c)	0	(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	0.0010	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 Num- ber	NAIC Desig- nation	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.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)	701,332	0	0	701,332	XXX	14,938	XXX	37,171	XXX	52,600

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

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

Schedule F - Claims  
**N O N E**



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

**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT**

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									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 .....	69,023	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	69,023	XXX
2. Premiums earned .....	66,032	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	66,032	XXX
3. Incurred claims .....	51,332	77.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	51,332	77.7
4. Cost containment expenses .....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4) .....	51,332	77.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	51,332	77.7
6. Increase in contract reserves .....	(1,774)	(2.7)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	(1,774)	(2.7)
7. Commissions (a) .....	10,353	15.7		0.0		0.0		0.0		0.0		0.0		0.0		0.0	10,353	15.7
8. Other general insurance expenses .....	3,307	5.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0	3,307	5.0
9. Taxes, licenses and fees .....	304	0.5		0.0		0.0		0.0		0.0		0.0		0.0		0.0	304	0.5
10. Total other expenses incurred .....	13,964	21.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	13,964	21.1
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 .....	2,510	3.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2,510	3.8
13. Dividends or refunds .....	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 .....	2,510	3.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2,510	3.8
DETAILS OF WRITE-INS																		
1101. ....																		
1102. ....																		
1103. ....																		
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable 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 Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
<b>PART 2. - RESERVES AND LIABILITIES</b>									
A. Premium Reserves:									
1. Unearned premiums .....	0								
2. Advance premiums .....	4,373								4,373
3. Reserve for rate credits .....	0								
4. Total premium reserves, current year .....	4,373	0	0	0	0	0	0	0	4,373
5. Total premium reserves, prior year .....	1,382	0	0	0	0	0	0	0	1,382
6. Increase in total premium reserves .....	2,991	0	0	0	0	0	0	0	2,991
B. Contract Reserves:									
1. Additional reserves (a) .....	11,290								11,290
2. Reserve for future contingent benefits .....	0								
3. Total contract reserves, current year .....	11,290	0	0	0	0	0	0	0	11,290
4. Total contract reserves, prior year .....	13,064	0	0	0	0	0	0	0	13,064
5. Increase in contract reserves .....	(1,774)	0	0	0	0	0	0	0	(1,774)
C. Claim Reserves and Liabilities:									
1. Total current year .....	13,110	0	0	0	0	0	0	0	13,110
2. Total prior year .....	16,066	0	0	0	0	0	0	0	16,066
3. Increase .....	(2,956)	0	0	0	0	0	0	0	(2,956)

<b>PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES</b>									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year .....	10,858								10,858
1.2 On claims incurred during current year .....	43,430								43,430
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year .....	0								
2.2 On claims incurred during current year .....	13,110								13,110
3. Test:									
3.1 Lines 1.1 and 2.1 .....	10,858	0	0	0	0	0	0	0	10,858
3.2 Claim reserves and liabilities, December 31, prior year .....	16,066	0	0	0	0	0	0	0	16,066
3.3 Line 3.1 minus Line 3.2 .....	(5,208)	0	0	0	0	0	0	0	(5,208)

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

(a) Includes \$ ..... premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims .....			51,332	51,332
2. Beginning Claim Reserves and Liabilities .....			16,066	16,066
3. Ending Claim Reserves and Liabilities .....			13,110	13,110
4. Claims Paid	0	0	54,288	54,288
B. Assumed Reinsurance:				
5. Incurred Claims.....				0
6. Beginning Claim Reserves and Liabilities .....				0
7. Ending Claim Reserves and Liabilities .....				0
8. Claims Paid	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred Claims.....				0
10. Beginning Claim Reserves and Liabilities .....				0
11. Ending Claim Reserves and Liabilities .....				0
12. Claims Paid	0	0	0	0
D. Net:				
13. Incurred Claims.....	0	0	51,332	51,332
14. Beginning Claim Reserves and Liabilities .....	0	0	16,066	16,066
15. Ending Claim Reserves and Liabilities .....	0	0	13,110	13,110
16. Claims Paid	0	0	54,288	54,288
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses .....			51,332	51,332
18. Beginning Reserves and Liabilities .....			16,066	16,066
19. Ending Reserves and Liabilities .....			13,110	13,110
20. Paid Claims and Cost Containment Expenses	0	0	54,288	54,288

Schedule S - Part 1 - Section 1  
**N O N E**

Schedule S - Part 1 - Section 2  
**N O N E**

Schedule S - Part 2  
**N O N E**

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

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	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			
															Current Year
0399999. Total General Account - Authorized U.S. Affiliates								0	0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates								0	0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates								0	0	0	0	0	0	0	0
76236	31-1213778	07/01/1982	Cincinnati Life Insurance Company	OH	YRT/I	XXXL	138,554	2,475	2,348	3,635					
82627	06-0839705	03/01/1981	Swiss Re Life	NY	YRT/I	XXXL	9,182	723	685	1,907					
82627	06-0839705	03/01/1981	Swiss Re Life	NJ	ADB/I	XXXL		21	25	32					
0899999. General Account - Authorized U.S. Non-Affiliates								147,736	3,219	3,058	5,574	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates								147,736	3,219	3,058	5,574	0	0	0	0
1199999. Total General Account Authorized								147,736	3,219	3,058	5,574	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates								0	0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates								0	0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates								0	0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates								0	0	0	0	0	0	0	0
2299999. Total General Account Unauthorized								0	0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates								0	0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates								0	0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates								0	0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates								0	0	0	0	0	0	0	0
3399999. Total General Account Certified								0	0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified								147,736	3,219	3,058	5,574	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates								0	0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates								0	0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates								0	0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates								0	0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized								0	0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates								0	0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates								0	0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates								0	0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates								0	0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized								0	0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates								0	0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates								0	0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates								0	0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates								0	0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified								0	0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified								0	0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)								147,736	3,219	3,058	5,574	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)								0	0	0	0	0	0	0	0
9999999 - Totals								147,736	3,219	3,058	5,574	0	0	0	0

Schedule S - Part 3 - Section 2  
**N O N E**

Schedule S - Part 4  
**N O N E**

Schedule S - Part 4 - Bank Footnote  
**N O N E**

Schedule S - Part 5  
**N O N E**

Schedule S - Part 5 - Bank Footnote  
**N O N E**

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 .....	6	5	5	5	5
2. Commissions and reinsurance expense allowances .....	0	0	0	0	0
3. Contract claims .....	0	0	0	0	0
4. Surrender benefits and withdrawals for life contracts .....					0
5. Dividends to policyholders .....					0
6. Reserve adjustments on reinsurance ceded .....	0	0	0	0	0
7. Increase in aggregate reserve for life and accident and health contracts .....					0
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected .....	0	0	0	0	0
9. Aggregate reserves for life and accident and health contracts .....	3	3	3	3	3
10. Liability for deposit-type contracts .....					0
11. Contract claims unpaid .....	0	0	0	0	0
12. Amounts recoverable on reinsurance .....	0	0	0	0	0
13. Experience rating refunds due or unpaid .....			0	0	0
14. Policyholders' dividends (not included in Line 10) .....					0
15. Commissions and reinsurance expense allowances due .....					0
16. Unauthorized reinsurance offset .....	0	0	0	0	0
17. Offset for reinsurance with Certified Reinsurers .....			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) .....	0	0	0	0	0
20. Trust agreements (T) .....	0	0	0	0	0
21. Other (O) .....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust .....		0	0	XXX	XXX
23. Funds deposited by and withheld from (F) .....		0	0	XXX	XXX
24. Letters of credit (L) .....		0	0	XXX	XXX
25. Trust agreements (T) .....		0	0	XXX	XXX
26. Other (O) .....		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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	84,630,848		84,630,848
2. Reinsurance (Line 16) .....	0	0	0
3. Premiums and considerations (Line 15) .....	879,168	0	879,168
4. Net credit for ceded reinsurance .....	XXX	3,219	3,219
5. All other admitted assets (balance) .....	1,845,118		1,845,118
6. Total assets excluding Separate Accounts (Line 26) .....	87,355,134	3,219	87,358,353
7. Separate Account assets (Line 27) .....	0		0
8. Total assets (Line 28)	87,355,134	3,219	87,358,353
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
9. Contract reserves (Lines 1 and 2) .....	75,919,407	3,219	75,922,626
10. Liability for deposit-type contracts (Line 3) .....	285,235		285,235
11. Claim reserves (Line 4) .....	422,999	0	422,999
12. Policyholder dividends/reserves (Lines 5 through 7) .....	4,410		4,410
13. Premium & annuity considerations received in advance (Line 8) .....	394,324		394,324
14. Other contract liabilities (Line 9) .....	495,635		495,635
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount) .....	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount) .....	0		0
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount) .....	0		0
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount) .....			0
19. All other liabilities (balance) .....	1,258,148		1,258,148
20. Total liabilities excluding Separate Accounts (Line 26) .....	78,780,158	3,219	78,783,377
21. Separate Account liabilities (Line 27) .....			0
22. Total liabilities (Line 28) .....	78,780,158	3,219	78,783,377
23. Capital & surplus (Line 38) .....	8,574,976	XXX	8,574,976
24. Total liabilities, capital & surplus (Line 39)	87,355,134	3,219	87,358,353
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
25. Contract reserves .....	3,219		
26. Claim reserves .....	0		
27. Policyholder dividends/reserves .....	0		
28. Premium & annuity considerations received in advance .....	0		
29. Liability for deposit-type contracts .....	0		
30. Other contract liabilities .....	0		
31. Reinsurance ceded assets .....	0		
32. Other ceded reinsurance recoverables .....	0		
33. Total ceded reinsurance recoverables .....	3,219		
34. Premiums and considerations .....	0		
35. Reinsurance in unauthorized companies .....	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers .....	0		
37. Reinsurance with Certified Reinsurers .....	0		
38. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
39. Other ceded reinsurance payables/offsets .....	0		
40. Total ceded reinsurance payable/offsets .....	0		
41. Total net credit for ceded reinsurance	3,219		



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	.0	.0			.0	.0
2.	Alaska .....	AK	.0	.0			.0	.0
3.	Arizona .....	AZ	.0	.0			.0	.0
4.	Arkansas .....	AR	.0	.0			.0	.0
5.	California .....	CA	.0	.0			.0	.0
6.	Colorado .....	CO	.0	.0			.0	.0
7.	Connecticut .....	CT	.0	.0			.0	.0
8.	Delaware .....	DE	.0	.0			.0	.0
9.	District of Columbia .....	DC	.0	.0			.0	.0
10.	Florida .....	FL	.0	.0			.0	.0
11.	Georgia .....	GA	8,413,380	378,708			.0	8,792,088
12.	Hawaii .....	HI	.0	.0			.0	.0
13.	Idaho .....	ID	.0	.0			.0	.0
14.	Illinois .....	IL	.0	.0			.0	.0
15.	Indiana .....	IN	10,215,678	23,076			.0	10,238,754
16.	Iowa .....	IA	.0	.0			.0	.0
17.	Kansas .....	KS	.0	.0			.0	.0
18.	Kentucky .....	KY	4,823,387	4,573			.0	4,827,960
19.	Louisiana .....	LA	.0	.0			.0	.0
20.	Maine .....	ME	.0	.0			.0	.0
21.	Maryland .....	MD	.0	.0			.0	.0
22.	Massachusetts .....	MA	.0	.0			.0	.0
23.	Michigan .....	MI	.0	.0			.0	.0
24.	Minnesota .....	MN	.0	.0			.0	.0
25.	Mississippi .....	MS	.0	.0			.0	.0
26.	Missouri .....	MO	.0	.0			.0	.0
27.	Montana .....	MT	.0	.0			.0	.0
28.	Nebraska .....	NE	.0	.0			.0	.0
29.	Nevada .....	NV	.0	.0			.0	.0
30.	New Hampshire .....	NH	.0	.0			.0	.0
31.	New Jersey .....	NJ	.0	.0			.0	.0
32.	New Mexico .....	NM	.0	.0			.0	.0
33.	New York .....	NY	.0	.0			.0	.0
34.	North Carolina .....	NC	.0	.0			.0	.0
35.	North Dakota .....	ND	.0	.0			.0	.0
36.	Ohio .....	OH	7,077,645	625			.0	7,078,270
37.	Oklahoma .....	OK	.0	.0			.0	.0
38.	Oregon .....	OR	.0	.0			.0	.0
39.	Pennsylvania .....	PA	.0	.0			.0	.0
40.	Rhode Island .....	RI	.0	.0			.0	.0
41.	South Carolina .....	SC	.0	.0			.0	.0
42.	South Dakota .....	SD	.0	.0			.0	.0
43.	Tennessee .....	TN	587,018	.0			.0	587,018
44.	Texas .....	TX	.0	.0			.0	.0
45.	Utah .....	UT	.0	.0			.0	.0
46.	Vermont .....	VT	.0	.0			.0	.0
47.	Virginia .....	VA	.0	.0			.0	.0
48.	Washington .....	WA	.0	.0			.0	.0
49.	West Virginia .....	WV	.0	.0			.0	.0
50.	Wisconsin .....	WI	.0	.0			.0	.0
51.	Wyoming .....	WY	.0	.0			.0	.0
52.	American Samoa .....	AS	.0	.0			.0	.0
53.	Guam .....	GU	.0	.0			.0	.0
54.	Puerto Rico .....	PR	.0	.0			.0	.0
55.	U.S. Virgin Islands .....	VI	.0	.0			.0	.0
56.	Northern Mariana Islands .....	MP	.0	.0			.0	.0
57.	Canada .....	CAN	.0	.0			.0	.0
58.	Aggregate Other Alien .....	OT	.0	.0			.0	.0
59.	Total		31,117,108	406,982	0	0	0	31,524,090

**SCHEDULE Y**

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

Asterisk	Explanation

# NONE

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

## SCHEDULE Y

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

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	YES
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? .....	YES
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? .....	YES
4. Will an actuarial opinion be filed by March 1? .....	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1? .....	YES
6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? .....	YES
7. Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1? .....	YES
8. Will the Supplemental Investment Risks Interrogatories be filed by April 1? .....	YES
JUNE FILING	
9. Will an audited financial report be filed by June 1? .....	YES
10. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES
AUGUST FILING	
11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? .....	YES

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

MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? .....	NO
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	YES
14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? .....	NO
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? .....	YES
16. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? .....	YES
17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
18. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
19. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
20. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? .....	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? .....	YES
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? .....	YES
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? .....	YES
25. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? .....	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 Worker's Compensation Carve-Out Supplement be filed by March 1? .....	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? .....	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....	NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
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? .....	NO
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? .....	NO
48.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? .....	NO
49.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile 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? .....	NO
AUGUST FILING		
51.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	NO
Explanations:		
12.	Not required	
14.	Not required	
17.	Not required	
18.	Not required	
19.	Not required	
20.	Not required	
21.	Not required	
25.	Not required	
26.	Not required	
27.	Not required	
28.	Not required	
29.	Not required	
30.	Not required	
31.	Not required	
32.	Not required	
33.	Not required	
34.	Not required	
36.	Not required	
37.	Not required	
38.	Not required	
39.	Not required	
42.	Not required	
43.	Not required	
47.	Not required	
48.	Not required	
49.	Not required	
50.	Not required	
51.	Not required	
Bar Codes:		
12.	SIS Stockholder Information Supplement [Document Identifier 420]	
14.	Trusted Surplus Statement [Document Identifier 490]	
17.	Actuarial Opinion on X-Factors [Document Identifier 442]	
18.	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]	
19.	Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]	
20.	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]	
21.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]	
25.	C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]	

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

26.	C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]	 <div>880642014451000000</div>
27.	Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]	 <div>880642014452000000</div>
28.	Modified Guaranteed Annuity Model Regulation [Document Identifier 453]	 <div>880642014453000000</div>
29.	Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII [Document Identifier 436]	 <div>880642014436000000</div>
30.	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII [Document Identifier 437]	 <div>880642014437000000</div>
31.	Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII [Document Identifier 438]	 <div>880642014438000000</div>
32.	Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII [Document Identifier 439]	 <div>880642014439000000</div>
33.	Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]	 <div>880642014454000000</div>
34.	Workers' Compensation Carve-Out Supplement [Document Identifier 495]	 <div>880642014495000000</div>
36.	Medicare Part D Coverage Supplement [Document Identifier 365]	 <div>880642014365000000</div>
37.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 <div>880642014224000000</div>
38.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 <div>880642014225000000</div>
39.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 <div>880642014226000000</div>
42.	Interest-Sensitive Life Insurance Products Report Forms [Document Identifier 280]	 <div>880642014280000000</div>
43.	Credit Insurance Experience Exhibit [Document Identifier 230]	 <div>880642014230000000</div>
47.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 <div>880642014216000000</div>
48.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 <div>880642014217000000</div>
49.	Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]	 <div>880642014435000000</div>
50.	Supplemental XXX/AXXX Reinsurance Exhibit [Document Identifier 345]	 <div>880642014345000000</div>
51.	Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	 <div>880642014223000000</div>

**OVERFLOW PAGE FOR WRITE-INS**



SUPPLEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable 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 Ohio.....  
NAIC Group Code 0838..... NAIC Company Code 88064.....  
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202.....  
Person Completing This Exhibit .....  
Title ..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012; 2013; 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	AP355BAUC.....	B.....	NO.....	0030000.....	10/01/1996.....	12/31/2004.....	12/31/2004.....	12/31/2004.....	Medicare Supplement.....	65,574.....	51,332.....	78.3.....	29.....	0.....	0.....	0.0.....	0.....
0199999. Total Experience on Individual Policies										65,574.....	51,332.....	78.3.....	29.....	0.....	0.....	0.0.....	0.....

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: ,

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: ,

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".





SUPPLEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Life Insurance Company

**SCHEDULE O SUPPLEMENT**

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

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

**SUPPLEMENTAL SCHEDULE O - PART 1**

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

**Section A - Group Accident and Health**

Years in Which Losses Were Incurred	Net Amount Paid Policyholders				
	1 2010	2 2011	3 2012	4 2013	5 2014(a)
1. Prior	84	82	82	82	82
2. 2010	0		0		
3. 2011	XXX		0		
4. 2012	XXX	XXX	0		
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	XXX	XXX	XXX	

**Section B - Other Accident and Health**

1. Prior	(7)	(7)	(7)	(7)	(7)
2. 2010	109	103	103	103	10
3. 2011	XXX	109	107	107	107
4. 2012	XXX	XXX	60	58	58
5. 2013	XXX	XXX	XXX	60	71
6. 2014	XXX	XXX	XXX	XXX	43

**Section C - Credit Accident and Health**

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

**Section D -**

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

**Section E -**

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

**Section F -**

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

**Section G -**

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

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

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

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

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

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

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

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

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

SUPPLEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses  
(\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred		Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
		1 2010	2 2011	3 2012	4 2013	5 2014
1.	2010				XXX	XXX
2.	2011	XXX				XXX
3.	2012	XXX	XXX			
4.	2013	XXX	XXX	XXX		
5.	2014	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1.	2010	109	103	103	XXX	XXX
2.	2011	XXX	109	107	107	XXX
3.	2012	XXX	XXX	.60	.58	.58
4.	2013	XXX	XXX	XXX	.60	.59
5.	2014	XXX	XXX	XXX	XXX	56

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

SCHEDULE O SUPPLEMENT  
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses  
(\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. 2010 .....	NONE				
2. 2011 .....					
3. 2012 .....					
4. 2013 .....					
5. 2014 .....					

Section B - Other Accident and Health

1. 2010 .....	109	103	103	103	103
2. 2011 .....	XXX	109	107	107	107
3. 2012 .....	XXX	XXX	60	58	58
4. 2013 .....	XXX	XXX	XXX	60	59
5. 2014 .....	XXX	XXX	XXX	XXX	56

Section C - Credit Accident and Health

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

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

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

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

1. 2010 .....					
2. 2011 .....	XXX				
3. 2012 .....	XXX	XX			
4. 2013 .....	XXX	XXX	XXX		
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 .....			
2. Ordinary Life .....		IBNR .....	410
3. Individual Annuity .....			
4. Supplementary Contracts .....			
5. Credit Life .....			
6. Group Life .....			
7. Group Annuities .....			
8. Group Accident and Health .....			
9. Credit Accident and Health .....			
10. Other Accident and Health .....		Developed .....	13
11. Total .....			423

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Increase in Reserves During The Year ..... 7

Analysis of Operations By Lines of Business ..... 6

Asset Valuation Reserve Default Component ..... 30

Asset Valuation Reserve Equity ..... 32

Asset Valuation Reserve Replications (Synthetic) Assets ..... 35

Asset Valuation Reserve ..... 29

Assets ..... 2

Cash Flow ..... 5

Exhibit 1 - Part 1 - Premiums and Annuity Considerations for Life and Accident and Health Contracts ..... 9

Exhibit 1 - Part 2 - Dividends and Coupons Applied, Reinsurance Commissions and Expense ..... 10

Exhibit 2 - General Expenses ..... 11

Exhibit 3 - Taxes, Licenses and Fees (Excluding Federal Income Taxes) ..... 11

Exhibit 4 - Dividends or Refunds ..... 11

Exhibit 5 - Aggregate Reserve for Life Contracts ..... 12

Exhibit 5 - Interrogatories ..... 13

Exhibit 5A - Changes in Bases of Valuation During The Year ..... 13

Exhibit 6 - Aggregate Reserves for Accident and Health Contracts ..... 14

Exhibit 7 - Deposit-Type Contracts ..... 15

Exhibit 8 - Claims for Life and Accident and Health Contracts - Part 1 ..... 16

Exhibit 8 - Claims for Life and Accident and Health Contracts - Part 2 ..... 17

Exhibit of Capital Gains (Losses) ..... 8

Exhibit of Life Insurance ..... 25

Exhibit of Net Investment Income ..... 8

Exhibit of Nonadmitted Assets ..... 18

Exhibit of Number of Policies, Contracts, Certificates, Income Payable and Account Values ..... 27

Five-Year Historical Data ..... 22

Form for Calculating the Interest Maintenance Reserve (IMR) ..... 28

General Interrogatories ..... 20

Jurat Page ..... 1

Liabilities, Surplus and Other Funds ..... 3

Life Insurance (State Page) ..... 24

Notes To Financial Statements ..... 19

Overflow Page For Write-ins ..... 55

Schedule A - Part 1 ..... E01

Schedule A - Part 2 ..... E02

Schedule A - Part 3 ..... E03

Schedule A - Verification Between Years ..... SI02

Schedule B - Part 1 ..... E04

Schedule B - Part 2 ..... E05

Schedule B - Part 3 ..... E06

Schedule B - Verification Between Years ..... SI02

Schedule BA - Part 1 ..... E07

Schedule BA - Part 2 ..... E08

Schedule BA - Part 3 ..... E09

Schedule BA - Verification Between Years ..... SI03

Schedule D - Part 1 ..... E10

Schedule D - Part 1A - Section 1 ..... SI05

Schedule D - Part 1A - Section 2 ..... SI08

Schedule D - Part 2 - Section 1 ..... E11

Schedule D - Part 2 - Section 2 ..... E12

Schedule D - Part 3 ..... E13

Schedule D - Part 4 ..... E14

Schedule D - Part 5 ..... E15

Schedule D - Part 6 - Section 1 ..... E16

Schedule D - Part 6 - Section 2 ..... E16

Schedule D - Summary By Country ..... SI04

Schedule D - Verification Between Years ..... SI03

Schedule DA - Part 1 ..... E17

Schedule DA - Verification Between Years ..... SI10

ANNUAL STATEMENT BLANK (Continued)

Schedule DB - Part A - Section 1 .....	E18
Schedule DB - Part A - Section 2 .....	E19
Schedule DB - Part A - Verification Between Years .....	SI11
Schedule DB - Part B - Section 1 .....	E20
Schedule DB - Part B - Section 2 .....	E21
Schedule DB - Part B - Verification Between Years .....	SI11
Schedule DB - Part C - Section 1 .....	SI12
Schedule DB - Part C - Section 2 .....	SI13
Schedule DB - Part D - Section 1 .....	E22
Schedule DB - Part D - Section 2 .....	E23
Schedule DB - Verification .....	SI14
Schedule DL - Part 1 .....	E24
Schedule DL - Part 2 .....	E25
Schedule E - Part 1 - Cash .....	E26
Schedule E - Part 2 - Cash Equivalents .....	E27
Schedule E - Part 3 - Special Deposits .....	E28
Schedule E - Verification Between Years .....	SI15
Schedule F .....	36
Schedule H - Accident and Health Exhibit - Part 1 .....	37
Schedule H - Part 2, Part 3 and Part 4 .....	38
Schedule H - Part 5 - Health Claims .....	39
Schedule S - Part 1 - Section 1 .....	40
Schedule S - Part 1 - Section 2 .....	41
Schedule S - Part 2 .....	42
Schedule S - Part 3 - Section 1 .....	43
Schedule S - Part 3 - Section 2 .....	44
Schedule S - Part 4 .....	45
Schedule S - Part 5 .....	46
Schedule S - Part 6 .....	47
Schedule S - Part 7 .....	48
Schedule T - Part 2 Interstate Compact .....	50
Schedule T - Premiums and Annuity Considerations .....	49
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group .....	51
Schedule Y - Part 1A - Detail of Insurance Holding Company System .....	52
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates .....	53
Summary Investment Schedule .....	SI01
Summary of Operations .....	4
Supplemental Exhibits and Schedules Interrogatories .....	54