



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

DIRECT BUSINESS IN THE STATE OF Georgia

NAIC Group Code 0838

DURING THE YEAR 2014

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		8,413,380				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	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year	3	30,063	0	0	0	0	0	0	3	30,063
17. Incurred during current year	395	2,320,243							395	2,320,243
Settled during current year:										
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
18.5 Amount rejected										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					5 No. of Policies					
20. In force December 31, prior year	2,983	17,724,645	0	(a)	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	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 _____

NONE



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

DIRECT BUSINESS IN THE STATE OF Indiana

NAIC Group Code 0838

DURING THE YEAR 2014

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		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	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year	18	114,940	0	0	0	0	0	0	18	114,940
17. Incurred during current year	614	3,679,833							614	3,679,833
Settled during current year:										
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					5 No. of Policies					
20. In force December 31, prior year	4,899	31,312,356	0	(a)	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	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

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

NONE



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

DIRECT BUSINESS IN THE STATE OF Kentucky

NAIC Group Code 0838

DURING THE YEAR 2014

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		4,823,387				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	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year	9	.51,779	0	0	0	0	0	0	9	.51,779
17. Incurred during current year	365	2,247,669							365	2,247,669
Settled during current year:										
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					5 No. of Policies					
20. In force December 31, prior year	3,714	21,290,671	0	(a)	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	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

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

NONE



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

DIRECT BUSINESS IN THE STATE OF Mississippi

NAIC Group Code 0838

DURING THE YEAR 2014

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					
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)					

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Ordinary	Credit Life (Group and Individual)		5 Group	6 Industrial	Total	
	No.	Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	No.
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							
21. Issued during year							
22. Other changes to in force (Net)							
23. In force December 31 of current year							

NONE

	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)					

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 Ohio

NAIC Group Code 0838

DURING THE YEAR 2014

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		7,077,645				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 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	9	.59,231	0	0	0	0	0	0	9	.59,231
17. Incurred during current year	592	3,053,365							592	3,053,365
Settled during current year:										
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	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	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 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)	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

NAIC Group Code 0838

DURING THE YEAR 2014

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	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year	0	0	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					5 No. of Policies					
20. In force December 31, prior year	26	193,683	0	(a)	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	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

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

NONE



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

DIRECT BUSINESS IN THE STATE OF Grand Total

NAIC Group Code 0838

DURING THE YEAR 2014

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		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	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	.39	256,013	0	0	0	0	0	0	.39	.256,013
17. Incurred during current year	1,977	11,374,260	0	0	0	0	0	0	1,977	11,374,260
Settled during current year:										
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					5 No. of Policies					
20. In force December 31, prior year	16,209	93,580,942	0	(a)	0	0	0	0	16,209	93,580,942
21. Issued during year	6,290	37,012,795	0	(a)	0	0	0	0	6,290	37,012,795
22. Other changes to in force (Net)	(2,338)	(13,911,287)	0	(a)	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	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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	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 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year	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 Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.	1	Exempt Obligations	1,215,956	XXX	XXX	1,215,956	0.0000	0	0.0000	0	0.0000	0
2.		Highest Quality	49,964,615	XXX	XXX	49,964,615	0.0004	19,986	0.0023	114,919	0.0030	149,894
3.		High Quality	18,664,330	XXX	XXX	18,664,330	0.0019	35,462	0.0058	108,253	0.0090	167,979
4.		Medium Quality	844,548	XXX	XXX	844,548	0.0093	7,854	0.0230	19,425	0.0340	28,715
5.		Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6.		Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7.		In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Bonds (Sum of Lines 1 through 8)	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.		High Quality	2,346,445	XXX	XXX	2,346,445	0.0019	4,458	0.0058	13,609	0.0090	21,118
12.		Medium Quality	599,722	XXX	XXX	599,722	0.0093	5,577	0.0230	13,794	0.0340	20,391
13.		Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14.		Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15.		In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.	Total Preferred Stocks (Sum of Lines 10 through 16)		3,791,417	XXX	XXX	3,791,417	XXX	10,374	XXX	29,347	XXX	44,044
SHORT - TERM BONDS												
18.	1	Exempt Obligations	1,314,144	XXX	XXX	1,314,144	0.0000	0	0.0000	0	0.0000	0
19.		Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
20.		High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21.		Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22.		Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23.		Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24.		In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25.	Total Short - Term Bonds (Sum of Lines 18 through 24)		1,314,144	XXX	XXX	1,314,144	XXX	0	XXX	0	XXX	0
DERIVATIVE INSTRUMENTS												
26.	1	Exchange Traded		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27.		Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28.		High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29.		Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30.		Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31.		Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32.		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

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

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
31		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages - CM1 - Highest Quality				XXX	0	0.0010	0	0.0050	0	0.0065
36.		Farm Mortgages - CM2 - High Quality				XXX	0	0.0035	0	0.0100	0	0.0130
37.		Farm Mortgages - CM3 - Medium Quality				XXX	0	0.0060	0	0.0175	0	0.0225
38.		Farm Mortgages - CM4 - Low Medium Quality				XXX	0	0.0105	0	0.0300	0	0.0375
39.		Farm Mortgages - CM5 - Low Quality				XXX	0	0.0160	0	0.0425	0	0.0550
40.		Residential Mortgages - Insured or Guaranteed				XXX	0	0.0003	0	0.0006	0	0.0010
41.		Residential Mortgages - All Other				XXX	0	0.0013	0	0.0030	0	0.0040
42.		Commercial Mortgages - Insured or Guaranteed				XXX	0	0.0003	0	0.0006	0	0.0010
43.		Commercial Mortgages - All Other - CM1 - Highest Quality				XXX	0	0.0010	0	0.0050	0	0.0065
44.		Commercial Mortgages - All Other - CM2 - High Quality				XXX	0	0.0035	0	0.0100	0	0.0130
45.		Commercial Mortgages - All Other - CM3 - Medium Quality				XXX	0	0.0060	0	0.0175	0	0.0225
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality				XXX	0	0.0105	0	0.0300	0	0.0375
47.		Commercial Mortgages - All Other - CM5 - Low Quality				XXX	0	0.0160	0	0.0425	0	0.0550
Overdue, Not in Process:												
48.		Farm Mortgages				XXX	0	0.0420	0	0.0760	0	0.1200
49.		Residential Mortgages - Insured or Guaranteed				XXX	0	0.0005	0	0.0012	0	0.0020
50.		Residential Mortgages - All Other				XXX	0	0.0025	0	0.0058	0	0.0090
51.		Commercial Mortgages - Insured or Guaranteed				XXX	0	0.0005	0	0.0012	0	0.0020
52.		Commercial Mortgages - All Other				XXX	0	0.0420	0	0.0760	0	0.1200
In Process of Foreclosure:												
53.		Farm Mortgages				XXX	0	0.0000	0	0.1700	0	0.1700
54.		Residential Mortgages - Insured or Guaranteed				XXX	0	0.0000	0	0.0040	0	0.0040
55.		Residential Mortgages - All Other				XXX	0	0.0000	0	0.0130	0	0.0130
56.		Commercial Mortgages - Insured or Guaranteed				XXX	0	0.0000	0	0.0040	0	0.0040
57.		Commercial Mortgages - All Other				XXX	0	0.0000	0	0.1700	0	0.1700
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
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

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

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
1.		COMMON STOCK	3,641,956	XXX	XXX	3,641,956	0.0000	0	0.1300 (a)	473,454	0.1300 (a)	473,454
2.		Unaffiliated - Public		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
3.		Unaffiliated - Private		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4.		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
Affiliated - Life with AVR				XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
Affiliated - Investment Subsidiary:						0	XXX		XXX		XXX	
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
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
Affiliated - All Other				XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
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
18.		REAL ESTATE										
19.		Home Office Property (General Account only)				0	0.0000	0	0.0750	0	0.0750	0
20.		Investment Properties				0	0.0000	0	0.0750	0	0.0750	0
Properties Acquired in Satisfaction of Debt						0	0.0000	0	0.1100	0	0.1100	0
Total Real Estate (Sum of Lines 18 through 20)			0	0	0	0	XXX	0	XXX	0	XXX	0
22.	1	OTHER INVESTED ASSETS										
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
Exempt Obligations				XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
Highest Quality				XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
High Quality				XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
Medium Quality				XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
Low Quality			701,332	XXX	XXX	701,332	0.0213	14,938	0.0530	37,171	0.0750	52,600
Lower Quality				XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
In or Near Default				XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
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

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

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
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
33		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	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
		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	0.0100	0	0.0130	0
	60.	Unaffiliated - In Good Standing All Other			XXX	0	0.0060	0	0.0175	0	0.0225	0
	61.	Unaffiliated - Overdue, Not in Process			XXX	0	0.0420	0	0.0760	0	0.1200	0
	62.	Unaffiliated - In Process of Foreclosure			XXX	0	0.0000	0	0.1700	0	0.1700	0
	63.	Total Unaffiliated (Sum of Lines 57 through 62)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
	64.	Total with Mortgage Loan Characteristics (Lines 56 + 63)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

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

Line Number	NAIC Designation	Description	1 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)
65.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
66.		Unaffiliated Public		XXX	XXX	0	0.0000	0	0.1300 (a)	0	0.1300 (a)	
67.		Unaffiliated Private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	
68.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	
69.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	
70.		Affiliated Other - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	
		Total with Common Stock Characteristics (Sum of Lines 65 through 69)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	
71.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
72.		Home Office Property (General Account only)				0	0.0000	0	0.0750	0	0.0750	
73.		Investment Properties				0	0.0000	0	0.0750	0	0.0750	
74.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	
		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	0	0	0	0	XXX	0	XXX	0	XXX	
75.		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
76.		Guaranteed Federal Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	
77.		Non-guaranteed Federal Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	
78.		Guaranteed State Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	
79.		Non-guaranteed State Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	
80.		All Other Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	
		Total LIHTC (Sum of Lines 75 through 79)	0	0	0	0	XXX	0	XXX	0	XXX	
81.		ALL OTHER INVESTMENTS										
82.		NAIC 1 Working Capital Finance Investments		XXX		0	0.0000	0	0.0037	0	0.0037	
83.		NAIC 2 Working Capital Finance Investments		XXX		0	0.0000	0	0.0120	0	0.0120	
84.		Other Invested Assets - Schedule BA		XXX		0	0.0000	0	0.1300	0	0.1300	
85.		Other Short-Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1300	0	0.1300	
		Total All Other (Sum of Lines 81, 82, 83 and 84)	0	XXX	0	0	XXX	0	XXX	0	XXX	
		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										
									5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	
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	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	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	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	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	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	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 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	0								
2. Advance premiums	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)

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	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)

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Life Insurance Company
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims			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	0
6. Beginning Claim Reserves and Liabilities			0	0
7. Ending Claim Reserves and Liabilities			0	0
8. Claims Paid	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred Claims.....			0	0
10. Beginning Claim Reserves and Liabilities			0	0
11. Ending Claim Reserves and Liabilities			0	0
12. Claims Paid	0	0	0	0
D. Net:				
13. Incurred Claims.....	0	0	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 Current Year	10 Prior Year		12 Current Year	13 Prior Year					
0399999.	Total General Account - Authorized U.S. Affiliates						0	0	0	0	0	0	0	0			
0699999.	Total General Account - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0			
0799999.	Total General Account - Authorized Affiliates						0	0	0	0	0	0	0	0			
76236	..31-1213778	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

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

SCHEDULE S - PART 6Five 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

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

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	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
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
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
NET CREDIT FOR CEDED REINSURANCE			
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

States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	Direct Business Only			
			3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama.....	AL	.0	.0		0	0
2. Alaska.....	AK	.0	.0		0	0
3. Arizona.....	AZ	.0	.0		0	0
4. Arkansas.....	AR	.0	.0		0	0
5. California.....	CA	.0	.0		0	0
6. Colorado.....	CO	0	.0		0	0
7. Connecticut.....	CT	.0	.0		0	0
8. Delaware.....	DE	.0	.0		0	0
9. District of Columbia.....	DC	.0	.0		0	0
10. Florida.....	FL	0	.0		0	0
11. Georgia.....	GA	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	31,524,090

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Life Insurance Company
SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYST

NON

Explanation

Asterisk **NUKE** Explanation

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

SCHEDULE Y

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Responses

MARCH FILING

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

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

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

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

APRIL FILING

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

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

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

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

JUNE FILING

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

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

AUGUST FILING

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

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

MARCH FILING

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

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

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

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

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

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

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

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

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

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. Trusteed 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]



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Cincinnati Equitable Life Insurance Company
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		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16	17	Percent of Premiums Earned	Number of Covered Lives
YES	AP355BAUC	B	NO	003000	10/01/1996	12/31/2004	12/31/2004	12/31/2004	Medicare Supplement	65,574	51,332	78.3	29				0.0		
0199999. Total Experience on Individual Policies										65,574	51,332	78.3	29	0	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	0	0	0
3. 2011	XXX	0	0	0	0
4. 2012	XXX	XXX	0	0	0
5. 2013	XXX	XXX	XXX	XXX	XXX
6. 2014	XXX	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	XXX		
5. 2013	XX	XX	XX	XX	
6. 2014	XXX	XXX	XXX	XXX	

NONE

Section D -

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

NONE

Section E -

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

NONE

Section F -

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

NONE

Section G -

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

NONE

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

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	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	XX			
4. 2013	XX	XX	XXX		
5. 2014	XX	XXX	XXX	XXX	XXX

Section D -

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

Section E -

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

Section F -

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

Section G -

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

NONE

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

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	XX	XX	XXX		
5. 2014	XX	XXX	XXX	XXX	

Section D -

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

Section E -

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

Section F -

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

Section G -

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

Section H -

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

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