

**The original statement had omitted \$5,593 of ceded premium from Schedule T. This amended filing corrects this omission.**



LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

## ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2016  
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 OH

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, 513-621-1826  
(Street and Number) (Area Code) (Telephone Number)  
Cincinnati, OH, US 45202, (City or Town, State, Country and Zip Code)

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, 513-621-1826  
(Street and Number) (Area Code) (Telephone Number)  
Cincinnati, OH, US 45202, (City or Town, State, Country and Zip Code)

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 SS: \_\_\_\_\_  
County of Hamilton

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

Subscribed and sworn to before me this  
20th day of February

a. Is this an original filing? ..... Yes [ ] No [ X ]  
b. If no,  
1. State the amendment number.....1  
2. Date filed ..... 02/27/2017  
3. Number of pages attached..... 1

Ricahrd Hansman, Jr.

November 8, 2019

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company  
**SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS**

Allocated by States and Territories

States, Etc.	1	Direct Business Only					
		Life Contracts		3	4	5	6
	Active Status	Life Insurance Premiums	Annuity Considerations	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 through 5	Deposit-Type Contracts
1. Alabama	AL	N				0	
2. Alaska	AK	N				0	
3. Arizona	AZ	N				0	
4. Arkansas	AR	N				0	
5. California	CA	N				0	
6. Colorado	CO	N				0	
7. Connecticut	CT	N				0	
8. Delaware	DE	N				0	
9. District of Columbia	DC	N				0	
10. Florida	FL	N				0	
11. Georgia	GA	L	9,425,067	85,496	0	9,510,563	0
12. Hawaii	HI	N				0	
13. Idaho	ID	N				0	
14. Illinois	IL	N				0	
15. Indiana	IN	L	11,653,379	10,598	0	11,663,977	0
16. Iowa	IA	N				0	
17. Kansas	KS	N				0	
18. Kentucky	KY	L	5,402,257	4,227	0	5,406,484	0
19. Louisiana	LA	N				0	
20. Maine	ME	N				0	
21. Maryland	MD	N				0	
22. Massachusetts	MA	N				0	
23. Michigan	MI	N				0	
24. Minnesota	MN	N				0	
25. Mississippi	MS	L	261,866	0	0	261,866	0
26. Missouri	MO	N				0	
27. Montana	MT	N				0	
28. Nebraska	NE	N				0	
29. Nevada	NV	N				0	
30. New Hampshire	NH	N				0	
31. New Jersey	NJ	N				0	
32. New Mexico	NM	N				0	
33. New York	NY	N				0	
34. North Carolina	NC	N				0	
35. North Dakota	ND	N				0	
36. Ohio	OH	L	9,219,945	0	49,739	0	9,269,684
37. Oklahoma	OK	N				0	
38. Oregon	OR	N				0	
39. Pennsylvania	PA	N				0	
40. Rhode Island	RI	N				0	
41. South Carolina	SC	N				0	
42. South Dakota	SD	N				0	
43. Tennessee	TN	L	403,913	0	0	403,913	0
44. Texas	TX	N				0	
45. Utah	UT	N				0	
46. Vermont	VT	N				0	
47. Virginia	VA	N				0	
48. Washington	WA	N				0	
49. West Virginia	WV	N				0	
50. Wisconsin	WI	N				0	
51. Wyoming	WY	N				0	
52. American Samoa	AS	N				0	
53. Guam	GU	N				0	
54. Puerto Rico	PR	N				0	
55. U.S. Virgin Islands	VI	N				0	
56. Northern Mariana Islands	MP	N				0	
57. Canada	CAN	N				0	
58. Aggregate Other Alien	OT	XXX	0	0	0	0	0
59. Subtotal	(a)	6	36,366,427	100,321	49,739	0	36,516,487
90. Reporting entity contributions for employee benefits plans		XXX					0
91. Dividends or refunds applied to purchase paid-up additions and annuities		XXX					0
92. Dividends or refunds applied to shorten endowment or premium paying period		XXX					0
93. Premium or annuity considerations waived under disability or other contract provisions		XXX					0
94. Aggregate or other amounts not allocable by State		XXX	0	0	0	0	0
95. Totals (Direct Business)		XXX	36,366,427	100,321	49,739	0	36,516,487
96. Plus reinsurance assumed		XXX					0
97. Totals (All Business)		XXX	36,366,427	100,321	49,739	0	36,516,487
98. Less reinsurance ceded		XXX		5,593			5,593
99. Totals (All Business) less Reinsurance Ceded		XXX	36,360,834	100,321	(b) 49,739	0	36,510,894
DETAILS OF WRITE-INS							
58001.		XXX					
58002.		XXX					
58003.		XXX					
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0
9401.		XXX					
9402.		XXX					
9403.		XXX					
9498. Summary of remaining write-ins for Line 94 from overflow page		XXX	0	0	0	0	0
9499. Totals (Lines 9401 through 9403 plus 9498)(Line 94 above)		XXX	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, etc., of premiums and annuity considerations

Direct Written

(a) Insert the number of L responses except for Canada and Other Alien.

(b) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4, and 16.4, Cols. 8, 9, 10, or with Schedule H, Part 1, Line 1, indicate which: Schedule H, Part 1, Line 1.....