

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



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				
	(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 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.			Direct Business Only						
			1	Life Contracts		4	5	6	7
				2	3				
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	.0
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	.0
59.	Subtotal .....	(a)	6	36,366,427	100,321	49,739	.0	36,516,487	.0
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	.0
95.	Totals (Direct Business) .....	XXX		36,366,427	100,321	49,739	.0	36,516,487	.0
96.	Plus reinsurance assumed .....	XXX						.0	
97.	Totals (All Business) .....	XXX		36,366,427	100,321	49,739	.0	36,516,487	.0
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	.0
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	.0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) .....	XXX		0	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	.0
9499.	Totals (Lines 9401 through 9403 plus 9498)(Line 94 above) .....	XXX		0	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.....