



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

## ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2015  
OF THE CONDITION AND AFFAIRS OF THE

### Cincinnati Equitable Insurance Company

NAIC Group Code 0838 NAIC Company Code 16721 Employer's ID Number 31-0239840  
(Current) (Prior)

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio  
Country of Domicile United States of America

Incorporated/Organized 01/24/1827 Commenced Business 04/17/1826

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, 513-621-1826  
(City or Town, State, Country and Zip Code)

Mail Address 525 Vine Street, Suite 1925, Cincinnati, OH, US 45202  
(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, 513-621-1826  
(City or Town, State, Country and Zip Code)

Internet Website Address www.cineqlife.com

Statutory Statement Contact Gregory A. Baker, 513-621-1826  
(Name) gbaker@cineqlife.com, 513-621-4531  
(E-mail Address) (FAX Number)

#### OFFICERS

Chairman of the Board Peter A Alpaugh President/CFO/Treasurer Gregory A Baker  
Secretary Linda S Bales

#### OTHER

#### DIRECTORS OR TRUSTEES

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

State of Ohio SS: Hamilton  
County of

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 A. Alpaugh  
Chairman of the Board

Linda S. Bales  
Secretary

Gregory A. Baker  
Treasurer

Subscribed and sworn to before me this  
22nd day of February

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

Richard Hansman, Jr.

November 8, 2019

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	3,262,122		3,262,122	3,395,279
2. Stocks (Schedule D):				
2.1 Preferred stocks .....			0	301,720
2.2 Common stocks .....			0	4,853
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ ..... 14,226 , Schedule E - Part 1), cash equivalents (\$ ..... , Schedule E - Part 2) and short-term investments (\$ ..... 25,752 , Schedule DA) .....	39,978		39,978	104,917
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives (Schedule DB) .....			0	0
8. Other invested assets (Schedule BA) .....			0	0
9. Receivable for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	3,302,100	0	3,302,100	3,806,769
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	48,228		48,228	51,366
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection			0	0
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....	213,000	160,500	52,500	52,000
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....	5,883		5,883	5,883
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	9,416	9,416	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	280		280	0
24. Health care (\$ ..... ) and other amounts receivable .....			0	0
25. Aggregate write-ins for other than invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	3,578,907	169,916	3,408,991	3,916,018
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	3,578,907	169,916	3,408,991	3,916,018
<b>DETAILS OF WRITE-INS</b>				
1101. .....			0	0
1102. .....			0	0
1103. .....			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. .....			0	0
2502. .....			0	0
2503. .....			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company  
**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8) .....	10,000	30,000
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6) .....	0	0
3. Loss adjustment expenses (Part 2A, Line 35, Column 9) .....	3,509	7,509
4. Commissions payable, contingent commissions and other similar charges .....		
5. Other expenses (excluding taxes, licenses and fees) .....	54,441	43,425
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....	250	250
7.1 Current federal and foreign income taxes (including \$ ..... on realized capital gains (losses)) .....	1,919	625
7.2 Net deferred tax liability .....		
8. Borrowed money \$ ..... and interest thereon \$ .....		
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ ..... 0 and including warranty reserves of \$ ..... and accrued accident and health experience rating refunds including \$ ..... for medical loss ratio rebate per the Public Health Service Act) .....		
10. Advance premium .....		
11. Dividends declared and unpaid:		
11.1 Stockholders .....		
11.2 Policyholders .....		
12. Ceded reinsurance premiums payable (net of ceding commissions) .....	428	428
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19) .....	0	0
14. Amounts withheld or retained by company for account of others .....	340	340
15. Remittances and items not allocated .....		
16. Provision for reinsurance (including \$ ..... 0 certified) (Schedule F, Part 8) .....		0
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		
18. Drafts outstanding .....		
19. Payable to parent, subsidiaries and affiliates .....		3,377
20. Derivatives .....	0	
21. Payable for securities .....		
22. Payable for securities lending .....		
23. Liability for amounts held under uninsured plans .....		
24. Capital notes \$ ..... and interest thereon \$ .....		
25. Aggregate write-ins for liabilities .....	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	70,887	85,954
27. Protected cell liabilities .....		
28. Total liabilities (Lines 26 and 27) .....	70,887	85,954
29. Aggregate write-ins for special surplus funds .....	0	0
30. Common capital stock .....	1,000,000	1,000,000
31. Preferred capital stock .....		
32. Aggregate write-ins for other than special surplus funds .....	0	0
33. Surplus notes .....	0	
34. Gross paid in and contributed surplus .....	2,199,915	2,699,915
35. Unassigned funds (surplus) .....	138,189	130,149
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 30 \$ ..... ) .....		
36.2 ..... shares preferred (value included in Line 31 \$ ..... ) .....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39) .....	3,338,104	3,830,064
38. TOTALS (Page 2, Line 28, Col. 3)	3,408,991	3,916,018
<b>DETAILS OF WRITE-INS</b>		
2501. ....		
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0
2901. ....		
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	0
3201. ....		
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page .....	0	0
3299. Totals (Lines 3201 thru 3203 plus 3298)(Line 32 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company  
**STATEMENT OF INCOME**

	1 Current Year	2 Prior Year
<b>UNDERWRITING INCOME</b>		
1. Premiums earned (Part 1, Line 35, Column 4).....	0	
2. Losses incurred (Part 2, Line 35, Column 7).....	(24,184)	20,000
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....	3,816	7,284
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2).....	102,539	92,080
5. Aggregate write-ins for underwriting deductions.....	0	0
6. Total underwriting deductions (Lines 2 through 5).....	82,171	119,364
7. Net income of protected cells.....		
8. Net underwriting gain or (loss) (Line 1 minus Line 6 plus Line 7).....	(82,171)	(119,364)
<b>INVESTMENT INCOME</b>		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	124,006	177,349
10. Net realized capital gains or (losses) less capital gains tax of \$ ..... (Exhibit of Capital Gains (Losses) ).....	20,423	13,703
11. Net investment gain (loss) (Lines 9 + 10).....	144,429	191,052
<b>OTHER INCOME</b>		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ ..... amount charged off \$ ..... ).....	0	
13. Finance and service charges not included in premiums.....		
14. Aggregate write-ins for miscellaneous income.....	0	0
15. Total other income (Lines 12 through 14).....	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	62,258	71,688
17. Dividends to policyholders.....		
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17).....	62,258	71,688
19. Federal and foreign income taxes incurred.....	1,294	275
20. Net income (Line 18 minus Line 19)(to Line 22).....	60,964	71,413
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....	3,830,064	4,194,492
22. Net income (from Line 20).....	60,964	71,413
23. Net transfers (to) from Protected Cell accounts.....		
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ .....(19,000).....	(38,015)	8,568
25. Change in net unrealized foreign exchange capital gain (loss).....		
26. Change in net deferred income tax.....	(22,000)	87,000
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3).....	7,091	(31,409)
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1).....	0	0
29. Change in surplus notes.....		
30. Surplus (contributed to) withdrawn from protected cells.....		
31. Cumulative effect of changes in accounting principles.....		
32. Capital changes:		
32.1 Paid in.....		
32.2 Transferred from surplus (Stock Dividend).....		
32.3 Transferred to surplus.....		
33. Surplus adjustments:		
33.1 Paid in.....	(500,000)	(500,000)
33.2 Transferred to capital (Stock Dividend).....		
33.3 Transferred from capital.....	500,000	500,000
34. Net remittances from or (to) Home Office.....		
35. Dividends to stockholders.....	(500,000)	(500,000)
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1).....	0	0
37. Aggregate write-ins for gains and losses in surplus.....	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37).....	(491,960)	(364,428)
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....	3,338,104	3,830,064
<b>DETAILS OF WRITE-INS</b>		
0501. ....		
0502. ....		
0503. ....		
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598)(Line 5 above).....	0	0
1401. ....		
1402. ....		
1403. ....		
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above).....	0	0
3701. ....		
3702. ....		
3703. ....		
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798)(Line 37 above).....	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company  
**CASH FLOW**

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	0	0
2. Net investment income .....	147,242	199,233
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	147,242	199,233
5. Benefit and loss related payments .....	(4,184)	0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	107,280	125,946
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	0	650
10. Total (Lines 5 through 9) .....	103,096	126,596
11. Net cash from operations (Line 4 minus Line 10) .....	44,146	72,637
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	1,031,397	1,183,404
12.2 Stocks .....	321,617	344,748
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	1,353,014	1,528,152
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	962,034	790,942
13.2 Stocks .....	0	308,000
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	962,034	1,098,942
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	390,980	429,210
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	500,000	500,000
16.6 Other cash provided (applied) .....	(66)	2,287
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(500,066)	(497,713)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(64,940)	4,134
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	104,917	100,784
19.2 End of period (Line 18 plus Line 19.1) .....	39,978	104,917

Note: Supplemental disclosures of cash flow information for non-cash transactions:

Underwriting and Investment Exhibit - Part 1 - Premiums Earned

**N O N E**

Underwriting and Investment Exhibit - Part 1A - Recapitulation of all Premiums

**N O N E**

Underwriting and Investment Exhibit - Part 1B - Premiums Written

**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5	6	7	8
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire .....	0			0	0	0	0	0.0
2. Allied lines .....	0			0	0	0	0	0.0
3. Farmowners multiple peril .....	0			0	0	0	0	0.0
4. Homeowners multiple peril .....	(1,230)			(1,230)	0	20,000	(21,230)	0.0
5. Commercial multiple peril .....	0			0	0	0	0	0.0
6. Mortgage guaranty .....	0			0	0	0	0	0.0
8. Ocean marine .....	0			0	0	0	0	0.0
9. Inland marine .....	0			0	0	0	0	0.0
10. Financial guaranty .....	0			0	0	0	0	0.0
11.1 Medical professional liability - occurrence .....				0	0	0	0	0.0
11.2 Medical professional liability - claims-made .....				0	0	0	0	0.0
12. Earthquake .....	0			0	0	0	0	0.0
13. Group accident and health .....	0			0	0	0	0	0.0
14. Credit accident and health (group and individual) .....	0			0	0	0	0	0.0
15. Other accident and health .....	0			0	0	0	0	0.0
16. Workers' compensation .....	0			0	0	0	0	0.0
17.1 Other liability - occurrence .....	0			0	0	0	0	0.0
17.2 Other liability - claims-made .....	0			0	0	0	0	0.0
17.3 Excess workers' compensation .....	0			0	0	0	0	0.0
18.1 Products liability - occurrence .....				0	0	0	0	0.0
18.2 Products liability - claims-made .....				0	0	0	0	0.0
19.1, 19.2 Private passenger auto liability .....	(2,954)			(2,954)	10,000	10,000	(2,954)	0.0
19.3, 19.4 Commercial auto liability .....	0			0	0	0	0	0.0
21. Auto physical damage .....	0			0	0	0	0	0.0
22. Aircraft (all perils) .....	0			0	0	0	0	0.0
23. Fidelity .....	0			0	0	0	0	0.0
24. Surety .....	0			0	0	0	0	0.0
26. Burglary and theft .....	0			0	0	0	0	0.0
27. Boiler and machinery .....	0			0	0	0	0	0.0
28. Credit .....	0			0	0	0	0	0.0
29. International .....				0	0	0	0	0.0
30. Warranty .....	0			0	0	0	0	0.0
31. Reinsurance - nonproportional assumed property .....	XXX			0	0	0	0	0.0
32. Reinsurance - nonproportional assumed liability .....	XXX			0	0	0	0	0.0
33. Reinsurance - nonproportional assumed financial lines .....	XXX			0	0	0	0	0.0
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0	0	0	0.0
35. TOTALS .....	(4,184)	0	0	(4,184)	10,000	30,000	(24,184)	0.0
<b>DETAILS OF WRITE-INS</b>								
3401. ....								
3402. ....								
3403. ....								
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0.0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0.0

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire .....				.0					0
2. Allied lines .....				.0					0
3. Farmowners multiple peril .....				.0					0
4. Homeowners multiple peril .....				.0					0
5. Commercial multiple peril .....				.0					0
6. Mortgage guaranty .....				.0					0
8. Ocean marine .....				.0					0
9. Inland marine .....				.0					0
10. Financial guaranty .....				.0					0
11.1 Medical professional liability - occurrence .....				.0					0
11.2 Medical professional liability - claims-made .....				.0					0
12. Earthquake .....				.0					0
13. Group accident and health .....				.0				(a)	0
14. Credit accident and health (group and individual) .....				.0				(a)	0
15. Other accident and health .....				.0				(a)	0
16. Workers' compensation .....				.0					0
17.1 Other liability - occurrence .....				.0					0
17.2 Other liability - claims-made .....				.0					0
17.3 Excess workers' compensation .....				.0					0
18.1 Products liability - occurrence .....				.0					0
18.2 Products liability - claims-made .....				.0					0
19.1, 19.2 Private passenger auto liability .....	10,000			10,000				10,000	3,509
19.3, 19.4 Commercial auto liability .....				.0					0
21. Auto physical damage .....				.0					0
22. Aircraft (all perils) .....				.0					0
23. Fidelity .....				.0					0
24. Surety .....				.0					0
26. Burglary and theft .....				.0					0
27. Boiler and machinery .....				.0					0
28. Credit .....				.0					0
29. International .....				.0					0
30. Warranty .....				.0					0
31. Reinsurance - nonproportional assumed property .....	XXX			.0	XXX				0
32. Reinsurance - nonproportional assumed liability .....	XXX			.0	XXX				0
33. Reinsurance - nonproportional assumed financial lines .....	XXX			.0	XXX				0
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0	0	0	0	0
35. TOTALS .....	10,000	0	0	10,000	0	0	0	10,000	3,509
<b>DETAILS OF WRITE-INS</b>									
3401. .....									
3402. .....									
3403. .....									
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	.0	0	0	.0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0

(a) Including \$ ..... for present value of life indemnity claims.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company  
**UNDERWRITING AND INVESTMENT EXHIBIT**

PART 3 - EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct .....	(2,259)			(2,259)
1.2 Reinsurance assumed .....				0
1.3 Reinsurance ceded .....				0
1.4 Net claim adjustment service (1.1 + 1.2 - 1.3) .....	(2,259)	0	0	(2,259)
2. Commission and brokerage:				
2.1 Direct excluding contingent .....				0
2.2 Reinsurance assumed, excluding contingent .....				0
2.3 Reinsurance ceded, excluding contingent .....				0
2.4 Contingent - direct .....				0
2.5 Contingent - reinsurance assumed .....				0
2.6 Contingent - reinsurance ceded .....				0
2.7 Policy and membership fees .....				0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7) .....	0	0	0	0
3. Allowances to managers and agents .....				0
4. Advertising .....				0
5. Boards, bureaus and associations .....	374	5,988	1,123	7,485
6. Surveys and underwriting reports .....	11	171	32	214
7. Audit of assureds' records .....	1,925	30,800	5,775	38,500
8. Salary and related items:				
8.1 Salaries .....	2,504	40,064	7,512	50,080
8.2 Payroll taxes .....	185	2,966	556	3,707
9. Employee relations and welfare .....	292	4,670	876	5,838
10. Insurance .....	14	227	42	283
11. Directors' fees .....				0
12. Travel and travel items .....	15	247	46	308
13. Rent and rent items .....	352	5,625	1,055	7,032
14. Equipment .....	273	4,360	818	5,451
15. Cost or depreciation of EDP equipment and software .....				0
16. Printing and stationery .....	18	294	55	367
17. Postage, telephone and telegraph, exchange and express .....	100	1,608	301	2,009
18. Legal and auditing .....	29	458	12,747	13,234
19. Totals (Lines 3 to 18) .....	6,092	97,478	30,938	134,508
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$ .....		5,335		5,335
20.2 Insurance department licenses and fees .....	222	3,556	667	4,445
20.3 Gross guaranty association assessments .....	(239)	(3,830)	(718)	(4,787)
20.4 All other (excluding federal and foreign income and real estate) .....				0
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4) .....	(17)	5,061	(51)	4,993
21. Real estate expenses .....				0
22. Real estate taxes .....				0
23. Reimbursements by uninsured plans .....				0
24. Aggregate write-ins for miscellaneous expenses .....	0	0	0	0
25. Total expenses incurred .....	3,816	102,539	30,887	(a) 137,242
26. Less unpaid expenses - current year .....	3,509	46,750	7,942	58,201
27. Add unpaid expenses - prior year .....	7,509	37,340	6,336	51,185
28. Amounts receivable relating to uninsured plans, prior year .....				0
29. Amounts receivable relating to uninsured plans, current year .....				0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	7,816	93,129	29,281	130,226
<b>DETAILS OF WRITE-INS</b>				
2401. .....				
2402. .....				
2403. .....				
2498. Summary of remaining write-ins for Line 24 from overflow page .....	0	0	0	0
2499. Totals (Lines 2401 thru 2403 plus 2498)(Line 24 above)	0	0	0	0

(a) Includes management fees of \$ ..... to affiliates and \$ ..... to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company  
**EXHIBIT OF NET INVESTMENT INCOME**

		1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a) .....		
1.1 Bonds exempt from U.S. tax .....	(a) .....		
1.2 Other bonds (unaffiliated) .....	(a) .....	157,509	145,461
1.3 Bonds of affiliates .....	(a) .....		
2.1 Preferred stocks (unaffiliated) .....	(b) .....	7,163	7,163
2.11 Preferred stocks of affiliates .....	(b) .....		
2.2 Common stocks (unaffiliated) .....		217	217
2.21 Common stocks of affiliates .....			
3. Mortgage loans .....	(c) .....		
4. Real estate .....	(d) .....		
5. Contract loans .....			
6. Cash, cash equivalents and short-term investments .....	(e) .....	27	27
7. Derivative instruments .....	(f) .....		
8. Other invested assets .....			
9. Aggregate write-ins for investment income .....		2,026	2,026
10. Total gross investment income .....		166,941	154,893
11. Investment expenses .....	(g) .....	30,938	
12. Investment taxes, licenses and fees, excluding federal income taxes .....	(g) .....	(51)	
13. Interest expense .....	(h) .....		
14. Depreciation on real estate and other invested assets .....	(i) .....		0
15. Aggregate write-ins for deductions from investment income .....			
16. Total deductions (Lines 11 through 15) .....			30,887
17. Net investment income (Line 10 minus Line 16) .....			124,006
<b>DETAILS OF WRITE-INS</b>			
0901. Lease Income .....		1,795	1,795
0902. Class Action Settlements on Securities .....		231	231
0903. .....			
0998. Summary of remaining write-ins for Line 9 from overflow page .....		0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....		2,026	2,026
1501. .....			
1502. .....			
1503. .....			
1598. Summary of remaining write-ins for Line 15 from overflow page .....		0	0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) .....		0	0

(a) Includes \$ 2,360 accrual of discount less \$ 14,520 amortization of premium and less \$ 6,563 paid for accrued interest on purchases.

(b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.

(c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.

(d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.

(e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.

(f) Includes \$ accrual of discount less \$ amortization of premium.

(g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.

(h) Includes \$ interest on surplus notes and \$ interest on capital notes.

(i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....	.0	0	0		0
1.1 Bonds exempt from U.S. tax .....	.0	0	0	0	0
1.2 Other bonds (unaffiliated) .....	38,808	0	38,808	(90,442)	0
1.3 Bonds of affiliates .....	0	0	0	0	0
2.1 Preferred stocks (unaffiliated) .....	(21,713)	0	(21,713)	38,280	0
2.11 Preferred stocks of affiliates .....	0	0	0	0	0
2.2 Common stocks (unaffiliated) .....	3,330	0	3,330	(4,853)	0
2.21 Common stocks of affiliates .....	0	0	0	0	0
3. Mortgage loans .....		0	0	0	0
4. Real estate .....		0	0	0	0
5. Contract loans .....	0	0	0	0	0
6. Cash, cash equivalents and short-term investments .....	0	0	0	0	0
7. Derivative instruments .....	0	0	0	0	0
8. Other invested assets .....		0	0	0	0
9. Aggregate write-ins for capital gains (losses) .....	0	0	0	0	0
10. Total capital gains (losses) .....	20,425	0	20,425	(57,015)	0
<b>DETAILS OF WRITE-INS</b>					
0901. .....					
0902. .....					
0903. .....					
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company  
**EXHIBIT OF NON-ADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			0
2.2 Common stocks .....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale .....			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....			0
6. Contract loans .....			0
7. Derivatives (Schedule DB) .....			0
8. Other invested assets (Schedule BA) .....			0
9. Receivables for securities .....			0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only) .....			0
14. Investment income due and accrued .....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			0
16.2 Funds held by or deposited with reinsured companies .....			0
16.3 Other amounts receivable under reinsurance contracts .....			0
17. Amounts receivable relating to uninsured plans .....			0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0
18.2 Net deferred tax asset .....	160,500	164,000	3,500
19. Guaranty funds receivable or on deposit .....			0
20. Electronic data processing equipment and software .....			0
21. Furniture and equipment, including health care delivery assets .....	9,416	13,007	3,591
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0
23. Receivables from parent, subsidiaries and affiliates .....			0
24. Health care and other amounts receivable .....			0
25. Aggregate write-ins for other than invested assets .....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	169,916	177,007	7,091
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0
28. Total (Lines 26 and 27) .....	169,916	177,007	7,091
<b>DETAILS OF WRITE-INS</b>			
1101. .....			
1102. .....			
1103. .....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0	0
2501. .....			
2502. .....			
2503. .....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	0	0	0

# ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company

## 1. Summary of Significant Accounting Policies

### A. Accounting Practices

The financial statements of Cincinnati Equitable Insurance Company are presented on the basis of accounting practices prescribed or permitted by the Ohio Insurance Department.

The Ohio Insurance Department recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, version effective January 1, 2001, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio. The State of Ohio has not adopted and prescribed or permitted practices that differ from NAIC SAP.

	State of Domicile	2015	2014
<b>NET INCOME</b>			
(1) Cincinnati Equitable Ins Co state basis (pg 4, line 35 Col. 2)	Ohio	60,964	71,413
(2) State Prescribed Practices that increase/(decrease) NAIC SAP	Ohio	-	-
(3) State Permitted Practices that increase/(decrease) NAIC SAP	Ohio	-	-
(4) NAIC SAP (1-2-3=4)		<u>60,964</u>	<u>71,413</u>
<b>SURPLUS</b>			
(5) Cincinnati Equitable Ins Co state basis (Page 3, Line 38, Columns 1&2)	Ohio	3,338,104	3,830,064
(6) State Prescribed Practices that increase/(decrease) NAIC SAP	Ohio	-	-
(7) State Permitted Practices that increase/(decrease) NAIC SAP	Ohio	-	-
(8) NAIC SAP (5-6-7=8)		<u>3,338,104</u>	<u>3,830,064</u>

### B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make certain estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

### C. Accounting Policy

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business and are based on reports received from ceding companies for reinsurance.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans are stated at amortized cost using the interest method.
- (3) Common Stocks at market except that investments in stocks of uncombined subsidiaries and affiliates in which the Company has an interest of 20% or more are carried on the equity basis.
- (4) Preferred stocks are stated in accordance with the guidance provided in SSAP No. 32.
- (5) Mortgage loans on real estate are stated at the aggregate carrying value less accrued interest.
- (6) Loan-backed securities are stated at either amortized cost or the lower or amortized cost or fair market value. The retrospective adjustment method is used to value all securities except for interest only securities or securities where the yield had become negative, these are valued using the prospective method.
- (7) The Company owns no subsidiaries.
- (8) The Company has no interest in Joint Ventures.
- (9) All derivatives, if any, are stated at fair value.
- (10) The Company does not anticipate investment income as a factor in the premium deficiency calculation.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.

## 2. Accounting Changes and Corrections of Errors

### A. Changes in accounting practices

The Company made no changes in accounting practices.

### B. Correction of errors

The Company made no corrections of prior period financial statements.

## 3. Business Combinations and Goodwill

The Company had no Business Combinations occurring during the periods reported in this statement.

# ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company

## 4. Discontinued Operations

The Company had no discontinued operations in the current year.

## 5. Investments

### A. Mortgage Loans

The Company has no Mortgage Loans

### B. Debt Restructuring

The Company has not restructured any debt in the current year.

### C. Reverse Mortgages

The Company has no Reverse Mortgages.

### D. Loan-Backed Securities

1. Prepayment assumptions for single class and multi-class mortgage-backed/asset-backed securities were obtained from broker dealer survey values or NAIC RMBS/ CMBS modeling.

2. The Company had no securities with a recognized other-than-temporary impairment.

3. The Company had no securities with a recognized other-than-temporary impairment.

4. All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

#### a. The aggregate amount of unrealized losses:

1. Less than 12 Months \$ 0

2. 12 Months or Longer \$ 0

#### b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months \$ 0

2. 12 Months or Longer \$ 0

### E. Repurchase Agreements/ Securities Lending

The Company has no Repurchase Agreements and no Security Lending program.

### F. Real Estate

The Company has no Real Estate investments.

### G. Low Income Housing

The Company has no investments in low income housing

### H. Restricted Assets

#### (1) Restricted Assets

Restricted Asset Category	Gross Restricted						8	Percentage	
	Current Year					6	7	9	10
	1	2	3	4	5				
Restricted Asset Category	Total General Account (G/A)	G/A Supporting Protected Cell Account (a)	Total Protected Cell Account (b)	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$	\$	\$	\$	%
b. Collateral held under security lending agreements									
c. Subject to repurchase agreements									
d. Subject to reverse repurchase agreements									
e. Subject to dollar repurchase agreements									
f. Subject to dollar reverse repurchase agreements									
g. Placed under option contracts									
h. Letter stock or securities restricted as to sale									
i. On deposit with states	1,541,518				1,541,518	1,558,509	(16,991)	1,541,518	43.1% 45.2%
j. On deposit with other regulatory bodies									
k. Pledged as collateral not captured in other categories									
l. Other restricted assets									
m. Total Restricted Assets	\$1,541,518				\$1,541,518	\$1,558,509	\$ (16,991)	\$1,541,518	43.1% 45.2%
(a)	subset of column 1								
(b)	subset of column 3								

## 6. Joint Ventures, Partnerships and Limited Liability Companies

The Company has no Joint Ventures, Partnerships or Limited Liability Companies.

## 7. Investment Income

The Company has no excluded investment income due and accrued.

## 8. Derivative Instruments

The Company has no investments in derivative financial instruments.

# ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company

## 9. Income Taxes

A. The components of the net deferred tax asset/(liability) at the end of current period are as follows:

1.

	As of End of Current Period			12/31/2014			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Gross Deferred Tax Assets .....	200,000	21,000	221,000	216,000	5,000	221,000	(16,000)	16,000	0
(b) Statutory Valuation Allowance Adjustment .....			0			0	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b) .....	200,000	21,000	221,000	216,000	5,000	221,000	(16,000)	16,000	0
(d) Deferred Tax Assets Nonadmitted .....	139,500	21,000	160,500	159,000	5,000	164,000	(19,500)	16,000	(3,500)
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d) .....	60,500	0	60,500	57,000	0	57,000	3,500	0	3,500
(f) Deferred Tax Liabilities .....	8,000		8,000	5,000		5,000	3,000	0	3,000
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f) .....	52,500	0	52,500	52,000	0	52,000	500	0	500

2.

	As of End of Current Period			12/31/2014			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
Admission Calculation Components									
SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks .....	0	0	0			0	0	0	0
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below) .....	52,500	0	52,500	52,000		52,000	500	0	500
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date .....	52,500		52,500	52,000		52,000	500	0	500
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold .....	XXX	XXX	501,000	XXX	XXX	567,000	XXX	XXX	(66,000)
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities .....	8,000		8,000	5,000		5,000	3,000	0	3,000
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.									
Total (2(a) + 2(b) + 2(c)) .....	60,500	0	60,500	57,000	0	57,000	3,500	0	3,500

3.

	2015	2014
a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount .....	5,934.764	6,857.487
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above .....	3,285,604	3,778,064

4.

	As of End of Current Period		12/31/2014		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col. 1 - 3) Ordinary	(6) (Col. 2 - 4) Capital
Impact of Tax Planning Strategies:						
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.						
1. Adjusted Gross DTAs amount from Note 9A1(c) .....	200,000	21,000	216,000	5,000	(16,000)	16,000
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies .....	100,000	0.000	100,000	0.000	0.000	0.000
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e) .....	60,500	0	57,000	0	3,500	0
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies .....	100,000	0.000	100,000	0.000	0.000	0.000

b. Do the Company's tax-planning strategies include the use of reinsurance? ..... Yes [ ] No [ ]

C. Current income taxes incurred consist of the following major components:

	(1) As of End of Current Period	(2) 12/31/2014	(3) (Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal .....	1,000	490	510
(b) Foreign .....			0
(c) Subtotal .....	1,000	490	510
(d) Federal income tax on net capital gains .....			0
(e) Utilization of capital loss carry-forwards .....			0
(f) Other .....	294	(215)	509
(g) Federal and foreign income taxes incurred .....	1,294	275	1,019
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses .....	0	1,000	(1,000)
(2) Unearned premium reserve .....			0
(3) Policyholder reserves .....			0
(4) Investments .....			0
(5) Deferred acquisition costs .....			0
(6) Policyholder dividends accrual .....			0
(7) Fixed Assets .....			0
(8) Compensation and benefits accrual .....			0
(9) Pension accrual .....			0
(10) Receivables - nonadmitted .....	5,000	4,000	1,000
(11) Net operating loss carry-forward .....	177,000	199,000	(22,000)

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company

(12) Tax credit carry-forward .....				0
(13) Other (including items <5% of total ordinary tax assets) .....	18,000	12,000	6,000	
(99) Subtotal .....	200,000	216,000	(16,000)	0
(b) Statutory valuation allowance adjustment .....				0
(c) Nonadmitted .....	139,500	159,000	(19,500)	
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c) .....	60,500	57,000	3,500	
(e) Capital:				
(1) Investments .....	.21,000	5,000	16,000	
(2) Net capital loss carry-forward .....				0
(3) Real estate .....				0
(4) Other (including items <5% of total ordinary tax assets) .....				0
(99) Subtotal .....	.21,000	5,000	16,000	
(f) Statutory valuation allowance adjustment .....				0
(g) Nonadmitted .....	.21,000	5,000	16,000	
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g) .....	0	0	0	0
(i) Admitted deferred tax assets (2d + 2h) .....	.60,500	57,000	3,500	
<b>3. Deferred Tax Liabilities:</b>				
(a) Ordinary:				
(1) Investments .....				0
(2) Fixed assets .....	8,000	5,000	3,000	
(3) Deferred and uncollected premium .....				0
(4) Policyholder reserves .....				0
(5) Other (including items <5% of total ordinary tax liabilities) .....				0
(99) Subtotal .....	8,000	5,000	3,000	
(b) Capital:				
(1) Investments .....				0
(2) Real estate .....				0
(3) Other (including items <5% of total capital tax liabilities) .....				0
(99) Subtotal .....	0	0	0	0
(c) Deferred tax liabilities (3a99 + 3b99) .....	8,000	5,000	3,000	
<b>4. Net deferred tax assets/liabilities (2i - 3c)</b> .....	<b>.52,500</b>	<b>.52,000</b>	<b>.500</b>	

D. Among the more significant book to tax adjustments were the following:

	<u>Amount</u>	<u>Tax Effect</u>
(1) Income before taxes	\$ 62,257	\$ 21,167
(2) Dividend received deduction	(152)	(52)
(3) Non-Deductible expenses	0	0
(4) Deferred taxes on nonadmitted assets	5,175	1,760
(5) Other timing differenced	0	0
(6) Taxable Income	<hr/> \$ 67,280	<hr/> \$ 22,875

E. (1) At December 31, 2015, the Company had net operating loss carry forwards of \$521,259, which expire in 2033.

(2) The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:

2015 (current year)	\$ 2,931
2014 (current year - 1)	\$ 650
2013 (current year - 2)	\$ 0

F. (1) The Company's Federal Income Tax return is consolidated with the following entities:

Cincinnati Equitable Companies, Inc.  
Cincinnati Equitable Life Insurance Company

(2) The method of allocation between the companies is subject to a written agreement, approved by the Board of Directors. Allocation is based upon separate return calculations with current credit for net losses. Intercompany tax balances are settled within 90 days from the date the tax return is filed or estimated payments are made.

### 10. Information Concerning Parent, Subsidiaries and Affiliates

- A. Cincinnati Equitable Insurance Company is a wholly owned subsidiary of Cincinnati Equitable Life Insurance Company, a life insurance company domiciled in the State of Ohio.
- B. Cincinnati Equitable Insurance Company shares common management with Cincinnati Equitable Life Insurance Company. Certain processing functions are also shared between these companies, such as accounting and mail processing.
- C. Cincinnati Equitable Companies, Inc. pays processing expenses and allocates them directly to Cincinnati Equitable Life Insurance Company, Cincinnati Equitable Insurance Company, proportionate to the time worked on each company or the loss payment activity.
- D. At December 31, 2015, the Company reported a net receivable of \$280. The terms of the settlement require that these amounts be settled within 90 days.
- E. The Company has made no guarantees on behalf of the Parent Company.
- F. Cincinnati Equitable Companies, Inc. has agreed to provide Management and certain processing functions to Cincinnati Equitable Life insurance Company, Cincinnati Equitable Insurance Company (see 10.B. above). In 2015 the allocated expenses were \$38,554.
- G. All outstanding stock of Cincinnati Equitable Insurance Company is owned by Cincinnati Equitable Life Insurance Company (see Schedule Y of this statement).
- H. The Company owns no shares of the Parent Companies' outstanding stock.
- I. The Company owns no Subsidiaries.

### 11. Debt

The Company has no outstanding debt.

# ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company

## 12. Retirement Plans, Deferred Compensation, Postretirement Benefit Plans and Compensated Absences and Other Postretirement Benefit Plans.

- A. Defined Benefit Plan  
The Company has no Defined Benefit Plan.
- E. Define Contribution Plans  
The Company has no Defined Contribution Plan of its own.
- F. Multi-Employer Plans  
The Company has no Multi-Employer plans
- G. Consolidated/Holding Company Plans  
The Company participates in a qualified, noncontributory defined benefit pension plan sponsored by Cincinnati Equitable Companies, Inc., our parent company. In addition, the Company provides no other postretirement benefits to retired employees through a plan sponsored by Cincinnati Equitable Companies, Inc. The Company has no legal obligation for benefits under these plans. Cincinnati Equitable Companies, Inc. allocates amounts to the Company based on salary ratios. The Company's share of net expense for the qualified pension plan was \$ 842 and \$ 826 for 2015 and 2014, respectively and for other postretirement benefit plans was \$ 0 and \$ 0 for 2015 and 2014, respectively.
- H. Postemployment Benefits and Compensated Absences  
The Company does not provide for post-retirement benefits. However, the Company does compensate for unused absences.
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)  
The Company doesn't provide for post-retirement medical benefits. Therefore, this Act will have no impact on the Company.

## 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations.

- 1. The Company has 1,000,000 shares authorized, 1,000,000 shares issued and 1,000,000 shares outstanding.
- 2. The Company has no preferred stock outstanding.
- 3. Without the approval of the domiciliary commissioner, dividends to the shareholders are limited by the laws of the Company's state of incorporation, Ohio, to \$0, an amount that is based on restrictions related to statutory surplus.
- 4. The Company paid two extraordinary dividends of \$250,000 during 2015. These dividends were paid in June and December and totaled \$500,000 for the year.
- 5. There are no restrictions placed on the Company's surplus, including for whom the surplus is being held, other than the minimum surplus requirements of the state of Ohio.
- 6. There are no advances to surplus.
- 7. The Company holds no stock for special purposes.
- 8. The Company made no changes to special surplus balances from prior years.
- 9. The portion of unassigned funds (surplus) represented or reduced by unrealized gains and losses is each item below is as (\$117,939).

## 14. Contingencies

- A. Contingent Commitments  
The Company has no Contingent Commitments.
- B. Assessments  
The Company has been notified of several insolvencies. The actual amount of these insolvencies will not be known until some time in the future. However, the Company has enough information to establish a reasonable estimate of future Guarantee Fund Assessments. The Company has established a liability of \$0 for future Guarantee Fund Assessments.
- C. Gain Contingencies  
The Company has established no contingencies for gains.
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits  
The Company has no claims related to extra contractual obligations or bad faith losses.
- E. Product Warranties  
The Company had no product warranties.
- F. All Other Contingencies  
The Company has established no other contingencies.

## 15. Leases

The Company has no material lease commitments.

## 16. Information about Financial Instruments with Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk

The Company has no Financial Instruments with Off-Balance Sheet Risk.

## 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. The Company has not transferred receivable balances.
- B. The Company has no transaction in accordance with SSAP No.18.
- C. The Company has made no wash sale transactions.

## 18. Gains or Losses to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

The Company has no such gain or loss.

## 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

The Company has no written premium produced by Managing General Agents or Third Party Administrators.

## 20. Fair Value Measure

A.

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value Bonds - Industrial & Misc .....		3,316,872		3,316,872
Total assets at fair value	0	3,316,872	0	3,316,872

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
b. Liabilities at fair value				
Total liabilities at fair value	0	0	0	0

B. The Company has no assets that rely on Level 3 fair value measurement.

C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds .....	3,316,872	3,262,122		3,316,872		

**21. Other Items**

The Company has no other items to report.

**22. Events Subsequent**

The Company has no events subsequent to the date of these financial statements.

**23. Reinsurance**

A. Unsecured Reinsurance Recoverable

The Company has no Reinsurance Recoverable that exceeds 3% of policyholder's surplus;

B. Reinsurance Recoverable in Dispute

The Company has no reinsurance recoverable in dispute.

C. Reinsurance Assumed and Ceded

(1)	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium	Commission	Premium	Commission	Premium	Commission
	Reserve	Equity	Reserve	Equity	Reserve	Equity
a. Affiliates	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
b. All Other	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
c. Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
d. Direct Unearned Premium Reserves	\$ 0		\$ 0		\$ 0	

D. Uncollectible Reinsurance

The Company has no uncollectible Reinsurance.

E. Commutation of Ceded Reinsurance

The Company has no Commuted Reinsurance.

F. Retroactive Reinsurance

The Company has no Retroactive Reinsurance agreements.

**24. Retrospectively rated Contracts & Contracts Subject to Redetermination**

The Company has no retrospectively rated contracts or contracts subject to redetermination.

**25. Change in Incurred Losses and Loss Adjustment Expenses**

There have been no significant changes in the Loss and Loss Adjustment Expense reserves for losses incurred in prior accident years.

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company

### **26. Intercompany Pooling Agreements**

The Company has no Intercompany Pooling Agreements.

### **27. Structured Settlements**

The Company currently has no structured settlement agreements.

### **28. Health Care Receivables**

The Company has no health care receivables.

### **29. Participating Policies**

The Company does not write participating policies.

### **30. Premium Deficiency Reserves**

As of December 31, 2015 the Company had liabilities of \$0 related to premium deficiency reserves. The Company does not consider anticipated investment income when calculating its premium deficiency reserves.

### **31. High Deductibles**

The Company has not taken a reserve credit for high deductible policies.

### **32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses**

The Company does not discount its unpaid loss or unpaid loss adjustment expense reserves.

### **33. Asbestos/Environmental Reserves**

The Company has no reserves for asbestos/environmental claims.

### **34. Subscriber Savings Accounts**

The Company does not offer subscriber savings accounts.

### **35. Multiple Peril Crop Insurance**

The Company has no Multiple Peril Crop Insurance exposures.

### **36. Financial Guaranty Insurance**

The Company does not offer Financial Guaranty Insurance.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company  
**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES  
 GENERAL**

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [  ] No [  ]  
 If yes, complete Schedule Y, Parts 1, 1A and 2

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? ..... Yes [  ] No [  ] N/A [  ]

1.3 State Regulating? ..... Ohio

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [  ] No [  ]

2.2 If yes, date of change: \_\_\_\_\_

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ..... 12/31/2013

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ..... 12/31/2013

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ..... 11/16/2014

3.4 By what department or departments?  
 Ohio \_\_\_\_\_

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [  ] No [  ] N/A [  ]

3.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [  ] No [  ] N/A [  ]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
 4.11 sales of new business? ..... Yes [  ] No [  ]  
 4.12 renewals? ..... Yes [  ] No [  ]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
 4.21 sales of new business? ..... Yes [  ] No [  ]  
 4.22 renewals? ..... Yes [  ] No [  ]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [  ] No [  ]

5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
---------------------	------------------------	------------------------

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [  ] No [  ]

6.2 If yes, give full information:  
 \_\_\_\_\_

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? ..... Yes [  ] No [  ]

7.2 If yes,  
 7.21 State the percentage of foreign control; ..... %  
 7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity
------------------	---------------------

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company  
**GENERAL INTERROGATORIES**

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]  
 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. ....  
 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]  
 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? .....  
 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [ X ]  
 10.2 If the response to 10.1 is yes, provide information related to this exemption: .....  
 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]  
 10.4 If the response to 10.3 is yes, provide information related to this exemption: .....  
 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ ] No [ ] N/A [ X ]  
 10.6 If the response to 10.5 is no or n/a, please explain .....  
 11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification? .....  
 Received an Exemption from the State of Ohio. ....  
 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? .....  
 12.11 Name of real estate holding company ....  
 12.12 Number of parcels involved .....  
 12.13 Total book/adjusted carrying value ..... \$ .....  
 12.2 If, yes provide explanation: .....  
 13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**  
 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? .....  
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ X ] No [ ]  
 13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ X ]  
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]  
 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [ ] No [ X ]  
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code.  
 14.11 If the response to 14.1 is No, please explain: .....  
 14.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [ X ]  
 14.21 If the response to 14.2 is yes, provide information related to amendment(s). .....  
 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]  
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). .....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company  
**GENERAL INTERROGATORIES**

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [ X ]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... Yes [ X ] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... Yes [ X ] No [ ]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? ..... Yes [ X ] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [ X ]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers.....	\$ .....
20.12 To stockholders not officers.....	\$ .....
20.13 Trustees, supreme or grand (Fraternal Only) .....	\$ .....

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers.....	\$ .....
20.22 To stockholders not officers.....	\$ .....
20.23 Trustees, supreme or grand (Fraternal Only) .....	\$ .....

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... Yes [ ] No [ X ]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others.....	\$ .....
21.22 Borrowed from others.....	\$ .....
21.23 Leased from others .....	\$ .....
21.24 Other .....	\$ .....

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? ..... Yes [ ] No [ X ]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$ .....	
22.22 Amount paid as expenses .....	\$ .....
22.23 Other amounts paid .....	\$ .....

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ ] No [ X ]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....

**INVESTMENT**

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)..... Yes [ X ] No [ ]

24.02 If no, give full and complete information relating thereto

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? ..... Yes [ ] No [ ] N/A [ X ]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. .... \$ .....

24.06 If answer to 24.04 is no, report amount of collateral for other programs. .... \$ .....

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... Yes [ ] No [ ] N/A [ X ]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... Yes [ ] No [ ] N/A [ X ]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? ..... Yes [ ] No [ ] N/A [ X ]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company  
**GENERAL INTERROGATORIES**

24.10 For the reporting entity's security lending program state the amount of the following as December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....	\$ ..... 0
24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....	\$ ..... 0
24.103 Total payable for securities lending reported on the liability page. ....	\$ ..... 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). ....  Yes [ X ]  No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements .....	\$ ..... 0
25.22 Subject to reverse repurchase agreements .....	\$ ..... 0
25.23 Subject to dollar repurchase agreements .....	\$ ..... 0
25.24 Subject to reverse dollar repurchase agreements .....	\$ ..... 0
25.25 Placed under option agreements .....	\$ ..... 0
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock .....	\$ ..... 0
25.27 FHLB Capital Stock .....	\$ ..... 0
25.28 On deposit with states .....	\$ ..... 1,541,518
25.29 On deposit with other regulatory bodies .....	\$ ..... 0
25.30 Pledged as collateral - excluding collateral pledged to an FHLB .....	\$ ..... 0
25.31 Pledged as collateral to FHLB - including assets backing funding agreements .....	\$ ..... 0
25.32 Other .....	\$ ..... 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....	.....	.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? .....  Yes [ ]  No [ X ]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? .....  Yes [ ]  No [ ]  N/A [ X ]  
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? .....  Yes [ ]  No [ X ]

27.2 If yes, state the amount thereof at December 31 of the current year. .... \$ .....

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? .....  Yes [ X ]  No [ ]

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Fifth Third Bank, N.A. ....	38 Fountain Square Plaza Cincinnati, Ohio 45263 .....

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	.....	.....

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? .....  Yes [ ]  No [ X ]

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....	.....	.....	.....

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of brokers/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
.....	Cincinnati Asset Management .....	8845 Governor's Hill Drive Cincinnati, Ohio 45249 .....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company  
**GENERAL INTERROGATORIES**

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [ ] No [ X ]  
 29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	3,262,122	3,316,872	.54,750
30.2 Preferred stocks .....	0		0
30.3 Totals .....	3,262,122	3,316,872	54,750

30.4 Describe the sources or methods utilized in determining the fair values:  
 NAIC SVO and Custodian .....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ X ] No [ ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ X ] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
 .....

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]  
 32.2 If no, list exceptions:  
 .....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company  
**GENERAL INTERROGATORIES**

**OTHER**

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....\$ .....0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

34.1 Amount of payments for legal expenses, if any? .....\$ .....573

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
CT Corporation .....	573

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? .....\$ .....0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company  
**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force? .....	Yes [ ] No [ X ]	
1.2	If yes, indicate premium earned on U. S. business only. ....	\$ .....	
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .....	\$ .....	
1.31	Reason for excluding .....		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. ....	\$ .....	
1.5	Indicate total incurred claims on all Medicare Supplement Insurance. ....	\$ .....	0
1.6	Individual policies:	Most current three years: 1.61 Total premium earned ..... \$ ..... 0 1.62 Total incurred claims ..... \$ ..... 0 1.63 Number of covered lives ..... 0	
1.7	Group policies:	All years prior to most current three years 1.64 Total premium earned ..... \$ ..... 0 1.65 Total incurred claims ..... \$ ..... 0 1.66 Number of covered lives ..... 0	
2.	Health Test:	1 Current Year      2 Prior Year	
2.1	Premium Numerator .....		
2.2	Premium Denominator .....	0	
2.3	Premium Ratio (2.1/2.2) .....	.000 0.000	
2.4	Reserve Numerator .....	0 0	
2.5	Reserve Denominator .....	13,509 37,509	
2.6	Reserve Ratio (2.4/2.5) .....	0.000 0.000	
3.1	Does the reporting entity issue both participating and non-participating policies? .....	Yes [ ] No [ X ]	
3.2	If yes, state the amount of calendar year premiums written on: .....	3.21 Participating policies ..... \$ .....	
		3.22 Non-participating policies ..... \$ .....	
4.	For mutual reporting Entities and Reciprocal Exchanges Only:		
4.1	Does the reporting entity issue assessable policies? .....	Yes [ ] No [ X ]	
4.2	Does the reporting entity issue non-assessable policies? .....	Yes [ ] No [ X ]	
4.3	If assessable policies are issued, what is the extent of the contingent liability of the policyholders? .....	% .....	
4.4	Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums. ....	\$ .....	
5.	For Reciprocal Exchanges Only:		
5.1	Does the Exchange appoint local agents? .....	Yes [ ] No [ X ]	
5.2	If yes, is the commission paid: .....	5.21 Out of Attorney's-in-fact compensation..... Yes [ ] No [ ] N/A [ X ] 5.22 As a direct expense of the exchange..... Yes [ ] No [ ] N/A [ X ]	
5.3	What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact? .....		
5.4	Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred? .....	Yes [ ] No [ X ]	
5.5	If yes, give full information .....		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company  
**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss? .....  
.....

6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process. .....  
.....

6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss? .....  
.....

6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? ..... Yes [ ] No [ X ]

6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss. .....  
.....

7.1 Has this reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss ratio cap, an aggregate limit or any similar provisions)? ..... Yes [ ] No [ X ]

7.2 If yes, indicate the number of reinsurance contracts containing such provisions: .....  
.....

7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)? ..... Yes [ ] No [ X ]

8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? ..... Yes [ ] No [ X ]

8.2 If yes, give full information .....  
.....

9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:  
(a) A contract term longer than two years and the contract is noncancelable by the reporting entity during the contract term;  
(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;  
(c) Aggregate stop loss reinsurance coverage;  
(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;  
(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or  
(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity. ..... Yes [ ] No [ X ]

9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:  
(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or  
(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract. ..... Yes [ ] No [ X ]

9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:  
(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;  
(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and  
(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.

9.4 Except for transactions meeting the requirements of paragraph 32 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:  
(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or  
(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? ..... Yes [ ] No [ X ]

9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.

9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:  
(a) The entity does not utilize reinsurance; or, ..... Yes [ ] No [ X ]  
(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or ..... Yes [ ] No [ X ]  
(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement. ..... Yes [ ] No [ X ]

10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurance a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? ..... Yes [ ] No [ ] N/A [ X ]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company  
**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force? ..... Yes [ ] No [ X ]

11.2 If yes, give full information  
.....

12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:  
12.11 Unpaid losses ..... \$ .....  
12.12 Unpaid underwriting expenses (including loss adjustment expenses) ..... \$ .....

12.2 Of the amount on Line 15.3, Page 2, state the amount which is secured by letters of credit, collateral, and other funds ..... \$ .....

12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? ..... Yes [ ] No [ ] N/A [ X ]

12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:  
12.41 From ..... % .....  
12.42 To ..... % .....

12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? ..... Yes [ ] No [ X ]

12.6 If yes, state the amount thereof at December 31 of the current year:  
12.61 Letters of credit ..... \$ .....  
12.62 Collateral and other funds ..... \$ .....

13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): ..... \$ ..... 200,000

13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? ..... Yes [ ] No [ X ]

13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. ..... 1

14.1 Is the company a cedant in a multiple cedant reinsurance contract? ..... Yes [ ] No [ X ]

14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:  
.....

14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? ..... Yes [ ] No [ X ]

14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? ..... Yes [ ] No [ X ]

14.5 If the answer to 14.4 is no, please explain:  
.....

15.1 Has the reporting entity guaranteed any financed premium accounts? ..... Yes [ ] No [ X ]

15.2 If yes, give full information  
.....

16.1 Does the reporting entity write any warranty business? ..... Yes [ ] No [ X ]  
If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home .....					
16.12 Products .....					
16.13 Automobile .....					
16.14 Other* .....					

\* Disclose type of coverage:  
.....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company  
**GENERAL INTERROGATORIES**

**PART 2 - PROPERTY AND CASUALTY INTERROGATORIES**

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F - Part 3 that it excludes from Schedule F - Part 5? ..... Yes [ ] No [ X ]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F - Part 5. Provide the following information for this exemption:

17.11	Gross amount of unauthorized reinsurance in Schedule F - Part 3 excluded from Schedule F - Part 5	.....	\$ .....
17.12	Unfunded portion of Interrogatory 17.11	.....	\$ .....
17.13	Paid losses and loss adjustment expenses portion of Interrogatory 17.11	.....	\$ .....
17.14	Case reserves portion of Interrogatory 17.11	.....	\$ .....
17.15	Incurred but not reported portion of Interrogatory 17.11	.....	\$ .....
17.16	Unearned premium portion of Interrogatory 17.11	.....	\$ .....
17.17	Contingent commission portion of Interrogatory 17.11	.....	\$ .....

Provide the following information for all other amounts included in Schedule F - Part 3 and excluded from Schedule F - Part 5, not included above.

17.18	Gross amount of unauthorized reinsurance in Schedule F - Part 3 excluded from Schedule F - Part 5	.....	\$ .....
17.19	Unfunded portion of Interrogatory 17.18	.....	\$ .....
17.20	Paid losses and loss adjustment expenses portion of Interrogatory 17.18	.....	\$ .....
17.21	Case reserves portion of Interrogatory 17.18	.....	\$ .....
17.22	Incurred but not reported portion of Interrogatory 17.18	.....	\$ .....
17.23	Unearned premium portion of Interrogatory 17.18	.....	\$ .....
17.24	Contingent commission portion of Interrogatory 17.18	.....	\$ .....

18.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]

18.2 If yes, please provide the amount of custodial funds held as of the reporting date. ..... \$ .....

18.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]

18.4 If yes, please provide the balance of funds administered as of the reporting date. ..... \$ .....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company  
**FIVE-YEAR HISTORICAL DATA**

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>Gross Premiums Written (Page 8, Part 1B Cols. 1, 2 &amp; 3)</b>					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	0	0	0	0	0
2. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	0	0	0	0	0
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	0	0	0	0	0
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	0	0	0
5. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
6. Total (Line 35) .....	0	0	0	0	0
<b>Net Premiums Written (Page 8, Part 1B, Col. 6)</b>					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	0	0	0	0	0
8. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	0	0	0	0	0
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	0	0	0	0	0
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	0	0	0
11. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
12. Total (Line 35) .....	0	0	0	0	0
<b>Statement of Income (Page 4)</b>					
13. Net underwriting gain (loss) (Line 8) .....	(82,171)	(119,364)	(155,368)	(128,627)	(177,405)
14. Net investment gain or (loss) (Line 11) .....	144,429	191,052	218,783	471,493	346,836
15. Total other income (Line 15) .....	0	0	0	0	0
16. Dividends to policyholders (Line 17) .....					
17. Federal and foreign income taxes incurred (Line 19) .....	1,294	275	650	3,000	
18. Net income (Line 20) .....	60,964	71,413	62,765	339,866	169,431
<b>Balance Sheet Lines (Pages 2 and 3)</b>					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3) .....	3,408,991	3,916,018	4,288,706	4,785,819	4,986,495
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1) .....	0	0	0	0	0
20.2 Deferred and not yet due (Line 15.2) .....	0	0	0	0	0
20.3 Accrued retrospective premiums (Line 15.3) .....	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 26) .....	70,887	85,954	94,214	87,120	103,714
22. Losses (Page 3, Line 1) .....	10,000	30,000	10,000	10,000	30,000
23. Loss adjustment expenses (Page 3, Line 3) .....	3,509	7,509	3,509	3,509	5,517
24. Unearned premiums (Page 3, Line 9) .....					
25. Capital paid up (Page 3, Lines 30 & 31) .....	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
26. Surplus as regards policyholders (Page 3, Line 37) .....	3,338,104	3,830,064	4,194,492	4,698,699	4,882,781
<b>Cash Flow (Page 5)</b>					
27. Net cash from operations (Line 11) .....	44,146	72,637	56,668	79,992	94,000
<b>Risk-Based Capital Analysis</b>					
28. Total adjusted capital .....	3,338,104	3,830,064	4,194,492	4,698,699	4,882,781
29. Authorized control level risk-based capital .....	55,362	55,094	62,408	63,554	53,857
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line divided by Page 2, Line 12, Col. 3) x100.0</b>					
30. Bonds (Line 1) .....	98.8	89.2	89.8	90.0	75.4
31. Stocks (Lines 2.1 & 2.2) .....	0.0	8.1	7.8	8.3	18.3
32. Mortgage loans on real estate (Lines 3.1 and 3.2) .....	0.0	0.0	0.0	0.0	0.9
33. Real estate (Lines 4.1, 4.2 & 4.3) .....	0.0	0.0	0.0	0.0	0.0
34. Cash, cash equivalents and short-term investments (Line 5) .....	1.2	2.8	2.4	1.7	5.4
35. Contract loans (Line 6) .....	0.0	0.0	0.0	0.0	0.0
36. Derivatives (Line 7) .....	0.0	0.0	0.0	0.0	0.0
37. Other invested assets (Line 8) .....	0.0	0.0	0.0	0.0	0.0
38. Receivables for securities (Line 9) .....	0.0	0.0	0.0	0.0	0.0
39. Securities lending reinvested collateral assets (Line 10) .....	0.0	0.0	0.0	0.0	0.0
40. Aggregate write-ins for invested assets (Line 11) .....	0.0	0.0	0.0	0.0	0.0
41. Cash, cash equivalents and invested assets (Line 12) .....	100.0	100.0	100.0	100.0	100.0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
42. Affiliated bonds (Schedule D, Summary, Line 12, Col. 1) .....	0				0
43. Affiliated preferred stocks (Schedule D, Summary, Line 18, Col. 1) .....					0
44. Affiliated common stocks (Schedule D, Summary, Line 24, Col. 1) .....					0
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
46. Affiliated mortgage loans on real estate .....					
47. All other affiliated .....					
48. Total of above Lines 42 to 47 .....	0	0	0	0	0
49. Total Investment in Parent included in Lines 42 to 47 above .....					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0) .....	0.0	0.0	0.0	0.0	0.0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company  
**FIVE-YEAR HISTORICAL DATA**

(Continued)

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>Capital and Surplus Accounts (Page 4)</b>					
51. Net unrealized capital gains (losses) (Line 24) .....	(38,015)	8,568	(70,563)	6,709	(42,841)
52. Dividends to stockholders (Line 35) .....	(500,000)	(500,000)	(500,000)	(500,000)	(500,000)
53. Change in surplus as regards policyholders for the year (Line 38) .....	(491,960)	(364,428)	(504,207)	(184,082)	(413,410)
<b>Gross Losses Paid (Page 9, Part 2, Cols. 1 &amp; 2)</b>					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	(2,954)	0	(4,313)	8,665	(1,003)
55. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	0	0	0	(1,564)	(2,119)
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	(1,230)	0	(185)	(722)	(4,938)
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	0	0	0
58. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
59. Total (Line 35) .....	(4,184)	0	(4,498)	6,379	(8,060)
<b>Net Losses Paid (Page 9, Part 2, Col. 4)</b>					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	(2,954)	0	(4,313)	8,665	(1,003)
61. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	0	0	0	(1,564)	(2,119)
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	(1,230)	0	(185)	(222)	(4,472)
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	0	0	0	0
64. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
65. Total (Line 35) .....	(4,184)	0	(4,498)	6,879	(7,594)
<b>Operating Percentages (Page 4) (Line divided by Page 4, Line 1) x 100.0</b>					
66. Premiums earned (Line 1) .....	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2) .....	0.0	0.0	0.0	0.0	0.0
68. Loss expenses incurred (Line 3) .....	0.0	0.0	0.0	0.0	0.0
69. Other underwriting expenses incurred (Line 4) .....	0.0	0.0	0.0	0.0	0.0
70. Net underwriting gain (loss) (Line 8) .....	0.0	0.0	0.0	0.0	0.0
<b>Other Percentages</b>					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0) .....	0.0	0.0	0.0	0.0	0.0
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0) .....	0.0	0.0	0.0	0.0	0.0
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0) .....	0.0	0.0	0.0	0.0	0.0
<b>One Year Loss Development (000 omitted)</b>					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P - Part 2 - Summary, Line 12, Col. 11) .....	(31)	20	(4)	(13)	(13)
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0) .....	(0.8)	0.5	(0.1)	(0.3)	(0.2)
<b>Two Year Loss Development (000 omitted)</b>					
76. Development in estimated losses and loss expenses incurred two years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12) .....	(11)	16	(17)	(26)	(120)
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0) .....	(0.3)	0.3	(0.3)	(0.5)	(2.1)

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? .....

Yes [ ] No [ ]

If no, please explain: .....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company  
**SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES**  
**SCHEDULE P - PART 1 - SUMMARY**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.	XXX	XXX	XXX	(4)	0	1	0	2	0	4	(1)	XXX	
2. 2006	10,579	487	10,092	5,668	218	129	0	1,145	4	263	6,720	XXX	
3. 2007	4,657	1,150	3,507	2,723	410	42	0	550	46	67	2,859	XXX	
4. 2008	310	154	156	235	2	0	0	56	4	10	285	XXX	
5. 2009	0	0	0	0	0	0	0	0	0	0	0	XXX	
6. 2010	0	0	0	0	0	0	0	0	0	0	0	XXX	
7. 2011	0	0	0	0	0	0	0	0	0	0	0	XXX	
8. 2012	0	0	0	0	0	0	0	0	0	0	0	XXX	
9. 2013	0	0	0	0	0	0	0	0	0	0	0	XXX	
10. 2014	0	0	0	0	0	0	0	0	0	0	0	XXX	
11. 2015	0	0	0	0	0	0	0	0	0	0	0	XXX	
12. Totals	XXX	XXX	XXX	8,622	630	172	0	1,753	54	344	9,863	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior.	10	0	0	0	0	0	0	0	3	0	0	13	XXX			
2. 2006	0	0	0	0	0	0	0	0	0	0	0	0	XXX			
3. 2007	0	0	0	0	0	0	0	0	0	0	0	0	XXX			
4. 2008	0	0	0	0	0	0	0	0	0	0	0	0	XXX			
5. 2009	0	0	0	0	0	0	0	0	0	0	0	0	XXX			
6. 2010	0	0	0	0	0	0	0	0	0	0	0	0	XXX			
7. 2011	0	0	0	0	0	0	0	0	0	0	0	0	XXX			
8. 2012	0	0	0	0	0	0	0	0	0	0	0	0	XXX			
9. 2013	0	0	0	0	0	0	0	0	0	0	0	0	XXX			
10. 2014	0	0	0	0	0	0	0	0	0	0	0	0	XXX			
11. 2015	0	0	0	0	0	0	0	0	0	0	0	0	XXX			
12. Totals	10	0	0	0	0	0	0	0	3	0	0	13	XXX			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	10	3
2. 2006	6,942	222	6,720	65.6	45.6	66.6	0	0		0	0
3. 2007	3,315	456	2,859	71.2	39.7	81.5	0	0		0	0
4. 2008	291	6	285	93.9	3.9	182.7	0	0		0	0
5. 2009	0	0	0	0.0	0.0	0.0	0	0		0	0
6. 2010	0	0	0	0.0	0.0	0.0	0	0		0	0
7. 2011	0	0	0	0.0	0.0	0.0	0	0		0	0
8. 2012	0	0	0	0.0	0.0	0.0	0	0		0	0
9. 2013	0	0	0	0.0	0.0	0.0	0	0		0	0
10. 2014	0	0	0	0.0	0.0	0.0	0	0		0	0
11. 2015	0	0	0	0.0	0.0	0.0	0	0		0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	10	3

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company  
**SCHEDULE P - PART 2 - SUMMARY**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	11 One Year	12 Two Year
1. Prior	10,089	9,215	9,315	9,324	9,308	9,302	9,302	9,302	9,321	9,291	(30)	(11)
2. 2006	5,969	5,855	5,647	5,597	5,592	5,592	5,579	5,579	5,580	5,579	(1)	0
3. 2007	XXX	2,625	2,440	2,441	2,365	2,359	2,359	2,355	2,355	2,355	0	0
4. 2008	XXX	XXX	272	244	234	233	233	233	233	233	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	(31)	(11)

**SCHEDULE P - PART 3 - SUMMARY**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015		
1. Prior	000	8,651	9,166	9,295	9,297	9,291	9,291	9,291	9,284	9,281	XXX	XXX
2. 2006	4,037	5,137	5,423	5,572	5,571	5,570	5,579	5,579	5,579	5,579	XXX	XXX
3. 2007	XXX	1,957	2,114	2,143	2,365	2,359	2,359	2,355	2,355	2,355	XXX	XXX
4. 2008	XXX	XXX	203	234	234	233	233	233	233	233	XXX	XXX
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0	XXX	XXX
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0	XXX	XXX
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	XXX	XXX
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	XXX	XXX
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX	XXX
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

**SCHEDULE P - PART 4 - SUMMARY**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015		
1. Prior	840	27	27	4	0	1	1	1	0	0	0	0
2. 2006	724	191	27	5	0	2	0	0	0	0	0	0
3. 2007	XXX	271	44	35	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	27	10	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.	1 Active Status	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges Not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Included in Column 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama .....	AL	N							
2. Alaska .....	AK	N							
3. Arizona .....	AZ	N							
4. Arkansas .....	AR	N							
5. California .....	CA	N							
6. Colorado .....	CO	N							
7. Connecticut .....	CT	N							
8. Delaware .....	DE	N							
9. District of Columbia .....	DC	N							
10. Florida .....	FL	N							
11. Georgia .....	GA	N							
12. Hawaii .....	HI	N							
13. Idaho .....	ID	N							
14. Illinois .....	IL	L							
15. Indiana .....	IN	L	0	0	0	(2,954)	(2,954)	0	
16. Iowa .....	IA	N							
17. Kansas .....	KS	N							
18. Kentucky .....	KY	L							
19. Louisiana .....	LA	N							
20. Maine .....	ME	N							
21. Maryland .....	MD	N							
22. Massachusetts .....	MA	N							
23. Michigan .....	MI	N							
24. Minnesota .....	MN	N							
25. Mississippi .....	MS	N							
26. Missouri .....	MO	N							
27. Montana .....	MT	N							
28. Nebraska .....	NE	N							
29. Nevada .....	NV	N							
30. New Hampshire .....	NH	N							
31. New Jersey .....	NJ	N							
32. New Mexico .....	NM	N							
33. New York .....	NY	N							
34. North Carolina .....	NC	N							
35. North Dakota .....	ND	N							
36. Ohio .....	OH	L							
37. Oklahoma .....	OK	N							
38. Oregon .....	OR	N							
39. Pennsylvania .....	PA	L	0	0	0	(1,230)	(21,230)	10,000	
40. Rhode Island .....	RI	N							
41. South Carolina .....	SC	N							
42. South Dakota .....	SD	N							
43. Tennessee .....	TN	N							
44. Texas .....	TX	N							
45. Utah .....	UT	N							
46. Vermont .....	VT	N							
47. Virginia .....	VA	N							
48. Washington .....	WA	N							
49. West Virginia .....	WV	N							
50. Wisconsin .....	WI	N							
51. Wyoming .....	WY	N							
52. American Samoa .....	AS	N							
53. Guam .....	GU	N							
54. Puerto Rico .....	PR	N							
55. U.S. Virgin Islands .....	VI	N							
56. Northern Mariana Islands .....	MP	N							
57. Canada .....	CAN	N							
58. Aggregate other alien ..	OT	XXX	0	0	0	0	0	0	0
59. Totals	(a)	5	0	0	0	(4,184)	(24,184)	10,000	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	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0	0	0

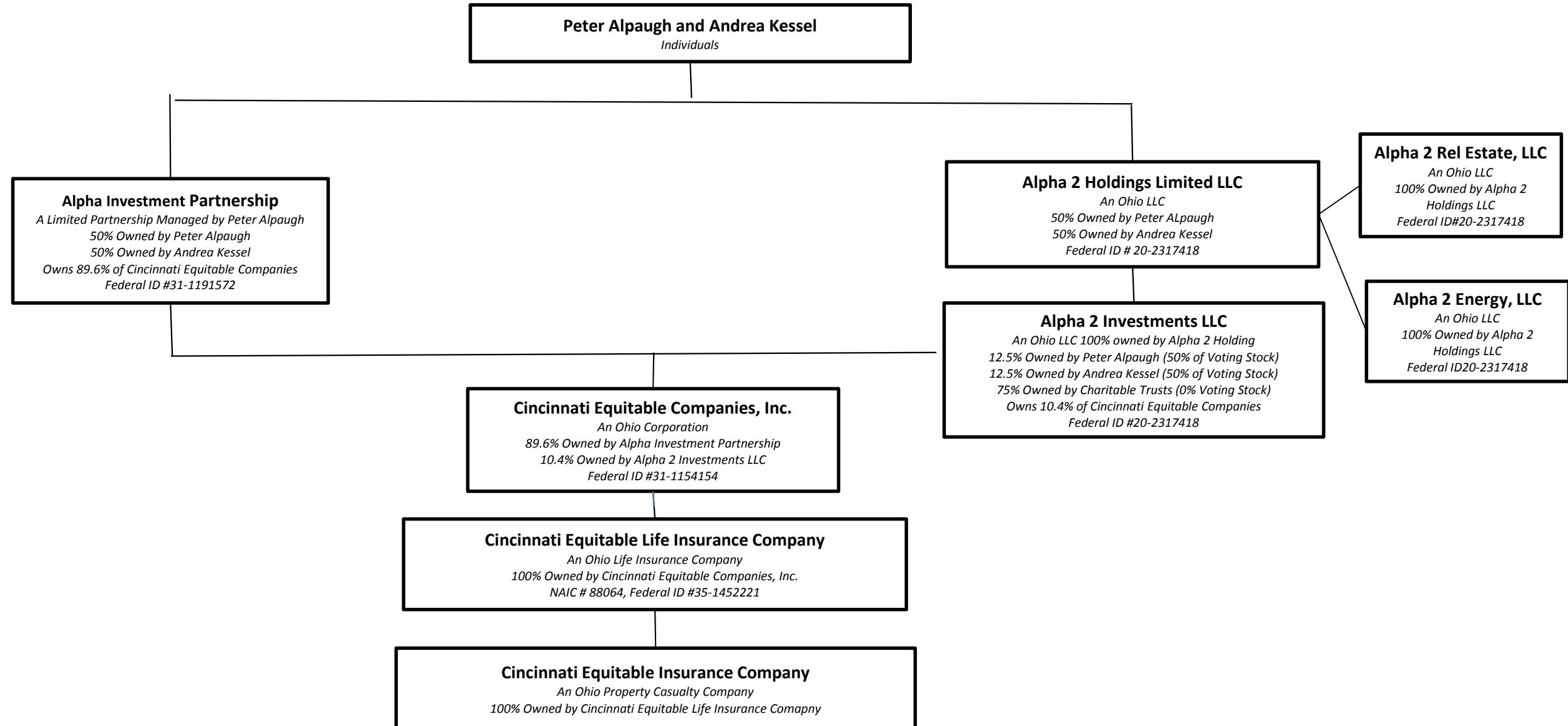
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

Explanation of basis of allocation of premiums by states, etc.

Direct written in each State

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Insurance Company  
**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

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