



LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

## ANNUAL STATEMENT

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

# Cincinnati Equitable Life Insurance Company

NAIC Group Code 0838 NAIC Company Code 88064 Employer's ID Number 35-145221  
(Current)   (Prior)

Organized under the Laws of \_\_\_\_\_, State of Domicile or Port of Entry \_\_\_\_\_, Ohio

Country of Domicile United States of America

Incorporated/Organized 10/19/1977 Commenced Business 07/11/1978

Statutory Home Office 525 Vine Street, Suite 1925, Cincinnati, OH, US 45202  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 525 Vine Street, Suite 1925  
Cincinnati, OH 45202 (Street and Number) 513.221.1222

1100 DEADERICK,  
(Street and Number or P.O. Box) Cincinnati, OH 45202-3120  
(City or Town, State, Country and Zip Code)

Primary Location of Books and Records      325 Vine Street, Suite 1925  
(Street and Number)  
Cincinnati , OH, US 45202      513-621-1826  
(City or Town, State, Country and Zip Code)      (Area Code) (Telephone Number)

Internet Website Address [www.cineqlife.com](http://www.cineqlife.com)

Statutory Statement Contact Gregory Allen Baker, 513-621-1826  
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## OFFICERS

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

**OTHER**

**DIRECTORS OR TRUSTEES**

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

State of Ohio SS: \_\_\_\_\_  
County of Hamilton \_\_\_\_\_

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

Peter Alpaugh  
Chairman of the Board

Linda Bales  
Secretary

Gregory Baker  
Treasurer

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

- a. Is this an original filing? .....
- b. If no,
  - 1. State the amendment number.....
  - 2. Date filed .....

Yes [ X ] No [ ]

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) .....	87,281,294		87,281,294	70,689,449
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	776,657		776,657	3,791,417
2.2 Common stocks .....	8,774,738		8,774,738	7,472,020
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 (\$ ..... 453,082 , Schedule E - Part 1), cash equivalents (\$ ..... , Schedule E - Part 2) and short-term investments (\$ ..... 2,069,480 , Schedule DA) .....	2,522,562		2,522,562	1,895,957
6. Contract loans (including \$ ..... premium notes) .....	103,958		103,958	80,673
7. Derivatives (Schedule DB) .....			0	0
8. Other invested assets (Schedule BA) .....	0		0	701,332
9. Receivables 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) .....	99,459,210	0	99,459,210	84,630,848
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	802,018		802,018	687,882
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	1,707		1,707	289
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....	960,575		960,575	878,879
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 .....	8,346		8,346	44,204
18.2 Net deferred tax asset .....	1,919,000	656,000	1,263,000	942,000
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....	1,508		1,508	3,784
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	4,428	4,428	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	1,027
24. Health care (\$ ..... ) and other amounts receivable .....			0	0
25. Aggregate write-ins for other than invested assets .....	1,759,953	55,540	1,704,413	166,221
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	104,916,745	715,968	104,200,777	87,355,134
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	104,916,745	715,968	104,200,777	87,355,134
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
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. Prepaid Expenses .....	55,540	55,540	0	0
2502. Premium Receivable .....	273,047		273,047	166,221
2503. Assignments .....	1,431,366		1,431,366	
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) .....	1,759,953	55,540	1,704,413	166,221

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

		1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts \$	93,374,116 (Exh. 5, Line 9999999) less \$ included in Line 6.3 (including \$ Modco Reserve)	93,374,116	75,908,117
2. Aggregate reserve for accident and health contracts (including \$ Modco Reserve)		11,626	11,290
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$ Modco Reserve)		281,174	285,235
4. Contract claims:			
4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less sum of Cols. 9, 10 and 11)		419,727	409,889
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Cols. 9, 10 and 11)		9,733	13,110
5. Policyholders' dividends \$ and coupons \$ due and unpaid (Exhibit 4, Line 10)		.0	0
6. Provision for policyholders' dividends and coupons payable in following calendar year - estimated amounts:			
6.1 Dividends apportioned for payment (including \$ Modco)		905	855
6.2 Dividends not yet apportioned (including \$ Modco)			
6.3 Coupons and similar benefits (including \$ Modco)		3,915	3,555
7. Amount provisionally held for deferred dividend policies not included in Line 6			
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$ discount; including \$ 3,280 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of lines 4 and 14)		425,704	394,324
9. Contract liabilities not included elsewhere:			
9.1 Surrender values on canceled contracts			
9.2 Provision for experience rating refunds, including the liability of \$ accident and health experience rating refunds of which \$ is for medical loss ratio rebate per the Public Health Service Act			
9.3 Other amounts payable on reinsurance, including \$ assumed and \$ ceded		.0	0
9.4 Interest maintenance reserve (IMR, Line 6)		479,956	495,635
10. Commissions to agents due or accrued-life and annuity contracts \$ accident and health \$ and deposit-type contract funds \$		73,583	69,357
11. Commissions and expense allowances payable on reinsurance assumed			
12. General expenses due or accrued (Exhibit 2, Line 12, Col. 6)		328,279	297,809
13. Transfers to Separate Accounts due or accrued (net) (including \$ accrued for expense allowances recognized in reserves, net of reinsured allowances)			
14. Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 5)		193,804	158,478
15.1 Current federal and foreign income taxes, including \$ on realized capital gains (losses)			
15.2 Net deferred tax liability			
16. Unearned investment income		3,456	2,676
17. Amounts withheld or retained by company as agent or trustee			
18. Amounts held for agents' account, including \$ agents' credit balances			
19. Remittances and items not allocated			
20. Net adjustment in assets and liabilities due to foreign exchange rates			
21. Liability for benefits for employees and agents if not included above			
22. Borrowed money \$ and interest thereon \$			
23. Dividends to stockholders declared and unpaid			
24. Miscellaneous liabilities:			
24.01 Asset valuation reserve (AVR, Line 16, Col. 7)		514,768	622,902
24.02 Reinsurance in unauthorized and certified (\$ 0 ) companies		0	0
24.03 Funds held under reinsurance treaties with unauthorized and certified (\$ ) reinsurers			
24.04 Payable to parent, subsidiaries and affiliates		15,773	
24.05 Drafts outstanding			
24.06 Liability for amounts held under uninsured plans			
24.07 Funds held under coinsurance			
24.08 Derivatives		0	
24.09 Payable for securities			106,926
24.10 Payable for securities lending			
24.11 Capital notes \$ and interest thereon \$			
25. Aggregate write-ins for liabilities		0	0
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25)		96,136,519	78,780,158
27. From Separate Accounts Statement			
28. Total liabilities (Lines 26 and 27)		96,136,519	78,780,158
29. Common capital stock		1,000,000	1,000,000
30. Preferred capital stock			
31. Aggregate write-ins for other than special surplus funds		0	0
32. Surplus notes		0	0
33. Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1)		6,280,231	6,280,231
34. Aggregate write-ins for special surplus funds		0	0
35. Unassigned funds (surplus)		784,027	1,294,745
36. Less treasury stock, at cost:			
36.1 shares common (value included in Line 29 \$ )			
36.2 shares preferred (value included in Line 30 \$ )			
37. Surplus (Total Lines 31+32+33+34+35-36) (including \$ in Separate Accounts Statement)		7,064,258	7,574,976
38. Totals of Lines 29, 30 and 37 (Page 4, Line 55)		8,064,258	8,574,976
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3)		104,200,777	87,355,134
<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
3101.			
3102.			
3103.			
3198. Summary of remaining write-ins for Line 31 from overflow page		0	0
3199. Totals (Lines 3101 thru 3103 plus 3198)(Line 31 above)		0	0
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page		0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)		0	0

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Life Insurance Company**  
**SUMMARY OF OPERATIONS**

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1, less Col. 11) .....	35,304,450	31,791,289
2. Considerations for supplementary contracts with life contingencies .....	0	0
3. Net investment income (Exhibit of Net Investment Income, Line 17) .....	3,452,142	3,098,985
4. Amortization of Interest Maintenance Reserve (IMR, Line 5) .....	135,254	128,160
5. Separate Accounts net gain from operations excluding unrealized gains or losses .....	0	0
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1) .....	0	0
7. Reserve adjustments on reinsurance ceded .....	0	0
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts .....	0	0
8.2 Charges and fees for deposit-type contracts .....	0	0
8.3 Aggregate write-ins for miscellaneous income .....	115,375	0
9. Total (Lines 1 to 8.3) .....	39,007,221	35,018,434
10. Death benefits .....	14,075,909	11,374,260
11. Matured endowments (excluding guaranteed annual pure endowments) .....	0	0
12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 8) .....	299,528	245,248
13. Disability benefits and benefits under accident and health contracts .....	31,705	51,716
14. Coupons, guaranteed annual pure endowments and similar benefits .....	2,930	3,518
15. Surrender benefits and withdrawals for life contracts .....	34,614	23,163
16. Group conversions .....	0	0
17. Interest and adjustments on contract or deposit-type contract funds .....	76	142
18. Payments on supplementary contracts with life contingencies .....	0	0
19. Increase in aggregate reserves for life and accident and health contracts .....	17,466,335	16,648,282
20. Totals (Lines 10 to 19) .....	31,911,097	28,346,329
21. Commissions on premiums, annuity considerations, and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1) .....	4,374,905	3,878,978
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1) .....	0	0
23. General insurance expenses (Exhibit 2, Line 10, Cols. 1, 2, 3 and 4) .....	2,125,503	1,969,163
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3) .....	637,229	575,502
25. Increase in loading on deferred and uncollected premiums .....	134,048	119,272
26. Net transfers to or (from) Separate Accounts net of reinsurance .....	0	0
27. Aggregate write-ins for deductions .....	10,408	9,425
28. Totals (Lines 20 to 27) .....	39,193,190	34,898,669
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28) .....	(185,969)	119,765
30. Dividends to policyholders .....	943	855
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30) .....	(186,912)	118,910
32. Federal and foreign income taxes incurred (excluding tax on capital gains) .....	(56,142)	(158,119)
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32) .....	(130,770)	277,029
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$ 53,614 (excluding taxes of \$ 64,385 transferred to the IMR) .....	99,569	75,694
35. Net income (Line 33 plus Line 34) .....	(31,201)	352,723
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2) .....	8,574,976	9,029,145
37. Net income (Line 35) .....	(31,201)	352,723
38. Change in net unrealized capital gains (losses) less capital gains tax of \$ (321,000) .....	(597,178)	(532,724)
39. Change in net unrealized foreign exchange capital gain (loss) .....		
40. Change in net deferred income tax .....	216,000	202,000
41. Change in nonadmitted assets .....	(206,473)	(500,127)
42. Change in liability for reinsurance in unauthorized and certified companies .....		
43. Change in reserve on account of change in valuation basis, (increase) or decrease .....	0	0
44. Change in asset valuation reserve .....	108,134	23,959
45. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Col. 2 minus Col. 1) .....	0	0
46. Surplus (contributed to) withdrawn from Separate Accounts during period .....		
47. Other changes in surplus in Separate Accounts Statement .....		
48. Change in surplus notes .....		
49. Cumulative effect of changes in accounting principles .....		
50. Capital changes:		
50.1 Paid in .....		
50.2 Transferred from surplus (Stock Dividend) .....		
50.3 Transferred to surplus .....		
51. Surplus adjustment:		
51.1 Paid in .....	0	0
51.2 Transferred to capital (Stock Dividend) .....		
51.3 Transferred from capital .....		
51.4 Change in surplus as a result of reinsurance .....		
52. Dividends to stockholders .....	0	0
53. Aggregate write-ins for gains and losses in surplus .....	0	0
54. Net change in capital and surplus for the year (Lines 37 through 53) .....	(510,718)	(454,169)
55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38)	8,064,258	8,574,976
<b>DETAILS OF WRITE-INS</b>		
08.301. Advanced Funding Fees .....	115,375	0
08.302. .....		
08.303. .....		
08.398. Summary of remaining write-ins for Line 8.3 from overflow page .....	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398)(Line 8.3 above)	115,375	0
2701. Change in Dividend & Coupon Reserves .....	10,408	9,425
2702. .....		
2703. .....		
2798. Summary of remaining write-ins for Line 27 from overflow page .....	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798)(Line 27 above)	10,408	9,425
5301. .....		
5302. .....		
5303. .....		
5398. Summary of remaining write-ins for Line 53 from overflow page .....	0	0
5399. Totals (Lines 5301 thru 5303 plus 5398)(Line 53 above)	0	0

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

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	35,118,668	31,587,542
2. Net investment income .....	3,572,041	3,241,878
3. Miscellaneous income .....	115,375	0
4. Total (Lines 1 through 3) .....	38,806,084	34,829,420
5. Benefit and loss related payments .....	14,437,941	11,547,547
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	7,077,858	6,465,586
8. Dividends paid to policyholders .....	893	900
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	26,000	69,999
10. Total (Lines 5 through 9) .....	21,542,692	18,084,032
11. Net cash from operations (Line 4 minus Line 10) .....	17,263,392	16,745,388
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	15,951,552	13,585,348
12.2 Stocks .....	9,030,035	4,328,781
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	719,157	9,176
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	30	0
12.7 Miscellaneous proceeds .....	0	106,926
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	25,700,774	18,030,231
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	32,759,724	30,270,906
13.2 Stocks .....	7,936,817	4,591,401
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	(2,839)	50,248
13.6 Miscellaneous applications .....	106,926	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	40,800,628	34,912,555
14. Net increase (decrease) in contract loans and premium notes .....	23,285	15,081
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(15,123,139)	(16,897,405)
<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 .....	(4,061)	1,812
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied) .....	(1,509,587)	(38,294)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(1,513,648)	(36,482)
<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) .....	626,605	(188,499)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	1,895,957	2,084,456
19.2 End of year (Line 18 plus Line 19.1) .....	2,522,562	1,895,957

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

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

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health			12 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance (a)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other	
1. Premiums and annuity considerations for life and accident and health contracts	35,304,450	0	35,041,247	203,168	0	0	0	0	0	0	60,035	
2. Considerations for supplementary contracts with life contingencies	0											
3. Net investment income	3,452,143		3,398,354	52,999							790	
4. Amortization of Interest Maintenance Reserve (IMR)	135,253		135,253									
5. Separate Accounts net gain from operations excluding unrealized gains or losses	0											
6. Commissions and expense allowances on reinsurance ceded	0	0	0	0			0	0	0	0	0	
7. Reserve adjustments on reinsurance ceded	0											
8. Miscellaneous Income:												
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts	0											
8.2 Charges and fees for deposit-type contracts	0											
8.3 Aggregate write-ins for miscellaneous income	115,375	0	115,375	0	0	0	0	0	0	0	0	
9. Totals (Lines 1 to 8.3)	39,007,221	0	38,690,229	256,167	0	0	0	0	0	0	60,825	0
10. Death benefits	14,075,909		14,075,909									
11. Matured endowments (excluding guaranteed annual pure endowments)	0											
12. Annuity benefits	299,528			299,528								
13. Disability benefits and benefits under accident and health contracts	31,705		384								31,321	
14. Coupons, guaranteed annual pure endowments and similar benefits	2,930		2,930									
15. Surrender benefits and withdrawals for life contracts	34,614		31,699	2,915								
16. Group conversions	0											
17. Interest and adjustments on contract or deposit-type contract funds	76		76									
18. Payments on supplementary contracts with life contingencies	0											
19. Increase in aggregate reserves for life and accident and health contracts	17,466,335		17,528,941	(62,942)							336	
20. Totals (Lines 10 to 19)	31,911,097	0	31,639,939	239,501	0	0	0	0	0	0	31,657	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)	4,374,905	0	4,365,083	981			0	0	0	0	8,841	0
22. Commissions and expense allowances on reinsurance assumed	0	0	0	0			0	0	0	0	0	
23. General insurance expenses	2,125,503		2,117,839	4,064							3,600	
24. Insurance taxes, licenses and fees, excluding federal income taxes	637,229		636,929								300	
25. Increase in loading on deferred and uncollected premiums	134,048		134,048									
26. Net transfers to or (from) Separate Accounts net of reinsurance	0											
27. Aggregate write-ins for deductions	10,408	0	10,408	0	0	0	0	0	0	0	0	
28. Totals (Lines 20 to 27)	39,193,190	0	38,904,246	244,546	0	0	0	0	0	0	44,398	0
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)	(185,969)	0	(214,017)	11,621	0	0	0	0	0	0	16,427	0
30. Dividends to policyholders	943		943								0	
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)	(186,912)	0	(214,960)	11,621	0	0	0	0	0	0	16,427	0
32. Federal income taxes incurred (excluding tax on capital gains)	(56,142)		(61,471)	2,208							3,121	
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)	(130,770)	0	(153,489)	9,413	0	0	0	0	0	0	13,306	0
<b>DETAILS OF WRITE-INS</b>												
08.301. Advanced Funding	115,375		115,375									
08.302.												
08.303.												
08.398. Summary of remaining write-ins for Line 8.3 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above)	115,375	0	115,375	0	0	0	0	0	0	0	0	0
2701. Change in Dividend & Coupon Reserves	10,408		10,408									
2702.												
2703.												
2798. Summary of remaining write-ins for Line 27 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)	10,408	0	10,408	0	0	0	0	0	0	0	0	0

(a) Includes the following amounts for FEGLI/SGLI: Line 1 \_\_\_\_\_, Line 10 \_\_\_\_\_, Line 16 \_\_\_\_\_, Line 23 \_\_\_\_\_, Line 24 \_\_\_\_\_

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

**ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR**

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group				
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities			
Involving Life or Disability Contingencies (Reserves)											
(Net of Reinsurance Ceded)											
1. Reserve December 31, prior year .....	75,908,117	.0	74,436,282	1,471,835	0	0	0	0			
2. Tabular net premiums or considerations .....	25,908,930		25,705,762	203,168							
3. Present value of disability claims incurred .....	0			XXX							
4. Tabular interest .....	3,265,531		3,227,708	37,823							
5. Tabular less actual reserve released .....	0										
6. Increase in reserve on account of change in valuation basis .....	0										
7. Other increases (net) .....	0										
8. Totals (Lines 1 to 7) .....	105,082,578	0	103,369,752	1,712,826	0	0	0	0			
9. Tabular cost .....	1,517,870		1,517,870	XXX							
10. Reserves released by death .....	9,853,136		9,853,136	XXX	XXX			XXX			
11. Reserves released by other terminations (net) .....	337,072		34,629	302,443							
12. Annuity, supplementary contract and disability payments involving life contingencies .....	384		384								
13. Net transfers to or (from) Separate Accounts .....	0										
14. Total Deductions (Lines 9 to 13) .....	11,708,462	0	11,406,019	302,443	0	0	0	0			
15. Reserve December 31, current year .....	93,374,116	0	91,963,733	1,410,383	0	0	0	0			

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

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a) .....75,298	84,311
1.1 Bonds exempt from U.S. tax .....	(a) .....0	0
1.2 Other bonds (unaffiliated) .....	(a) .....2,816,671	2,920,641
1.3 Bonds of affiliates .....	(a) .....0	0
2.1 Preferred stocks (unaffiliated) .....	(b) .....128,477	122,116
2.11 Preferred stocks of affiliates .....	(b) .....0	0
2.2 Common stocks (unaffiliated) .....	140,871	144,623
2.21 Common stocks of affiliates .....	500,000	500,000
3. Mortgage loans .....	(c) .....0	0
4. Real estate .....	(d) .....0	0
5. Contract loans .....	6,096	5,315
6. Cash, cash equivalents and short-term investments .....	(e) .....87	3,849
7. Derivative instruments .....	(f) .....0	0
8. Other invested assets .....	5,662	5,662
9. Aggregate write-ins for investment income .....	53,880	53,880
10. Total gross investment income .....	3,727,042	3,840,397
11. Investment expenses .....	(g) .....385,216	0
12. Investment taxes, licenses and fees, excluding federal income taxes .....	(g) .....0	0
13. Interest expense .....	(h) .....0	0
14. Depreciation on real estate and other invested assets .....	(i) .....0	0
15. Aggregate write-ins for deductions from investment income .....	3,039	0
16. Total deductions (Lines 11 through 15) .....	388,255	0
17. Net investment income (Line 10 minus Line 16) .....	3,452,142	0
<b>DETAILS OF WRITE-INS</b>		
0901. Service Fees .....	53,880	53,880
0902. .....	0	0
0903. .....	0	0
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) .....	53,880	53,880
1501. Misc. Investment Exp .....	0	3,039
1502. .....	0	0
1503. .....	0	0
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	3,039

(a) Includes \$ .....99,526 accrual of discount less \$ .....332,787 amortization of premium and less \$ .....219,009 paid for accrued interest on purchases.  
 (b) Includes \$ .....0 accrual of discount less \$ .....159 amortization of premium and less \$ .....0 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 \$ .....35 accrual of discount less \$ .....0 amortization of premium and less \$ .....124 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 .....	(13,022)	0	(13,022)	(52)	0
1.1 Bonds exempt from U.S. tax .....	0	0	0	0	0
1.2 Other bonds (unaffiliated) .....	131,396	0	131,396	0	0
1.3 Bonds of affiliates .....	0	0	0	0	0
2.1 Preferred stocks (unaffiliated) .....	66,351	0	66,351	0	0
2.11 Preferred stocks of affiliates .....	0	0	0	0	0
2.2 Common stocks (unaffiliated) .....	142,205	0	142,205	(436,651)	0
2.21 Common stocks of affiliates .....	0	0	0	(491,960)	0
3. Mortgage loans .....	0	0	0	0	0
4. Real estate .....	0	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 .....	1,377	0	1,377	10,484	0
9. Aggregate write-ins for capital gains (losses) .....	8,835	0	8,835	0	0
10. Total capital gains (losses) .....	337,143	0	337,143	(918,178)	0
<b>DETAILS OF WRITE-INS</b>					
0901. Misc. Gains .....	8,835	0	8,835	0	0
0902. .....	0	0	0	0	0
0903. .....	0	0	0	0	0
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) .....	8,835	0	8,835	0	0

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

## EXHIBIT - 1 PART 1 - PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

	1 Total	2 Industrial Life	Ordinary		5 Credit Life (Group and Individual)	Group		Accident and Health			11 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities		6 Life Insurance	7 Annuities	8 Group	9 Credit (Group and Individual)	10 Other	
<b>FIRST YEAR (other than single)</b>											
1. Uncollected	28		28								
2. Deferred and accrued	825,385		825,385								
3. Deferred, accrued and uncollected:											
3.1 Direct	825,413		825,413								
3.2 Reinsurance assumed	0										
3.3 Reinsurance ceded	0										
3.4 Net (Line 1 + Line 2)	825,413	0	825,413	0		0	0	0	0	0	0
4. Advance	168,041		168,041								
5. Line 3.4 - Line 4	657,372	0	657,372	0		0	0	0	0	0	0
6. Collected during year:											
6.1 Direct	2,282,752		2,079,734	203,018							
6.2 Reinsurance assumed	0										
6.3 Reinsurance ceded	0										
6.4 Net	2,282,752	0	2,079,734	203,018		0	0	0	0	0	0
7. Line 5 + Line 6.4	2,940,124	0	2,737,106	203,018		0	0	0	0	0	0
8. Prior year (uncollected + deferred and accrued - advance)	623,859	0	623,859	0		0	0	0	0	0	0
9. First year premiums and considerations:											
9.1 Direct	2,316,265		2,113,247	203,018							
9.2 Reinsurance assumed	0										
9.3 Reinsurance ceded	0										
9.4 Net (Line 7 - Line 8)	2,316,265	0	2,113,247	203,018		0	0	0	0	0	0
<b>SINGLE</b>											
10. Single premiums and considerations:											
10.1 Direct	30,252,651		30,252,651								
10.2 Reinsurance assumed	0										
10.3 Reinsurance ceded	0										
10.4 Net	30,252,651	0	30,252,651	0		0	0	0	0	0	0
<b>RENEWAL</b>											
11. Uncollected	1,679		1,679								
12. Deferred and accrued	1,366,564		1,366,564								
13. Deferred, accrued and uncollected:											
13.1 Direct	1,368,243		1,368,243								
13.2 Reinsurance assumed	0										
13.3 Reinsurance ceded	0										
13.4 Net (Line 11 + Line 12)	1,368,243	0	1,368,243	0		0	0	0	0	0	0
14. Advance	257,663		254,383							3,280	
15. Line 13.4 - Line 14	1,110,580	0	1,113,860	0		0	0	0	0	(3,280)	0
16. Collected during year:											
16.1 Direct	2,586,869		2,527,777	150						58,942	
16.2 Reinsurance assumed	0										
16.3 Reinsurance ceded	3,605		3,605								
16.4 Net	2,583,264	0	2,524,172	150	0	0	0	0	0	58,942	0
17. Line 15 + Line 16.4	3,693,844	0	3,638,032	150	0	0	0	0	0	55,662	0
18. Prior year (uncollected + deferred and accrued - advance)	958,310	0	962,683	0		0	0	0	0	(4,373)	0
19. Renewal premiums and considerations:											
19.1 Direct	2,739,139		2,678,954	150						60,035	
19.2 Reinsurance assumed	0										
19.3 Reinsurance ceded	3,605		3,605								
19.4 Net (Line 17 - Line 18)	2,735,534	0	2,675,349	150	0	0	0	0	0	60,035	0
<b>TOTAL</b>											
20. Total premiums and annuity considerations:											
20.1 Direct	35,308,055	0	35,044,852	203,168	0	0	0	0	0	60,035	0
20.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0
20.3 Reinsurance ceded	3,605	0	3,605	0	0	0	0	0	0	0	0
20.4 Net (Lines 9.4 + 10.4 + 19.4)	35,304,450	0	35,041,247	203,168	0	0	0	0	0	60,035	0

**EXHIBIT - 1 PART 2 - DIVIDENDS AND COUPONS APPLIED, REINSURANCE COMMISSIONS  
AND EXPENSE ALLOWANCES AND COMMISSIONS INCURRED (Direct Business Only)**

	1 Total	2 Industrial Life	Ordinary		5 Credit Life (Group and Individual)	Group		Accident and Health			11 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities		6 Life Insurance	7 Annuities	8 Group	9 Credit (Group and Individual)	10 Other	
<b>DIVIDENDS AND COUPONS APPLIED (included in Part 1)</b>											
21. To pay renewal premiums .....	1,355			1,355							
22. All other .....	0										
<b>REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED</b>											
23. First year (other than single):											
23.1 Reinsurance ceded .....	0										
23.2 Reinsurance assumed .....	0										
23.3 Net ceded less assumed .....	0	0	0	0	0	0	0	0	0	0	0
24. Single:											
24.1 Reinsurance ceded .....	0										
24.2 Reinsurance assumed .....	0										
24.3 Net ceded less assumed .....	0	0	0	0	0	0	0	0	0	0	0
25. Renewal:											
25.1 Reinsurance ceded .....	0										
25.2 Reinsurance assumed .....	0										
25.3 Net ceded less assumed .....	0	0	0	0	0	0	0	0	0	0	0
26. Totals:											
26.1 Reinsurance ceded (Page 6, Line 6) .....	0	0	0	0	0	0	0	0	0	0	0
26.2 Reinsurance assumed (Page 6, Line 22) .....	0	0	0	0	0	0	0	0	0	0	0
26.3 Net ceded less assumed .....	0	0	0	0	0	0	0	0	0	0	0
<b>COMMISSIONS INCURRED (direct business only)</b>											
27. First year (other than single) .....	1,702,464		1,701,483	.981							
28. Single .....	2,649,423		2,649,423								
29. Renewal .....	23,018		14,177								8,841
30. Deposit-type contract funds .....	0										
31. Totals (to agree with Page 6, Line 21)	4,374,905	0	4,365,083	981	0	0	0	0	0	8,841	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Life Insurance Company  
**EXHIBIT 2 - GENERAL EXPENSES**

	Insurance				5	6		
	1 Life	Accident and Health		4 All Other Lines of Business				
		2 Cost Containment	3 All Other					
1. Rent .....	89,743		180		4,733	.94,656		
2. Salaries and wages .....	801,635		1,607		42,626	845,868		
3.11 Contributions for benefit plans for employees .....						0		
3.12 Contributions for benefit plans for agents .....						0		
3.21 Payments to employees under non-funded benefit plans .....						0		
3.22 Payments to agents under non-funded benefit plans .....						0		
3.31 Other employee welfare .....	155,310		.311		8,208	163,829		
3.32 Other agent welfare .....						0		
4.1 Legal fees and expenses .....	16,702		.33			.16,735		
4.2 Medical examination fees .....						0		
4.3 Inspection report fees .....						0		
4.4 Fees of public accountants and consulting actuaries .....	169,039		339		5,588	174,966		
4.5 Expense of investigation and settlement of policy claims .....	4,578					4,578		
5.1 Traveling expenses .....	114,799					114,799		
5.2 Advertising .....	63,792					63,792		
5.3 Postage, express, telegraph and telephone .....	92,347		.185			.92,532		
5.4 Printing and stationery .....	90,938		.182			.91,120		
5.5 Cost or depreciation of furniture and equipment .....						0		
5.6 Rental of equipment .....	47,405		.95			.47,500		
5.7 Cost or depreciation of EDP equipment and software .....	2,275					2,275		
6.1 Books and periodicals .....						0		
6.2 Bureau and association fees .....	19,960		.40			.20,000		
6.3 Insurance, except on real estate .....	97,795		.196			.97,991		
6.4 Miscellaneous losses .....	4,815					4,815		
6.5 Collection and bank service charges .....	23,183		.46		5,810	.29,039		
6.6 Sundry general expenses .....	177,127		.355			.177,482		
6.7 Group service and administration fees .....						0		
6.8 Reimbursements by uninsured plans .....						0		
7.1 Agency expense allowance .....						0		
7.2 Agents' balances charged off (less \$ recovered) .....	7,227					.49,981		
		49,981						
7.3 Agency conferences other than local meetings .....	84,886					.84,886		
9.1 Real estate expenses .....						0		
9.2 Investment expenses not included elsewhere .....					318,245	.318,245		
9.3 Aggregate write-ins for expenses .....	15,593	0	.31	0	6	15,630		
10. General expenses incurred .....	2,121,903	0	3,600	0	385,216	(a) 2,510,719		
11. General expenses unpaid December 31, prior year .....	215,464		.432		81,913	.297,809		
12. General expenses unpaid December 31, current year .....	246,038		.493		81,748	.328,279		
13. Amounts receivable relating to uninsured plans, prior year .....						0		
14. Amounts receivable relating to uninsured plans, current year .....						0		
15. General expenses paid during year (Lines 10+11-12-13+14) .....	2,091,329	0	3,539	0	385,381	2,480,249		
<b>DETAILS OF WRITE-INS</b>								
09.301. Insurance Department Examination .....	15,593		.31		.6	.15,630		
09.302. .....								
09.303. .....								
09.398. Summary of remaining write-ins for Line 9.3 from overflow page .....	0	0	0	0	0	0		
<b>09.399. Totals (Lines 09.301 thru 09.303 plus 09.398) (Line 9.3 above)</b> .....	15,593	0	31	0	6	15,630		

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

**EXHIBIT 3 - TAXES, LICENSES AND FEES (EXCLUDING FEDERAL INCOME TAXES)**

	Insurance			4 Investment	5 Total
	1 Life	2 Accident and Health	3 All Other Lines of Business		
1. Real estate taxes .....					0
2. State insurance department licenses and fees .....	45,187	.91			.45,278
3. State taxes on premiums .....	491,215	.50			.491,265
4. Other state taxes, including \$ for employee benefits .....	79,588	159			.79,747
5. U.S. Social Security taxes .....					0
6. All other taxes .....	20,939				.20,939
7. Taxes, licenses and fees incurred .....	636,929	300	0	0	.637,229
8. Taxes, licenses and fees unpaid December 31, prior year .....	158,478				.158,478
9. Taxes, licenses and fees unpaid December 31, current year .....	193,804				.193,804
10. Taxes, licenses and fees paid during year (Lines 7 + 8 - 9) .....	601,603	300	0	0	.601,903

**EXHIBIT 4 - DIVIDENDS OR REFUNDS**

	1 Life	2 Accident and Health
1. Applied to pay renewal premiums .....		.335
2. Applied to shorten the endowment or premium-paying period .....		0
3. Applied to provide paid-up additions .....		
4. Applied to provide paid-up annuities .....		
5. Total Lines 1 through 4 .....	.335	0
6. Paid in cash .....		
7. Left on deposit .....		.608
8. Aggregate write-ins for dividend or refund options .....		0
9. Total Lines 5 through 8 .....	.943	0
10. Amount due and unpaid .....		
11. Provision for dividends or refunds payable in the following calendar year .....		.905
12. Terminal dividends .....		
13. Provision for deferred dividend contracts .....		
14. Amount provisionally held for deferred dividend contracts not included in Line 13 .....		
15. Total Lines 10 through 14 .....	.905	0
16. Total from prior year .....		.855
17. Total dividends or refunds (Lines 9 + 15 - 16) .....	.993	0
<b>DETAILS OF WRITE-INS</b>		
0801. .....		
0802. .....		
0803. .....		
0898. Summary of remaining write-ins for Line 8 from overflow page .....		0
<b>0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above)</b> .....		0

**EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS**

1 Valuation Standard	2 Total	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
0100001. 1958 CET 3.0% NL	15,226		15,226		
0100002. 1958 CSO 3.0% CRVM	356,461		356,461		
0100003. 1958 CSO 3.0% NL	540,118		540,118		
0100004. 1958 CSO 4.0% CRVM	55,117		55,117		
0100005. 1958 CSO 4.0% NL	675		675		
0100006. 1958 CSO 4.5% CRVM	10,646		10,646		
0100007. 1980 CSO 3.5% CRVM	1,836,254		1,836,254		
0100008. 1980 CSO 4.0% CRVM	16,253,732		16,253,732		
0100009. 1980 CSO 4.5% CRVM	51,298		51,298		
0100010. 125% 1980 CSO 3.5% CRVM	242,905		242,905		
0100011. 125% 1980 CSO 4.0% CRVM	9,657,589		9,657,589		
0100012. 125%M 100%F 1980 CSO 3.5% CRVM	50,866,507		50,866,507		
0100013. 125%M 100%F 1980 CSO 4.0% CRVM	10,744,586		10,744,586		
0100014. 200% 1980 CSO 3.5% CRVM	466,673		466,673		
0100015. 200% 1980 CSO 4.0% CRVM	159,306		159,306		
0100016. 2001 CSO 3.5% CRVM	48,405		48,405		
0100017. 2001 CSO 4.0% CRVM	271,854		271,854		
0100018. Payor and Special Class	800		800		
0199997. Totals (Gross)	91,578,152	0	91,578,152	0	0
0199998. Reinsurance ceded	3,191		3,191		
0199999. Life Insurance: Totals (Net)	91,574,961	0	91,574,961	0	0
0200001. 1958 CSO 4%	28,532	XXX	28,532	XXX	
0200002. 1980 CSO 4%	249,998	XXX	249,998	XXX	
0200003. 1980 CSO 3.75%	660,883	XXX	660,883	XXX	
0200004. 1980 CSO 3.50%	470,970	XXX	470,970	XXX	
0299997. Totals (Gross)	1,410,383	XXX	1,410,383	XXX	0
0299998. Reinsurance ceded	0	XXX		XXX	
0299999. Annuities: Totals (Net)	1,410,383	XXX	1,410,383	XXX	0
0399998. Reinsurance ceded	0				
0399999. SCWLC: Totals (Net)	0	0	0	0	0
0400001. 1958 CSO 4%	100	0	100		
0499997. Totals (Gross)	100	0	100	0	0
0499998. Reinsurance ceded	16		16		
0499999. Accidental Death Benefits: Totals (Net)	84	0	84	0	0
0500001. 1952 Disability with 1958 CSO 3%	350	0	350		
0599997. Totals (Gross)	350	0	350	0	0
0599998. Reinsurance ceded	0				
0599999. Disability-Active Lives: Totals (Net)	350	0	350	0	0
0600001. 1952 Disability 3%	2,283	0	2,283		
0699997. Totals (Gross)	2,283	0	2,283	0	0
0699998. Reinsurance ceded	0				
0699999. Disability-Disabled Lives: Totals (Net)	2,283	0	2,283	0	0
0700001. Non-deduction & Return of Prorata Premium	81,673		81,673		
0700002. Casket Growth	304,382		304,382		
0799997. Totals (Gross)	386,055	0	386,055	0	0
0799998. Reinsurance ceded	0				
0799999. Miscellaneous Reserves: Totals (Net)	386,055	0	386,055	0	0
9999999. Totals (Net) - Page 3, Line 1	93,374,116	0	93,374,116	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Life Insurance Company  
**EXHIBIT 5 - INTERROGATORIES**

1.1 Has the reporting entity ever issued both participating and non-participating contracts? ..... Yes [  ] No [  ]  
 1.2 If not, state which kind is issued.

2.1 Does the reporting entity at present issue both participating and non-participating contracts? ..... Yes [  ] No [  ]  
 2.2 If not, state which kind is issued.

3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? ..... Yes [  ] No [  ]  
 If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.

4. Has the reporting entity any assessment or stipulated premium contracts in force? ..... Yes [  ] No [  ]  
 If so, state:  
 4.1 Amount of insurance? ..... \$ .....  
 4.2 Amount of reserve? ..... \$ .....  
 4.3 Basis of reserve:  
 4.4 Basis of regular assessments:  
 4.5 Basis of special assessments:  
 4.6 Assessments collected during the year ..... \$ .....  
 5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.

6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? ..... Yes [  ] No [  ]  
 6.1 If so, state the amount of reserve on such contracts on the basis actually held: ..... \$ .....  
 6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: ..... \$ .....  
 Attach statement of methods employed in their valuation.

7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? ..... Yes [  ] No [  ]  
 7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements ..... \$ .....  
 7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount:  
 7.3 State the amount of reserves established for this business: ..... \$ .....  
 7.4 Identify where the reserves are reported in the blank:

8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year? ..... Yes [  ] No [  ]  
 8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements: ..... \$ .....  
 8.2 State the amount of reserves established for this business: ..... \$ .....  
 8.3 Identify where the reserves are reported in the blank:

9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? ..... Yes [  ] No [  ]  
 9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders: ..... \$ .....  
 9.2 State the amount of reserves established for this business: ..... \$ .....  
 9.3 Identify where the reserves are reported in the blank:

**EXHIBIT 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR**

1 Description of Valuation Class	Valuation Basis		4 Increase in Actuarial Reserve Due to Change
	2 Changed From	3 Changed To	
9999999 - Total (Column 4, only)	<b>NONE</b>		

## EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
<b>ACTIVE LIFE RESERVE</b>									
1. Unearned premium reserves .....	0								
2. Additional contract reserves (a) .....	11,626								11,626
3. Additional actuarial reserves-Asset/Liability analysis .....	0								
4. Reserve for future contingent benefits .....	0								
5. Reserve for rate credits .....	0								
6. Aggregate write-ins for reserves .....	0	0	0	0	0	0	0	0	0
7. Totals (Gross) .....	11,626	0	0	0	0	0	0	0	11,626
8. Reinsurance ceded .....	0								
9. Totals (Net) .....	11,626	0	0	0	0	0	0	0	11,626
<b>CLAIM RESERVE</b>									
10. Present value of amounts not yet due on claims .....	0								
11. Additional actuarial reserves-Asset/Liability analysis .....	0								
12. Reserve for future contingent benefits .....	0								
13. Aggregate write-ins for reserves .....	0	0	0	0	0	0	0	0	0
14. Totals (Gross) .....	0	0	0	0	0	0	0	0	0
15. Reinsurance ceded .....	0								
16. Totals (Net) .....	0	0	0	0	0	0	0	0	0
17. TOTAL (Net) .....	11,626	0	0	0	0	0	0	0	11,626
18. TABULAR FUND INTEREST .....	0								
<b>DETAILS OF WRITE-INS</b>									
0601. ....									
0602. ....									
0603. ....									
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0	0	0	0
0699. TOTALS (Lines 0601 thru 0603 plus 0698) (Line 6 above) .....	0	0	0	0	0	0	0	0	0
1301. ....									
1302. ....									
1303. ....									
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0	0	0	0	0
1399. TOTALS (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0	0	0	0

(a) Attach statement as to valuation standard used in calculating this reserve, specifying reserve bases, interest rates and methods.

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

## EXHIBIT 7 - DEPOSIT TYPE CONTRACTS

	1 Total	2 Guaranteed Interest Contracts	3 Annuities Certain	4 Supplemental Contracts	5 Dividend Accumulations or Refunds	6 Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance .....	285,235	0	0	0	285,235	0
2. Deposits received during the year .....	2,518				2,518	
3. Investment earnings credited to the account .....	9,997				9,997	
4. Other net change in reserves .....	0					
5. Fees and other charges assessed .....	0					
6. Surrender charges .....	0					
7. Net surrender or withdrawal payments .....	16,576				16,576	
8. Other net transfers to or (from) Separate Accounts .....	0					
9. Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8) .....	281,174	0	0	0	281,174	0
10. Reinsurance balance at the beginning of the year .....	0	0	0	0	0	0
11. Net change in reinsurance assumed .....	0					
12. Net change in reinsurance ceded .....	0					
13. Reinsurance balance at the end of the year (Lines 10+11-12) .....	0	0	0	0	0	0
14. Net balance at the end of current year after reinsurance (Lines 9 + 13) .....	281,174	0	0	0	281,174	0

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

**EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS****PART 1 - Liability End of Current Year**

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Due and unpaid:											
1.1 Direct	0										
1.2 Reinsurance assumed	0										
1.3 Reinsurance ceded	0										
1.4 Net	0	0	0	0	0	0	0	0	0	0	0
2. In course of settlement:											
2.1 Resisted	14,643			14,643							
2.11 Direct	14,643			14,643							
2.12 Reinsurance assumed	0										
2.13 Reinsurance ceded	0										
2.14 Net	14,643	0	(b) 14,643	0	0	(b) 0	(b) 0	0	0	0	0
2.2 Other	359,817			301,361	48,723						9,733
2.21 Direct	359,817			301,361	48,723						9,733
2.22 Reinsurance assumed	0										
2.23 Reinsurance ceded	0										
2.24 Net	359,817	0	(b) 301,361	(b) 48,723	0	(b) 0	(b) 0	0	(b) 0	(b) 0	(b) 9,733
3. Incurred but unreported:											
3.1 Direct	55,000			55,000							
3.2 Reinsurance assumed	0										
3.3 Reinsurance ceded	0										
3.4 Net	55,000	0	(b) 55,000	(b) 0	0	(b) 0	(b) 0	0	(b) 0	(b) 0	(b) 0
4. TOTALS	429,460	0	371,004	48,723	0	0	0	0	0	0	9,733
4.1 Direct	429,460	0	371,004	48,723	0	0	0	0	0	0	9,733
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	429,460	(a) 0	(a) 371,004	48,723	0	0	(a) 0	0	0	0	9,733

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$ ..... in Column 2, \$ ..... in Column 3 and \$ ..... in Column 7.

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for Ordinary Life Insurance \$ ..... Individual Annuities \$ ..... Credit Life (Group and Individual) \$ ..... and Group Life \$ ..... are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$ ..... Credit (Group and Individual) Accident and Health \$ ..... and Other Accident and Health \$ ..... are included in Page 3, Line 2 (See Exhibit 6, Claim Reserve).

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Life Insurance Company  
**EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**

**PART 2 - Incurred During the Year**

	1 Total	2 Industrial Life (a)	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance (b)	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance (c)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Settlements During the Year:											
1.1 Direct	14,406,079		14,109,031	262,350							34,698
1.2 Reinsurance assumed	0										
1.3 Reinsurance ceded	0										
1.4 Net	(d) 14,406,079	0	14,109,031	262,350	0	0	0	0	0	0	34,698
2. Liability December 31, current year from Part 1:											
2.1 Direct	429,460	0	371,004	48,723	0	0	0	0	0	0	9,733
2.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0
2.4 Net	429,460	0	371,004	48,723	0	0	0	0	0	0	9,733
3. Amounts recoverable from reinsurers December 31, current year	5,398		5,398								
4. Liability December 31, prior year:											
4.1 Direct	422,999	0	398,344	11,545	0	0	0	0	0	0	13,110
4.2 Reinsurance assumed	0										
4.3 Reinsurance ceded	0										
4.4 Net	422,999	0	398,344	11,545	0	0	0	0	0	0	13,110
5. Amounts recoverable from reinsurers December 31, prior year	0										
6. Incurred Benefits											
6.1 Direct	14,412,540	0	14,081,691	299,528	0	0	0	0	0	0	31,321
6.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded	5,398	0	5,398	0	0	0	0	0	0	0	0
6.4 Net	14,407,142	0	14,076,293	299,528	0	0	0	0	0	0	31,321

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$ ..... in Line 1.1, \$ ..... in Line 1.4.

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$ ..... in Line 6.1, and \$ ..... in Line 6.4.

(c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$ ..... in Line 1.1, \$ ..... in Line 1.4.

\$ ..... in Line 6.1, and \$ ..... in Line 6.4.

(d) Includes \$ ..... premiums waived under total and permanent disability benefits.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Life 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 .....	656,000	440,000	(216,000)
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 .....	4,428	6,724	2,296
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 .....	55,540	62,771	7,231
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	715,968	509,495	(206,473)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0
28. Total (Lines 26 and 27) .....	715,968	509,495	(206,473)
<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. Prepaid Insurance .....	55,540	62,771	7,231
2502. .....		0	0
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) .....	55,540	62,771	7,231

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

## 1. Summary of Significant Accounting Policies

### A. Accounting Practices

The financial statements of Cincinnati Equitable Life 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 any prescribed or permitted practices that differ from NAIC SAP.

	State of Domicile	2015	2014
<b>NET INCOME</b>			
(1) Cincinnati Equitable Life state basis (page 4, line 35 Col. 1 & 2)	Ohio	(31,201)	352,723
(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)	Ohio	<u>(31,201)</u>	<u>352,723</u>
<b>SURPLUS</b>			
(5) Cincinnati Equitable Life state basis (Page 3, Line 38, Columns 1&2)	Ohio	8,064,258	8,574,976
(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)	Ohio	<u>8,064,258</u>	<u>8,574,976</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 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 of 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 100% of the outstanding stock of Cincinnati Equitable Insurance Company, an Ohio domiciled property casualty insurance company. The stock of Cincinnati Equitable Insurance Company was contributed to the Company by their common parent Cincinnati Equitable Companies, Inc. in 2007.
- (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 are 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 to accounting practices.

B. Correction of errors

The Company made no corrections of prior period financial statements.

**3. Business Combinations and Goodwill**

The Company has not participated in a business combination in the current year.

**4. Discontinued Operations**

The Company had no discontinued operations in 2015.

**5. Investments**

A. Mortgage Loans

The Company has no new Mortgage Loans or Loans in default.

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 \$ 5,212
2. 12 Months or Longer \$ 3,394

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

1. Less than 12 Months \$ 487,289
2. 12 Months or Longer \$ 275,456

5. We used market values obtained from broker dealers and money managers to determine that these securities are not Other-than-temporary impairments.

E. Repurchase Agreements and/or Securities Lending

The Company has no Repurchase Agreements or Securities Lending transactions.

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

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

Restricted Asset Category	Gross Restricted					8	Percentage		
	Current Year						6	7	
	1	2	3	4	5				
	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	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	
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	1,131,717				1,131,717	1,116,945	14,772	1,131,717	
j. On deposit with other regulatory bodies									
k. Pledged as collateral not captured in other categories									
l. Other restricted assets									
m. Total Restricted Assets	\$1,131,717				\$1,131,717	\$1,116,945	\$ 14,772	\$1,131,717	
(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.

## 9. Income Taxes

A. The Components of the net deferred tax asset/(liability) at the end of the 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 .....	2,246,000	63,000	2,309,000	1,800,000		1,800,000	446,000	63,000	509,000
(b) Statutory Valuation Allowance Adjustment .....			0			0	0	0	0
(c) Adjusted Gross Deferred Tax Assets (1a - 1b) .....	2,246,000	63,000	2,309,000	1,800,000	0	1,608,000	446,000	63,000	509,000
(d) Deferred Tax Assets Nonadmitted .....	593,000	63,000	6,56,000	440,000		440,000	153,000	63,000	216,000
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d) .....	1,653,000	0	1,653,000	1,360,000	0	1,360,000	293,000	0	293,000
(f) Deferred Tax Liabilities .....	390,000	0	390,000	343,000	75,000	418,000	47,000	(75,000)	(28,000)
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f) .....	1,263,000	0	1,263,000	1,017,000	(75,000)	942,000	246,000	75,000	321,000

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									
SAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks .....	58,000		58,000	0	0	0	58,000	0	58,000
(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) .....	1,205,000		1,205,000	942,000		942,000	263,000	0	263,000
Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date. ....	1,411,000		1,411,000	942,000		942,000	469,000	0	469,000
Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold. ....	XXX ..	XXX ..	1,205,000	XXX ..	XXX ..	1,286,000	XXX ..	XXX ..	(81,000)
(c) Adjusted Gross Deferred Tax	390,000	0	390,000	343,000	75,000	418,000	47,000	(75,000)	(28,000)

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

Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.....							
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c)) .....	1,653,000	0	1,360,000	1,360,000	75,000	1,608,000	368,000

3.

	2015	2014
a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.....	459.820	663.104
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.....	7,316,479	8,256,305

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
<b>Impact of Tax Planning Strategies:</b>						
(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) .....	2,246,000	63,000	1,800,000	0	446,000	63,000
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) .....	2,246,000	63,000	1,800,000	0	293,000	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 [ X ]

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
<b>1. Current Income Tax</b>			
(a) Federal .....	(96,277)	31,072	(127,349)
(b) Foreign .....			0
(c) Subtotal .....	(96,277)	31,072	(127,349)
(d) Federal income tax on net capital gains .....	118,000	38,994	79,006
(e) Utilization of capital loss carry-forwards .....			0
(f) Other .....	40,135	(71,638)	111,773
(g) Federal and foreign income taxes incurred .....	61,858	(1,572)	63,430
<b>2. Deferred Tax Assets:</b>			
(a) Ordinary:			
(1) Discounting of unpaid losses .....			0
(2) Unearned premium reserve .....			0
(3) Policyholder reserves .....	44,000	12,000	32,000
(4) Investments .....			0
(5) Deferred acquisition costs .....	2,051,000	1,763,000	298,000
(6) Policyholder dividends accrual .....			0
(7) Fixed Assets .....			0
(8) Compensation and benefits accrual .....			0
(9) Pension accrual .....			0
(10) Receivables - nonadmitted .....	21,000	2,000	19,000
(11) Net operating loss carry-forward .....			0
(12) Tax credit carry-forward .....	120,000	23,000	97,000
(13) Other (including items <5% of total ordinary tax assets) .....			0
(99) Subtotal .....	2,246,000	1,800,000	446,000
(b) Statutory valuation allowance adjustment .....			0
(c) Nonadmitted .....	593,000	440,000	153,000
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c) .....	1,653,000	1,360,000	293,000
(e) Capital:			
(1) Investments .....	63,000		63,000
(2) Net capital loss carry-forward .....			0
(3) Real estate .....			0
(4) Other (including items <5% of total ordinary tax assets) .....			0
(99) Subtotal .....	63,000	0	63,000
(f) Statutory valuation allowance adjustment .....			0
(g) Nonadmitted .....	63,000		63,000
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g) .....	0	0	0
(i) Admitted deferred tax assets (2d + 2h) .....	1,653,000	1,360,000	293,000
<b>3. Deferred Tax Liabilities:</b>			
(a) Ordinary:			
(1) Investments .....	60,000	48,000	12,000
(2) Fixed assets .....	1,000	1,000	0
(3) Deferred and uncollected premium .....	329,000	294,000	35,000
(4) Policyholder reserves .....			0
(5) Other (including items <5% of total ordinary tax liabilities) .....			0
(99) Subtotal .....	390,000	343,000	47,000
(b) Capital:			
(1) Investments .....		75,000	(75,000)
(2) Real estate .....			0
(3) Other (including items <5% of total capital tax liabilities) .....			0
(99) Subtotal .....	0	75,000	(75,000)
(c) Deferred tax liabilities (3a99 + 3b99) .....	390,000	418,000	(28,000)
4. Net deferred tax assets/liabilities (2i - 3c) .....	1,263,000	942,000	321,000

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

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

	<u>Amount</u>	<u>Tax Effect</u>
(1) Income before taxes	\$ 30,651	\$ 10,000
(2) Dividend Received Deduction	( 136,711)	( 48,000)
(3) Deferred Acquisition Cost	( 60,657)	( 21,000)
(4) Non-Deductible expenses	( 84,161)	( 29,000)
(5) Other	( 22,401)	( 8,000)
(6) Intercompany Transactions	( 500,000)	( 170,000)
(7) Taxable Income	<u><u>\$ ( 773,279)</u></u>	<u><u>\$ (266,000)</u></u>

E. (1) At December 31, 2015, the Company had no remaining Net Operating Loss carryforwards and \$120,257 of AMT Net Operating Loss carryforwards.

(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)	\$ 8,803
2014 (current year -1)	\$ 108,562
2013 (current year -2)	\$ 0

(3) The Company has no amounts on deposit admitted under Section 6603 of the Internal Revenue Service Code.

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

Cincinnati Equitable Companies, Inc.  
Cincinnati Equitable 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 Life Insurance Company is a wholly owned subsidiary of Cincinnati Equitable Companies, Inc., an Insurance Holding Company.
- B. Cincinnati Equitable Life Insurance Company shares common management with Cincinnati Equitable Insurance. Certain processing functions are also shared between the two companies, such as accounting, underwriting and mail processing.
- C. Cincinnati Equitable Life Insurance Company pays expenses under a management agreement for the general management of the company. These expenses are generally allocated to the companies based on time spent working for each company.
- D. At December 31, 2015, the Company reported \$15,773 payable to Cincinnati Equitable Companies, Inc. The terms of the settlement require that these amounts are 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 (see 10.B. above). In 2015 the expense for these services was \$456,221.
- G. All outstanding stock of Cincinnati Equitable Life Insurance Company is owned by Cincinnati Equitable Companies, Inc., an insurance holding company domiciled in the State of Ohio (see Schedule Y of this statement).
- H. The Company owns no shares of the Parent Companies' outstanding stock.
- I. The Company owns 100% of the outstanding stock of Cincinnati Equitable Insurance Company, an Ohio domiciled Property Casualty Company, whose value is less than 10% of the admitted assets of the Company. Cincinnati Equitable Insurance Company is valued at Statutory Surplus. No goodwill is associated with this asset.
- J. The Company has no investment in SCA, whose value has been impaired.

**11. Debt**

The Company has no outstanding debt.

**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.
- B. Define Contribution Plans  
The Company has no Defined Contribution Plan of its own.
- C. Multi-Employer Plans  
The Company has no Multi-Employer plans
- D. 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 does not provide certain 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 \$11,514 and \$11,336 for 2015 and 2014, respectively and for other postretirement benefit plans was \$ 0 and \$ 0 for 2015 and 2014, respectively.
- E. Postemployment Benefits and Compensated Absences

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

The Company does not provide for post-retirement benefits. However, the Company does compensate for unused absences.

## F. 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 shares authorized, 1,000 shares issued and 1,000 shares outstanding.
2. The Company has no preferred stock outstanding.
3. Without the prior approval of the domiciliary commissioner, dividends to the shareholders are limited by the laws of the Company's state of incorporation, Ohio, to \$806,425, an amount that is based on restrictions related to statutory surplus.
4. The Company paid no dividends to shareholders in 2015.
5. Within the limits of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
6. 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.
7. There are no advances to surplus.
8. The Company holds no stock for special purposes.
9. The Company made no changes to special surplus balances from prior years.
10. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains or losses is (\$550,274).

## 14. Liabilities, Contingencies and Assessments

- A. Contingent Commitments  
The Company has no Contingent Commitments.
- B. Assessments  
The Company is not aware of any new insolvencies in 2015. It is expected that the Company will have to pay some amount, for insolvencies, at some point in the future. However, due to the size of the Company's premium volume; these assessments will not be material.
- C. Gain Contingencies  
The Company has established no contingencies for gains.
- D. Claims Related to Extra Contractual Obligations and Bad Faith Losses Stemming from Lawsuits  
The Company has no Extra Contractual Obligations and Bad Faith Losses Stemming from Lawsuits.
- E. All Other Contingencies  
The Company has established no other contingencies.

## 15. Leases

- A. Lessee Operating Lease
  - (1) The Company leases automobiles and office equipment under various non-cancelable operating lease agreements that expire through March 1, 2019. Rental expense for 2015, and 2014 were approximately \$49,000 and \$55,000.
  - (2) At January 1, 2015, the minimum aggregate rental commitments are as follows:

	Year Ending December 31	Operating Leases
1.	2016	40,000
2.	2017	29,000
3.	2018	19,000
4.	2019	3,000
5.	Total	91,000

## 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. Gain or Loss 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

Name & Address of Managing General Agent or Third Party Administrator	FEI Number	Type of Exclusive Contract	Type of Business Written	Authority Granted	Direct Written Premium
Enterprise Group Planning 5910 Harper Road	34-1262548	Yes	Individual A&H	CA, P	\$ 58,942

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

Cleveland, OH 44122

## 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				
Preferred Stocks .....	801,826			801,826
Bonds -Government .....	4,904,918			4,904,918
Bonds - Other .....		81,910,09		81,910,098
Common Stock - Unaffiliated .....	5,436,634			5,436,634
Common Stock - Affiliated .....		3,338,104		3,338,104
Total assets at fair value	11,143,378	85,248,202	0	96,391,580

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 had 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 .....	86,815,016	87,281,294	4,904,918	81,910,098	.....	.....
Preferred Stock .....	801,826	776,657	801,826	.....	.....	.....
Common Stock .....	8,774,738	8,774,738	5,436,634	3,338,104	.....	.....

## 21. Other Items

- A. The Company has no Extraordinary Items.
- B. The Company has no Restructured Debt.
- C. The Company has no Other Disclosures or Unusual Items
- D. The Company has no Business Interruptions Recoveries.
- E. The Company has no State Transferable Tax Credits.
- F. The Company does not own investments in Hybrid Securities.
- G. The Company has no Subprime Mortgage Related Risk Exposure.
- H. The Company has no Offsetting or Netting of Assets and Liabilities.

## 22. Events Subsequent

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

## 23. Reinsurance

### A. Ceded Reinsurance Report

#### Section 1 - General Interrogatories

1. None of the reinsurers, listed on Schedule S as nonaffiliated, are controlled by us.
2. No policies issued by the company have been reinsured with a foreign reinsurer in which we own a controlling interest directly or indirectly.

#### Section 2 - Ceded Reinsurance Report - Part A

1. The company does not have any reinsurance agreements in effect that can be unilaterally cancelled except for non payment of premiums.
2. The company does not have any reinsurance agreements in effect that may result in payments to the reinsurer exceeding the direct premium collected on these policies.

#### Section 3 - Ceded Reinsurance Report - Part B

1. The estimated reduction in surplus of terminating all reinsurance agreements would be \$0.
2. No new reinsurance agreements have been executed or amended, since January 1, 1996, that would include policies in force on the effective date of the agreement.

- B. Uncollectible Reinsurance  
The Company had no Uncollectible Reinsurance
- C. Commutation of Ceded Reinsurance  
The Company had no Commutation of Ceded Reinsurance
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation  
The Company had no Reinsurer receive a ratings downgrade.

**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.

**26. Intercompany Pooling Agreements**

The Company has no Intercompany Pooling Agreements.

**27. Structured Settlements**

The Company has no Structured Settlement contracts.

**28. Health Care Receivables**

The Company has no Health Care Receivables.

**29. Participating Policies**

For the reporting year ended December 21, 2015, premiums under individual life participating policies were \$9,758, or less than 1% total individual life premium earned. The Company accounts for its policyholder dividends based upon the accrual method. The Company paid dividends in the amount of \$943 to policyholders and did not allocate any additional income to such policyholders.

**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. Reserves for Life Contracts and Deposit-Type Contracts**

- (1) The Company waives deduction of fractional deferred premiums upon death of insured. Surrender values are not promised in excess of the legally computed reserves.
- (2) Extra premiums are charged for substandard lives for policies issued. Mean reserves are equal to multiples of the substandard extra annual premium where such multiple is not less than one half.
- (3) As of December 31, 2015, the Company had no insurance in force for which the gross premiums are less than the net premiums according to the standard valuation set by the State of Ohio.
- (4) The Tabular Interest has been determined by formula as described in the instructions

The Tabular Less Actual Reserves Released has been determined by formula as described in the instructions.

The Tabular Cost has been determined by formula as described in the instructions.

- (5) For the determination of Tabular Interest on funds not involving life contingencies for each valuation rate of interest the tabular interest is calculated as one hundredth of the product of such valuation rate of interest times the mean of the amount of funds subject to such valuation rate of interest held at the beginning and end of the year of valuation.
- (6) There were no significant other increases.

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

**32. Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics**

	(1) General Account	(2) Separate Account with Guarantees	(3) Separate Account Nonguaranteed	(4) Total	(5) % of Total
A. Subject to discretionary withdrawal:					
(1) With market value adjustment .....				0	0.0
(2) At book value less current surrender charge of 5% or more .....	1,381,851			1,381,851	98.0
(3) At fair value .....				0	0.0
(4) Total with market value adjustment or at fair value (total of 1 through 3) .....	1,381,851	0	0	1,381,851	98.0
(5) At book value without adjustment (minimal or no charge or adjustment) .....				0	0.0
B. Not subject to discretionary withdrawal .....	28,532			28,532	2.0
C. Total (gross: direct + assumed) .....	1,410,383	0	0	1,410,383	100.0
D. Reinsurance ceded .....				0	
E. Total (net)* (C) - (D) .....	1,410,383	0	0	1,410,383	
Reconciliation of total annuity actuarial reserves and deposit fund liabilities.					
F. Life & Accident & Health Annual Statement:				Amount	
1. Exhibit 5, Annuities Section, Total (net) .....				1,410,383	
2. Exhibit 5, Supplementary Contracts with Life Contingencies Section, Total (net) .....					
3. Exhibit 7, Deposit-Type Contracts, Line 14, Column 1 .....					
4. Subtotal .....				1,410,383	
Separate Accounts Annual Statement:					
5. Exhibit 3, Line 0299999, Column 2 .....					
6. Exhibit 3, Line 0399999, Column 2 .....					
7. Policyholder dividend and coupon accumulations .....					
8. Policyholder premiums .....					
9. Guaranteed interest contracts .....					
10. Other contract deposit funds .....					
11. Subtotal .....				0	
12. Combined Total .....				1,410,383	

**33. Premium and Annuity Considerations Deferred and Uncollected**

Type	Gross	Net
Ordinary New Business	\$ 825,413	\$ 558,134
Ordinary Renewal	<u>1,368,243</u>	<u>673,239</u>
Total	\$ 2,193,656	\$1,231,373

**34. Separate Accounts**

The Company has no Separate Accounts.

**35. Loss/Claim Adjustment Expenses**

The balance in the liability for unpaid accident and health claim adjustment expenses as of December 31, 2015 and December 31, 2014 was \$ 0 and \$ 0 respectively.

The Company pays a Managing General Agent to adjust accident and health claims. The amounts attributable to prior years are unknown.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Life 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 Life 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?  
 BKD  
 312 Walnut Street, Suite 300  
 Cincinnati, Ohio 45202

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 [ X ] No [ ] N/A [ ]

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?  
 James Merwald, FSA, MAAA  
 Actuarial Resources Corporation  
 6720 W. 12th Street  
 Overland Park, KS 66209

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]  
 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 [ X ]  
 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 [ X ] No [ ]  
 (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 Life 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.....	\$ ..... 0
20.12 To stockholders not officers.....	\$ ..... 0
20.13 Trustees, supreme or grand (Fraternal Only) .....	\$ ..... 0

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.....	\$ ..... 0
20.22 To stockholders not officers.....	\$ ..... 0
20.23 Trustees, supreme or grand (Fraternal Only) .....	\$ ..... 0

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 Life 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 [  ] 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	\$ ..... 1,131,716
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 [  ]

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

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 [  ] 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 .....	38 Fountain Square Plaza, Cincinnati, OH 45263 .....
U.S. Bank .....	225 Water Street, Suite 700, Jacksonville, FL 32202 .....

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 [  ]

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
.....	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Life 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	2	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund		

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 .....	86,856,364	86,379,564	(476,800)
30.2 Preferred stocks .....	776,657	801,826	25,169
30.3 Totals	87,633,021	87,181,390	(451,631)

30.4 Describe the sources or methods utilized in determining the fair values:  
NAIC SVO and Clearwater Analytics

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 Life Insurance Company  
**GENERAL INTERROGATORIES**

**OTHER**

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....\$ .....20,000

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
A.M. Best .....	20,000

34.1 Amount of payments for legal expenses, if any? .....\$ .....16,735

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
Dinsmore & Shohl .....	16,167

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 Life Insurance Company  
**GENERAL INTERROGATORIES**

**PART 2 - LIFE INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force? .....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]																					
1.2	If yes, indicate premium earned on U.S. business only .....	\$ ..... 59,578																					
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .....	\$ ..... 0																					
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. ....	\$ ..... 0																					
1.5	Indicate total incurred claims on all Medicare Supplement insurance. ....	\$ ..... 31,321																					
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																					
		All years prior to most current three years 1.64 Total premium earned ..... \$ ..... 59,578 1.65 Total incurred claims ..... \$ ..... 31,321 1.66 Number of covered lives ..... 24																					
1.7	Group policies:	Most current three years: 1.71 Total premium earned ..... \$ ..... 0 1.72 Total incurred claims ..... \$ ..... 0 1.73 Number of covered lives ..... 0																					
		All years prior to most current three years 1.74 Total premium earned ..... \$ ..... 0 1.75 Total incurred claims ..... \$ ..... 0 1.76 Number of covered lives ..... 0																					
2.	Health Test:	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">1 Current Year</th> <th style="text-align: center;">2 Prior Year</th> </tr> </thead> <tbody> <tr> <td>2.1 Premium Numerator .....</td> <td style="text-align: right;">66,032</td> <td></td> </tr> <tr> <td>2.2 Premium Denominator .....</td> <td style="text-align: right;">35,304,450</td> <td style="text-align: right;">31,791,289</td> </tr> <tr> <td>2.3 Premium Ratio (2.1/2.2) .....</td> <td style="text-align: right;">0.000</td> <td style="text-align: right;">0.002</td> </tr> <tr> <td>2.4 Reserve Numerator .....</td> <td style="text-align: right;">9,733</td> <td style="text-align: right;">13,110</td> </tr> <tr> <td>2.5 Reserve Denominator .....</td> <td style="text-align: right;">93,429,147</td> <td style="text-align: right;">76,018,044</td> </tr> <tr> <td>2.6 Reserve Ratio (2.4/2.5) .....</td> <td style="text-align: right;">0.000</td> <td style="text-align: right;">0.000</td> </tr> </tbody> </table>		1 Current Year	2 Prior Year	2.1 Premium Numerator .....	66,032		2.2 Premium Denominator .....	35,304,450	31,791,289	2.3 Premium Ratio (2.1/2.2) .....	0.000	0.002	2.4 Reserve Numerator .....	9,733	13,110	2.5 Reserve Denominator .....	93,429,147	76,018,044	2.6 Reserve Ratio (2.4/2.5) .....	0.000	0.000
	1 Current Year	2 Prior Year																					
2.1 Premium Numerator .....	66,032																						
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2.3 Premium Ratio (2.1/2.2) .....	0.000	0.002																					
2.4 Reserve Numerator .....	9,733	13,110																					
2.5 Reserve Denominator .....	93,429,147	76,018,044																					
2.6 Reserve Ratio (2.4/2.5) .....	0.000	0.000																					
3.1	Does this reporting entity have Separate Accounts? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]																					
3.2	If yes, has a Separate Accounts Statement been filed with this Department? .....	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] N/A [ <input checked="" type="checkbox"/> ]																					
3.3	What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account? .....	\$ .....																					
3.4	State the authority under which Separate Accounts are maintained: .....																						
3.5	Was any of the reporting entity's Separate Accounts business reinsured as of December 31? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]																					
3.6	Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]																					
3.7	If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)"? .....																						
4.1	Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)? .....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]																					
4.2	Net reimbursement of such expenses between reporting entities: .....	4.21 Paid ..... \$ ..... 456,221 4.22 Received ..... \$ .....																					
5.1	Does the reporting entity write any guaranteed interest contracts? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]																					
5.2	If yes, what amount pertaining to these lines is included in: .....	5.21 Page 3, Line 1 ..... \$ .....																					
		5.22 Page 4, Line 1 ..... \$ .....																					
6.	FOR STOCK REPORTING ENTITIES ONLY:																						
6.1	Total amount paid in by stockholders as surplus funds since organization of the reporting entity: .....	\$ .....																					
7.	Total dividends paid stockholders since organization of the reporting entity: .....	7.11 Cash ..... \$ .....																					
		7.12 Stock ..... \$ .....																					

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

8.1 Does the company reinsurance any Workers' Compensation Carve-Out business defined as: ..... Yes [ ] No [ X ]

Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance.

8.2 If yes, has the reporting entity completed the Workers' Compensation Carve-Out Supplement to the Annual Statement? ..... Yes [ ] No [ ]

8.3 If 8.1 is yes, the amounts of earned premiums and claims incurred in this statement are:

	1 Reinsurance Assumed	2 Reinsurance Ceded	3 Net Retained
8.31 Earned premium .....			0
8.32 Paid claims .....			0
8.33 Claim liability and reserve (beginning of year) .....			0
8.34 Claim liability and reserve (end of year) .....			0
8.35 Incurred claims .....	0	0	0

8.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 8.31 and 8.34 for Column (1) are:

	Attachment Point	1 Earned Premium	2 Claim Liability and Reserve
8.41 <\$25,000			
8.42 \$25,000 - 99,999			
8.43 \$100,000 - 249,999			
8.44 \$250,000 - 999,999			
8.45 \$1,000,000 or more			

8.5 What portion of earned premium reported in 8.31, Column 1 was assumed from pools? ..... \$ .....

9.1 Does the company have variable annuities with guaranteed benefits? ..... Yes [ ] No [ X ]

9.2 If 9.1 is yes, complete the following table for each type of guaranteed benefit.

Type		3 Waiting Period Remaining	4 Account Value Related to Col. 3	5 Total Related Account Values	6 Gross Amount of Reserve	7 Location of Reserve	8 Portion Reinsured	9 Reinsurance Reserve Credit
1 Guaranteed Death Benefit	2 Guaranteed Living Benefit							

10. For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:

10.1 Amount of loss reserves established by these annuities during the current year: ..... \$ .....

10.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

1		2 Statement Value on Purchase Date of Annuities (i.e., Present Value)
P&C Insurance Company And Location		

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

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

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

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

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

12.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes [  ] No [  ] N/A [  ]  
 12.2 If the answer to 12.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

13. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

13.1 Direct Premium Written ..... \$ .....  
 13.2 Total Incurred Claims ..... \$ .....  
 13.3 Number of Covered Lives .....

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

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

**FIVE-YEAR HISTORICAL DATA**

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

Show amounts of life insurance in this exhibit in thousands (OMIT \$000)

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>Life Insurance in Force</b>					
(Exhibit of Life Insurance)					
1. Ordinary - whole life and endowment (Line 34, Col. 4)	141,354	115,690	92,562	72,021	54,724
2. Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4)	976	992	1,019	1,046	1,066
3. Credit life (Line 21, Col. 6)	0	0	0	0	0
4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4)	0	0	0	0	0
5. Industrial (Line 21, Col. 2)	0	0	0	0	0
6. FEGLI/SGLI (Lines 43 & 44, Col. 4)	0	0	0	0	0
7. Total (Line 21, Col. 10)	142,330	116,682	93,581	73,067	55,790
<b>New Business Issued</b>					
(Exhibit of Life Insurance)					
8. Ordinary - whole life and endowment (Line 34, Col. 2)	41,000	35,127	30,774	25,459	22,533
9. Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2)	0	0	0	0	0
10. Credit life (Line 2, Col. 6)	0	0	0	0	0
11. Group (Line 2, Col. 9)	0	0	0	0	0
12. Industrial (Line 2, Col. 2)	0	0	0	0	0
13. Total (Line 2, Col. 10)	41,000	35,127	30,774	25,459	22,533
<b>Premium Income - Lines of Business</b>					
(Exhibit 1 - Part 1)					
14. Industrial life (Line 20.4, Col. 2)	0	0	0	0	0
15.1 Ordinary-life insurance (Line 20.4, Col. 3)	35,041,247	31,318,275	27,311,779	22,221,217	18,450,037
15.2 Ordinary-individual annuities (Line 20.4, Col. 4)	203,168	406,982	505,690	542,196	374,917
16. Credit life (group and individual) (Line 20.4, Col. 5)	0	0	0	0	0
17.1 Group life insurance (Line 20.4, Col. 6)	0	0	0	0	0
17.2 Group annuities (Line 20.4, Col. 7)	0	0	0	0	0
18.1 A & H-group (Line 20.4, Col. 8)	0	0	0	0	0
18.2 A & H-credit (group and individual) (Line 20.4, Col. 9)	0	0	0	0	0
18.3 A & H-other (Line 20.4, Col. 10)	60,035	66,032	85,911	83,434	112,023
19. Aggregate of all other lines of business (Line 20.4, Col. 11)	0	0	0	0	0
20. Total	35,304,450	31,791,289	27,903,380	22,846,847	18,936,977
<b>Balance Sheet (Pages 2 &amp; 3)</b>					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)	104,200,777	87,355,134	70,825,319	56,001,382	41,806,857
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26)	96,136,519	78,780,158	61,796,174	46,570,468	33,383,888
23. Aggregate life reserves (Page 3, Line 1)	93,374,116	75,908,117	59,258,060	44,282,097	31,699,218
24. Aggregate A & H reserves (Page 3, Line 2)	11,626	11,290	13,064	15,297	16,847
25. Deposit-type contract funds (Page 3, Line 3)	281,174	285,235	283,423	276,097	271,751
26. Asset valuation reserve (Page 3, Line 24.01)	514,768	622,902	646,861	599,863	337,759
27. Capital (Page 3, Lines 29 and 30)	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
28. Surplus (Page 3, Line 37)	7,064,258	7,574,976	8,029,145	8,430,914	7,422,969
<b>Cash Flow (Page 5)</b>					
29. Net Cash from Operations (Line 11)	17,263,392	16,745,388	14,865,759	13,367,320	10,556,947
<b>Risk-Based Capital Analysis</b>					
30. Total adjusted capital	8,579,479	9,198,305	9,676,456	10,031,252	8,761,216
31. Authorized control level risk - based capital	1,591,163	1,245,099	1,073,356	768,335	589,175
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</b>					
(Page 2, Col. 3) (Line No. /Page 2, Line 12, Col. 3) x 100.0					
32. Bonds (Line 1)	87.8	83.5	79.1	74.7	72.3
33. Stocks (Lines 2.1 and 2.2)	9.6	13.3	16.7	19.0	20.4
34. Mortgage loans on real estate(Lines 3.1 and 3.2)	0.0	0.0	0.0	0.0	0.0
35. Real estate (Lines 4.1, 4.2 and 4.3)	0.0	0.0	0.0	0.0	0.0
36. Cash, cash equivalents and short-term investments (Line 5)	2.5	2.2	3.1	5.0	5.7
37. Contract loans (Line 6)	0.1	0.1	0.1	0.1	0.1
38. Derivatives (Page 2, Line 7)	0.0	0.0	0.0	0.0	0.0
39. Other invested assets (Line 8)	0.0	0.8	1.0	1.2	1.4
40. Receivables for securities (Line 9)	0.0	0.0	0.0	0.0	0.0
41. Securities lending reinvested collateral assets (Line 10)	0.0	0.0	0.0	0.0	0.0
42. Aggregate write-ins for invested assets (Line 11)	0.0	0.0	0.0	0.0	0.0
43. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0

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

(Continued)

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
44. Affiliated bonds (Schedule D Summary, Line 12, Col. 1) .....		0		0	0
45. Affiliated preferred stocks (Schedule D Summary, Line 18, Col. 1) .....				0	0
46. Affiliated common stocks (Schedule D Summary Line 24, Col. 1), .....	3,338,104	3,830,064	4,194,492	4,698,699	4,882,781
47. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
48. Affiliated mortgage loans on real estate .....					
49. All other affiliated .....					
50. Total of above Lines 44 to 49 .....	3,338,104	3,830,064	4,194,492	4,698,699	4,882,781
51. Total Investment in Parent included in Lines 44 to 49 above .....					
<b>Total Nonadmitted and Admitted Assets</b>					
52. Total nonadmitted assets (Page 2, Line 28, Col. 2) .....	715,968	509,495	9,368	336,624	841,031
53. Total admitted assets (Page 2, Line 28, Col. 3) .....	104,200,777	87,355,134	70,825,319	56,001,382	41,806,857
<b>Investment Data</b>					
54. Net investment income (Exhibit of Net Investment Income) .....	3,452,142	3,098,985	2,502,592	2,162,292	1,821,601
55. Realized capital gains (losses) (Page 4, Line 34, Column 1) .....	99,569	75,694	32,676	191,052	42,840
56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1) .....	(597,178)	(532,724)	(305,160)	(94,076)	(470,108)
57. Total of above Lines 54, 55 and 56 .....	2,954,533	2,641,955	2,230,108	2,259,268	1,394,333
<b>Benefits and Reserve Increases (Page 6)</b>					
58. Total contract benefits - life (Lines 10, 11, 12, 13, 14 and 15 Col. 1, minus Lines 10, 11, 12, 13, 14 and 15 Cols. 9, 10 and 11) .....	14,413,365	11,646,573	9,703,151	6,988,140	5,486,997
59. Total contract benefits - A & H (Lines 13 & 14, Cols. 9, 10 & 11) .....	31,321	51,332	61,906	61,721	102,774
60. Increase in life reserves - other than group and annuities (Line 19, Cols. 2 and 3) .....	17,528,941	16,449,628	14,550,209	12,096,329	9,839,388
61. Increase in A & H reserves (Line 19, Cols. 9, 10 & 11) .....	336	(1,774)	(2,233)	(1,550)	0
62. Dividends to policyholders (Line 30, Col. 1) .....	943	855	905	838	924
<b>Operating Percentages</b>					
63. Insurance expense percent (Page 6, Col. 1, Lines 21, 22 & 23, less Line 6)/(Page 6, Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.0 .....	18.4	18.4	19.4	20.2	22.3
64. Lapse percent (ordinary only) [(Exhibit of Life Insurance, Col. 4, Lines 14 & 15) / 1/2 (Exhibit of Life Insurance, Col. 4, Lines 1 & 21)] x 100.0 .....	1.2	1.2	1.4	2.3	4.6
65. A & H loss percent (Schedule H, Part 1, Lines 5 and 6, Col. 2) .....	52.7	75.1	69.5	72.1	86.9
66. A & H cost containment percent (Schedule H, Pt. 1, Line 4, Col. 2) .....	0.0	0.0	0.0	0.0	0.0
67. A & H expense percent excluding cost containment expenses (Schedule H, Pt. 1, Line 10, Col. 2) .....	21.2	21.1	20.4	22.3	41.2
<b>A &amp; H Claim Reserve Adequacy</b>					
68. Incurred losses on prior years' claims - group health (Schedule H, Part 3, Line 3.1 Col. 2) .....	0	0	0	0	0
69. Prior years' claim liability and reserve - group health (Schedule H, Part 3, Line 3.2 Col. 2) .....	0	0	0	0	0
70. Incurred losses on prior years' claims-health other than group (Schedule H, Part 3, Line 3.1 Col. 1 less Col. 2) .....	8,550	10,858	14,861	13,338	21,531
71. Prior years' claim liability and reserve-health other than group (Schedule H, Part 3, Line 3.2 Col. 1 less Col. 2) .....	13,110	16,066	17,336	22,304	27,184
<b>Net Gains From Operations After Federal Income Taxes by Lines of Business (Page 6, Line 33)</b>					
72. Industrial life (Col. 2) .....	0	0	0	0	0
73. Ordinary - life (Col. 3) .....	(153,489)	271,254	(291,720)	415,577	489,798
74. Ordinary - individual annuities (Col. 4) .....	9,413	2,508	(3,843)	(7,964)	(6,470)
75. Ordinary-supplementary contracts (Col. 5) .....	0	0	0	0	0
76. Credit life (Col. 6) .....	0	0	0	0	0
77. Group life (Col. 7) .....	0	0	0	0	0
78. Group annuities (Col. 8) .....	0	0	0	0	0
79. A & H-group (Col. 9) .....	0	0	0	0	0
80. A & H-credit (Col. 10) .....	0	0	0	0	0
81. A & H-other (Col. 11) .....	13,306	3,267	8,020	5,053	(28,078)
82. Aggregate of all other lines of business (Col. 12) .....	0	0	0	0	0
83. Total (Col. 1) .....	(130,770)	277,029	(287,543)	412,666	455,250

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 Life Insurance Company

## EXHIBIT OF LIFE INSURANCE

	Industrial		Ordinary		Credit Life (Group and Individual)		Group		10 Total Amount of Insurance (a)	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)	5 Number of Individual Policies and Group Certificates	6 Amount of Insurance (a)	Number of			
							7 Policies	8 Certificates		
1. In force end of prior year .....	.0	0	20,161	116,682	0	0	0	0	116,682	
2. Issued during year .....		0	7,118	41,000		0			41,000	
3. Reinsurance assumed .....									0	
4. Revived during year .....									0	
5. Increased during year (net) .....				2,283					2,283	
6. Subtotals, Lines 2 to 5 .....	.0	0	7,118	43,283	0	0	0	0	43,283	
7. Additions by dividends during year .....	XXX		XXX		XXX		XXX	XXX	0	
8. Aggregate write-ins for increases .....	0	0	0	0	0	0	0	0	0	
9. Totals (Lines 1 and 6 to 8) .....	.0	0	27,279	159,965	0	0	0	0	159,965	
Deductions during year:										
10. Death .....			2,452	14,671			XXX		14,671	
11. Maturity .....							XXX		0	
12. Disability .....							XXX		0	
13. Expiry .....			.215	1,378					1,378	
14. Surrender .....			.27	.125					.125	
15. Lapse .....			188	1,461					1,461	
16. Conversion .....							XXX	XXX	XXX	
17. Decreased (net) .....									0	
18. Reinsurance .....									0	
19. Aggregate write-ins for decreases .....	0	0	0	0	0	0	0	0	0	
20. Totals (Lines 10 to 19) .....	.0	0	2,882	17,635	0	0	0	0	17,635	
21. In force end of year (Line 9 minus Line 20) .....	0	0	24,397	142,330	0	0	0	0	142,330	
22. Reinsurance ceded end of year .....	XXX		XXX	.142	XXX		XXX	XXX	.142	
23. Line 21 minus Line 22 .....	XXX	0	XXX	142,188	XXX	(b)	XXX	XXX	142,188	
<b>DETAILS OF WRITE-INS</b>										
0801. ....										
0802. ....										
0803. ....										
0898. Summary of remaining write-ins for Line 8 from overflow page .....	0	0	0	0	0	0	0	0	0	
0899. TOTALS (Lines 0801 thru 0803 plus 0898) (Line 8 above) .....	0	0	0	0	0	0	0	0	0	
1901. ....										
1902. ....										
1903. ....										
1998. Summary of remaining write-ins for Line 19 from overflow page .....	0	0	0	0	0	0	0	0	0	
1999. TOTALS (Lines 1901 thru 1903 plus 1998) (Line 19 above) .....	0	0	0	0	0	0	0	0	0	

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000)

(b) Group \$ ..... ; Individual \$ .....

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

**EXHIBIT OF LIFE INSURANCE (Continued)**

## ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR

	Industrial		Ordinary	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)
24. Additions by dividends .....	XXX		XXX	
25. Other paid-up insurance .....			646	1,197
26. Debit ordinary insurance .....	XXX	XXX		

## ADDITIONAL INFORMATION ON ORDINARY INSURANCE

Term Insurance Excluding Extended Term Insurance	Issued During Year (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)
27. Term policies - decreasing .....			.7	606
28. Term policies - other .....			.27	330
29. Other term insurance - decreasing .....	XXX		XXX	
30. Other term insurance .....	XXX		XXX	
31. Totals (Lines 27 to 30) .....	0	0	34	936
Reconciliation to Lines 2 and 21:				
32. Term additions .....	XXX		XXX	
33. Totals, extended term insurance .....	XXX	XXX	10	40
34. Totals, whole life and endowment .....	7,118	41,000	24,353	141,354
35. Totals (Lines 31 to 34) .....	7,118	41,000	24,397	142,330

## CLASSIFICATION OF AMOUNT OF INSURANCE (a) BY PARTICIPATING STATUS

	Issued During Year (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Non-Participating	2 Participating	3 Non-Participating	4 Participating
36. Industrial .....				
37. Ordinary .....	41,000	0	141,323	1,007
38. Credit Life (Group and Individual) .....				
39. Group .....				
40. Totals (Lines 36 to 39) .....	41,000	0	141,323	1,007

## ADDITIONAL INFORMATION ON CREDIT LIFE AND GROUP INSURANCE

	Credit Life		Group	
	1 Number of Individual Policies and Group Certificates	2 Amount of Insurance (a)	3 Number of Certificates	4 Amount of Insurance (a)
41. Amount of insurance included in Line 2 ceded to other companies .....	XXX		XXX	
42. Number in force end of year if the number under ceded groups is counted on a pro-rata basis .....		XXX		XXX
43. Federal Employees' Group Life Insurance included in Line 21 .....				
44. Servicemen's Group Life Insurance included in Line 21 .....				
45. Group Permanent Insurance included in Line 21 .....				

## ADDITIONAL ACCIDENTAL DEATH BENEFITS

46. Amount of additional accidental death benefits in force end of year under ordinary policies (a) .....	16
---	----

## BASIS OF CALCULATION OF ORDINARY TERM INSURANCE

47. State basis of calculation of (47.1) decreasing term insurance contained in Family Income, Mortgage Protection, etc., policies and riders and of (47.2) term insurance on wife and children under Family, Parent and Child, etc., policies and riders included above.
47.1 .....
47.2 .....

**NONE**

## POLICIES WITH DISABILITY PROVISIONS

Disability Provisions	Industrial		Ordinary		Credit		Group	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)	5 Number of Policies	6 Amount of Insurance (a)	7 Number of Certificates	8 Amount of Insurance (a)
48. Waiver of Premium .....		.5		.40				
49. Disability Income .....			XXX	XXX				
50. Extended Benefits .....								
51. Other .....								
52. Total .....	0	(b)	0	5	(b)	40	0	(b)
							0	0
							0	0

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000)

(b) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Life Insurance Company  
**EXHIBIT OF NUMBER OF POLICIES, CONTRACTS, CERTIFICATES, INCOME PAYABLE AND ACCOUNT VALUES IN FORCE FOR SUPPLEMENTARY CONTRACTS, ANNUITIES, ACCIDENT & HEALTH AND OTHER POLICIES**

**SUPPLEMENTARY CONTRACTS**

	Ordinary		Group	
	1 Involving Life Contingencies	2 Not Involving Life Contingencies	3 Involving Life Contingencies	4 Not Involving Life Contingencies
1. In force end of prior year .....				
2. Issued during year .....				
3. Reinsurance assumed .....				
4. Increased during year (net) .....				
5. Total (Lines 1 to 4) .....				
Deductions during year:				
6. Decreased (net) .....				
7. Reinsurance ceded .....				
8. Totals (Lines 6 and 7) .....				
9. In force end of year .....				
10. Amount on deposit .....				(a) .....
11. Income now payable .....				(a) .....
12. Amount of income payable .....	(a)	(a)	(a)	(a)

**NONE**

**ANNUITIES**

	Ordinary		Group	
	1 Immediate	2 Deferred	3 Contracts	4 Certificates
1. In force end of prior year .....	0	234	0	0
2. Issued during year .....		23		
3. Reinsurance assumed .....				
4. Increased during year (net) .....				
5. Totals (Lines 1 to 4) .....	0	257	0	0
Deductions during year:				
6. Decreased (net) .....		40		
7. Reinsurance ceded .....				
8. Totals (Lines 6 and 7) .....	0	40	0	0
9. In force end of year .....	0	217	0	0
Income now payable:				
10. Amount of income payable .....	(a)	XXX	XXX	(a)
Deferred fully paid:				
11. Account balance .....	XXX	(a)	1,381,851	XXX
Deferred not fully paid:				
12. Account balance .....	XXX	(a)		XXX

**ACCIDENT AND HEALTH INSURANCE**

	Group		Credit		Other	
	1 Certificates	2 Premiums in Force	3 Policies	4 Premiums in Force	5 Policies	6 Premiums in Force
1. In force end of prior year .....	0		0		29	
2. Issued during year .....						
3. Reinsurance assumed .....						
4. Increased during year (net) .....		XXX		XXX		XXX
5. Totals (Lines 1 to 4) .....	0	XXX	0	XXX	29	XXX
Deductions during year:						
6. Conversions .....		XXX	XXX	XXX	XXX	XXX
7. Decreased (net) .....		XXX		XXX	4	XXX
8. Reinsurance ceded .....		XXX		XXX		XXX
9. Totals (Lines 6 to 8) .....	0	XXX	0	XXX	4	XXX
10. In force end of year .....	0	(a)	0	(a)	25	(a)

**DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS**

			1		2	
			Deposit Funds	Contracts	Dividend Accumulations	Contracts
1. In force end of prior year .....				0		52
2. Issued during year .....						
3. Reinsurance assumed .....						
4. Increased during year (net) .....						
5. Totals (Lines 1 to 4) .....				0		52
Deductions During Year:						
6. Decreased (net) .....						2
7. Reinsurance ceded .....						
8. Totals (Lines 6 and 7) .....				0		2
9. In force end of year .....				0		50
10. Amount of account balance .....				(a)		(a)

(a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Life Insurance Company**  
**SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS**

Allocated by States and Territories

States, Etc.	1	Direct Business Only					
		2	3	4	5	6	7
	Active Status	Life Insurance Premiums	Annuity Considerations	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 through 5	Deposit-Type Contracts
1. Alabama	AL	N				0	
2. Alaska	AK	N				0	
3. Arizona	AZ	N				0	
4. Arkansas	AR	N				0	
5. California	CA	N				0	
6. Colorado	CO	N				0	
7. Connecticut	CT	N				0	
8. Delaware	DE	N				0	
9. District of Columbia	DC	N				0	
10. Florida	FL	N				0	
11. Georgia	GA	L	8,982,727	191,465	0	9,174,192	0
12. Hawaii	HI	N				0	
13. Idaho	ID	N				0	
14. Illinois	IL	N				0	
15. Indiana	IN	L	11,759,112	5,450	0	11,764,562	0
16. Iowa	IA	N				0	
17. Kansas	KS	N				0	
18. Kentucky	KY	L	5,332,453	4,635	0	5,337,088	0
19. Louisiana	LA	N				0	
20. Maine	ME	N				0	
21. Maryland	MD	N				0	
22. Massachusetts	MA	N				0	
23. Michigan	MI	N				0	
24. Minnesota	MN	N				0	
25. Mississippi	MS	L	165	0	0	165	0
26. Missouri	MO	N				0	
27. Montana	MT	N				0	
28. Nebraska	NE	N				0	
29. Nevada	NV	N				0	
30. New Hampshire	NH	N				0	
31. New Jersey	NJ	N				0	
32. New Mexico	NM	N				0	
33. New York	NY	N				0	
34. North Carolina	NC	N				0	
35. North Dakota	ND	N				0	
36. Ohio	OH	L	7,951,162	1,618	58,942	0	8,011,722
37. Oklahoma	OK	N				0	
38. Oregon	OR	N				0	
39. Pennsylvania	PA	N				0	
40. Rhode Island	RI	N				0	
41. South Carolina	SC	N				0	
42. South Dakota	SD	N				0	
43. Tennessee	TN	L	834,545	0	0	834,545	0
44. Texas	TX	N				0	
45. Utah	UT	N				0	
46. Vermont	VT	N				0	
47. Virginia	VA	N				0	
48. Washington	WA	N				0	
49. West Virginia	WV	N				0	
50. Wisconsin	WI	N				0	
51. Wyoming	WY	N				0	
52. American Samoa	AS	N				0	
53. Guam	GU	N				0	
54. Puerto Rico	PR	N				0	
55. U.S. Virgin Islands	VI	N				0	
56. Northern Mariana Islands	MP	N				0	
57. Canada	CAN	N				0	
58. Aggregate Other Alien	OT	XXX	0	0	0	0	0
59. Subtotal		(a)	6	34,860,164	203,168	58,942	35,122,274
90. Reporting entity contributions for employee benefits plans		XXX					0
91. Dividends or refunds applied to purchase paid-up additions and annuities		XXX					0
92. Dividends or refunds applied to shorten endowment or premium paying period		XXX					0
93. Premium or annuity considerations waived under disability or other contract provisions		XXX					0
94. Aggregate or other amounts not allocable by State		XXX	0	0	0	0	0
95. Totals (Direct Business)		XXX	34,860,164	203,168	58,942	0	35,122,274
96. Plus reinsurance assumed		XXX					0
97. Totals (All Business)		XXX	34,860,164	203,168	58,942	0	35,122,274
98. Less reinsurance ceded		XXX	3,605				3,605
99. Totals (All Business) less Reinsurance Ceded		XXX	34,856,559	203,168	(b) 58,942	0	35,118,669
DETAILS OF WRITE-INS							
58001.		XXX					
58002.		XXX					
58003.		XXX					
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0
9401.		XXX					
9402.		XXX					
9403.		XXX					
9498. Summary of remaining write-ins for Line 94 from overflow page		XXX	0	0	0	0	0
9499. Totals (Lines 9401 through 9403 plus 9498)(Line 94 above)		XXX	0	0	0	0	0

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

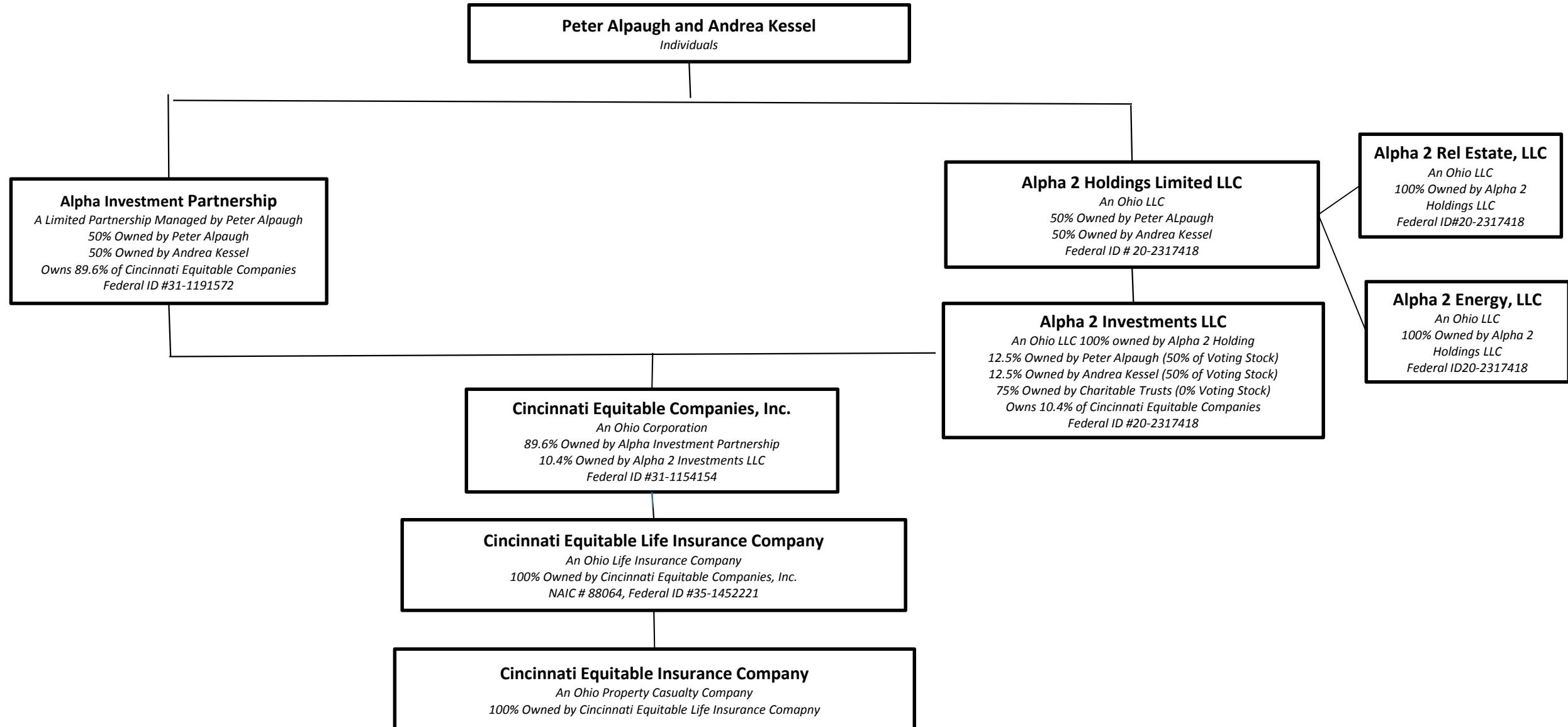
Explanation of basis of allocation by states, etc., of premiums and annuity considerations

Direct Written in Each State

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

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

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



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

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