



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 LIFE INSURANCE COMPANY

| | | | | | | | |
|---------------------------------------|---------------------------|--|------------------------------------|-------|--|--|------------|
| NAIC Group Code | 00244 (Current Period) | 00244 (Prior Period) | NAIC Company Code | 76236 | Employer's ID Number | | 31-1213778 |
| Organized under the Laws of | | Ohio | State of Domicile or Port of Entry | | Ohio | | |
| Country of Domicile | | United States | | | | | |
| Incorporated/Organized | | 07/02/1987 | Commenced Business | | 02/01/1988 | | |
| Statutory Home Office | | 6200 SOUTH GILMORE ROAD (Street and Number) | | | FAIRFIELD, OH, US 45014-5141 (City or Town, State, Country and Zip Code) | | |
| Main Administrative Office | | 6200 SOUTH GILMORE ROAD (Street and Number) | | | FAIRFIELD, OH, US 45014-5141 (City or Town, State, Country and Zip Code) 513-870-2000 (Area Code) (Telephone Number) | | |
| Mail Address | | 6200 SOUTH GILMORE ROAD (Street and Number or P.O. Box) | | | FAIRFIELD, OH, US 45014-5141 (City or Town, State, Country and Zip Code) | | |
| Primary Location of Books and Records | | 6200 SOUTH GILMORE ROAD (Street and Number) | | | FAIRFIELD, OH, US 45014-5141 513-870-2000 (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number) | | |
| Internet Web Site Address | | WWW.CINFIN.COM | | | | | |
| Statutory Statement Contact | | JOSEPH DAVID WURZELBACHER (Name) | | | 513-870-2000-4902 (Area Code) (Telephone Number) (Extension) | | |
| | | JOE_WURZELBACHER@CINFIN.COM (E-Mail Address) | | | 513-603-5500 (FAX Number) | | |

OFFICERS

| Name | Title | Name | Title |
|-----------------------|----------------------------|----------------------|-----------------------------|
| DAVID HUGH POPPLEWELL | PRESIDENT | MICHAEL JAMES SEWELL | CFO & SENIOR VICE PRESIDENT |
| TODD HANCOCK PENDERY | TREASURER & VICE PRESIDENT | ROGER ANDREW BROWN | ACTUARY & VICE PRESIDENT |

OTHER OFFICERS

| | | | |
|----------------------------|--------------------------|---------------------------|-------------------------|
| KENNETH WILLIAM STECHER | CHAIRMAN OF THE BOARD | STEVEN JUSTUS JOHNSTON | CHIEF EXECUTIVE OFFICER |
| JACOB FERDINAND SCHERER JR | EXECUTIVE VICE PRESIDENT | BRAD ERIC BEHRINGER | SENIOR VICE PRESIDENT |
| TERESA CURRIN CRACAS | SENIOR VICE PRESIDENT | MARTIN FRANCIS HOLLENBECK | SENIOR VICE PRESIDENT |
| JOHN SCOTT KELLINGTON | SENIOR VICE PRESIDENT | LISA ANNE LOVE | SENIOR VICE PRESIDENT |
| ERIC NEIL MATHEWS | SENIOR VICE PRESIDENT | GLENN DOUGLAS NICHOLSON | SENIOR VICE PRESIDENT |
| STEPHEN MICHAEL SPRAY | SENIOR VICE PRESIDENT | TIMOTHY LEE TIMMEL | SENIOR VICE PRESIDENT |
| MICHAEL RAY ABRAMS | VICE PRESIDENT | DAVID LEWIS BURBRINK | VICE PRESIDENT |
| WILLIAM JAMES GEIER | VICE PRESIDENT | SCOTT ALAN GILLIAM | VICE PRESIDENT |
| THERESA ANN HOFFER | VICE PRESIDENT | THOMAS CHRISTOPHER HOGAN | VICE PRESIDENT |
| HELEN KYRIOS | VICE PRESIDENT | RICHARD LOUIS MATHEWS | VICE PRESIDENT |
| RICHARD PARKS MATSON | VICE PRESIDENT | DENNIS EUGENE MCDANIEL | VICE PRESIDENT |
| FRANCIS TIMOTHY OBERMEYER | VICE PRESIDENT | MICHAEL KEVIN O'CONNOR | VICE PRESIDENT |
| THOMAS JOSEPH SCHEID | VICE PRESIDENT | GREGORY DALE SCHMIDT | VICE PRESIDENT |
| STEVEN ANTHONY SOLORIA | VICE PRESIDENT | DOUGLAS WAYNE STANG | VICE PRESIDENT |
| BRETT JOSEPH STARR | VICE PRESIDENT | TODD EDWARD TAYLOR # | VICE PRESIDENT |
| MONTGOMERY LEE TROTTIER | VICE PRESIDENT | GERALD LEE VARNEY | VICE PRESIDENT |
| MICHAEL BERNARD WEDIG | VICE PRESIDENT | MARK ALAN WELSH | VICE PRESIDENT |
| BRIAN KEITH WOOD | VICE PRESIDENT | | |

DIRECTORS OR TRUSTEES

| | | | |
|------------------------|-------------------------|----------------------------|---------------------------|
| WILLIAM FORREST BAHL | GREGORY THOMAS BIER | ROGER ANDREW BROWN | MARTIN FRANCIS HOLLENBECK |
| STEVEN JUSTUS JOHNSTON | WILLIAM RODNEY McMULLEN | MARTIN JOSEPH MULLEN | GLENN DOUGLAS NICHOLSON |
| DAVID PUTNAM OSBORN | DAVID HUGH POPPLEWELL | JACOB FERDINAND SCHERER JR | JOHN JEFFERSON SCHIFF JR |
| THOMAS REID SCHIFF | MICHAEL JAMES SEWELL | KENNETH WILLIAM STECHER | TIMOTHY LEE TIMMEL |

State of OHIO ssCounty of BUTLER

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.

| | | |
|---|---|--|
| STEVEN JUSTUS JOHNSTON PRESIDENT & CHIEF EXECUTIVE OFFICER | MICHAEL JAMES SEWELL CFO & SENIOR VICE PRESIDENT | TODD HANCOCK PENDERY TREASURER & VICE PRESIDENT |
|---|---|--|

a. Is this an original filing? Yes [X] No []

b. If no:

1. State the amendment number

2. Date filed

3. Number of pages attached

Subscribed and sworn to before me this
22nd day of February, 2016



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|-----------|---------------|---|------------|-----------------|------------|
| 1. Life insurance | 4,858,386 | | | | 296 | 4,858,682 |
| 2. Annuity considerations | 408,422 | | | | | 408,422 |
| 3. Deposit-type contract funds | 0 | | XXX | | | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 5,266,809 | | 0 | 0 | 296 | 5,267,105 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 3,212,416 | | | | 0 | 3,212,416 |
| 10. Matured endowments | 0 | | | | 0 | 0 |
| 11. Annuity benefits | 694,106 | | | | 0 | 694,106 |
| 12. Surrender values and withdrawals for life contracts | 130,220 | | | | 1,501 | 131,721 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | 4,036,742 | | 0 | 0 | 1,501 | 4,038,243 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301 | | | | | | |
| 1302 | | | | | | |
| 1303 | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|-----------------|---------------|---|-------------|----------------------|-------------|-------------------|-------------|--------------|---------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | | | | | | | | | | |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 16 | 3,212,416 | | | | 0 | 0 | 0 | 16 | 3,212,416 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 16 | 3,212,416 | | | | 0 | 0 | 0 | 16 | 3,212,416 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 16 | 3,212,416 | 0 | 0 | 0 | 0 | 0 | 0 | 16 | 3,212,416 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 16 | 3,212,416 | 0 | 0 | 0 | 0 | 0 | 0 | 16 | 3,212,416 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 6,877 | 1,582,666,884 | 0 | (a) | 0 | 0 | 45 | 64,093 | 6,922 | 1,582,730,976 |
| 21. Issued during year | 556 | 112,955,903 | | | 0 | 0 | 0 | 0 | 556 | 112,955,903 |
| 22. Other changes to in force (Net) | (500) | (77,552,202) | | | 0 | 0 | 0 | 0 | (500) | (77,552,202) |
| 23. In force December 31 of current year | 6,933 | 1,618,070,585 | 0 | (a) | 0 | 0 | 45 | 64,093 | 6,978 | 1,618,134,677 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 72 | 102 | | 0 | 12 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 270 | 276 | | 0 | 6 |
| 25.2 Guaranteed renewable (b) | 96,378 | 99,536 | | 60,144 | 178,734 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 0 |
| 25.4 Other accident only | 16 | 19 | | 0 | 12 |
| 25.5 All other (b) | 606 | 754 | | 132 | 238 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 97,270 | 100,586 | | 60,276 | 178,989 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 97,342 | 100,688 | | 60,276 | 179,001 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 68,269 | | | 0 | 68,269 |
| 2. Annuity considerations | | 0 | | | 0 | 0 |
| 3. Deposit-type contract funds | | 0 | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 68,269 | 0 | 0 | 0 | 68,269 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 99,953 | | | 0 | 99,953 |
| 10. Matured endowments | | 0 | | | 0 | 0 |
| 11. Annuity benefits | | 0 | | | 0 | 0 |
| 12. Surrender values and withdrawals for life contracts | | 0 | | | 0 | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 99,953 | 0 | 0 | 0 | 99,953 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|--------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | .1 | 99,953 | | | | 0 | | 0 | .1 | 99,953 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .1 | 99,953 | | | | 0 | | 0 | .1 | 99,953 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | .1 | 99,953 | 0 | 0 | 0 | 0 | 0 | 0 | .1 | 99,953 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | .1 | 99,953 | 0 | 0 | 0 | 0 | 0 | 0 | .1 | 99,953 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | .63 | 15,443,917 | 0 | (a) | | 0 | 0 | 0 | .63 | 15,443,917 |
| 21. Issued during year | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |
| 22. Other changes to in force (Net) | .6 | 5,814,246 | | | | 0 | 0 | 0 | .6 | 5,814,246 |
| 23. In force December 31 of current year | 69 | 21,258,163 | 0 | (a) | | 0 | 0 | 0 | 69 | 21,258,163 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 0 | 0 | | 0 | 0 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 0 |
| 25.4 Other accident only | 0 | 0 | | 0 | 0 |
| 25.5 All other (b) | 0 | 0 | | 0 | 0 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 0 | 0 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 0 | 0 | 0 | 0 | 0 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|---|---------------|---|------------|-----------------|------------|
| 1. Life insurance | 0 | | | | 0 | 0 |
| 2. Annuity considerations | 0 | | | | 0 | 0 |
| 3. Deposit-type contract funds | 0 | XXX | | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 0 | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 0 | | | 0 | 0 | 0 |
| 10. Matured endowments | 0 | | | 0 | 0 | 0 |
| 11. Annuity benefits | 0 | | | 0 | 0 | 0 |
| 12. Surrender values and withdrawals for life contracts | 0 | | | 0 | 0 | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | 0 | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|--|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Polis. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |
| 21. Issued during year | | | | | | 0 | 0 | 0 | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | | | | | |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 0 | 0 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 0 | 0 | 0 | 0 | 0 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|-----------|---------------|---|------------|-----------------|------------|
| 1. Life insurance | 2,375,552 | | | | 30 | 2,375,582 |
| 2. Annuity considerations | 100,452 | | | | | 100,452 |
| 3. Deposit-type contract funds | 0 | | XXX | | | 0 |
| 4. Other considerations | | | | XXX | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 2,476,004 | | 0 | 0 | 30 | 2,476,034 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 198,042 | | | | 0 | 198,042 |
| 10. Matured endowments | 0 | | | | 0 | 0 |
| 11. Annuity benefits | 298,754 | | | | 1,200 | 299,954 |
| 12. Surrender values and withdrawals for life contracts | 48,155 | | | | | 48,155 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | 544,951 | | 0 | 1,200 | 0 | 546,151 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|-----------------|--------------|---|-------------|----------------------|-------------|-------------------|-------------|--------------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | .6 | 198,042 | | | | 0 | | | 6 | 198,042 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .6 | 198,042 | | | | 0 | | | 6 | 198,042 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | .6 | 198,042 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 198,042 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | .6 | 198,042 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 198,042 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 2,203 | 830,520,183 | 0 | (a) 0 | 0 | 0 | 9 | 6,500 | 2,212 | 830,526,683 |
| 21. Issued during year | .288 | 96,741,125 | | | 0 | 0 | 0 | 0 | .288 | 96,741,125 |
| 22. Other changes to in force (Net) | (55) | (12,848,135) | | | 0 | 0 | 0 | 0 | (55) | (12,848,135) |
| 23. In force December 31 of current year | 2,436 | 914,413,173 | 0 | (a) 0 | 0 | 0 | 9 | 6,500 | 2,445 | 914,419,673 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$. Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$.

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | .96 | .125 | | 0 | 6 |
| 25.2 Guaranteed renewable (b) | 15,871 | 23,627 | | 0 | (1,428) |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 0 |
| 25.4 Other accident only | .6 | .8 | | 0 | 6 |
| 25.5 All other (b) | .831 | 1,140 | | 1,910 | 1,944 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 16,805 | 24,899 | | 1,910 | 528 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 16,805 | 24,899 | | 1,910 | 528 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 2,803,672 | | | .122 | 2,803,794 |
| 2. Annuity considerations | | 62,587 | | | | 62,587 |
| 3. Deposit-type contract funds | | .0 | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 2,866,259 | 0 | 0 | .122 | 2,866,381 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | .0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | .0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | .210,644 | | | 0 | 0 |
| 10. Matured endowments | | .0 | | | 0 | 0 |
| 11. Annuity benefits | | 156,351 | | | 0 | 156,351 |
| 12. Surrender values and withdrawals for life contracts | | .34,174 | | | 0 | .34,174 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | .0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 401,169 | 0 | 0 | 0 | 401,169 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | .0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|-----------------|--------------|---|-------------|----------------------|-------------|-------------------|-------------|--------------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 17. Incurred during current year | .6 | .210,644 | | | | | | | .6 | .210,644 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .6 | .210,644 | | | | | | | .6 | .210,644 |
| 18.2 By payment on compromised claims | | | | | | | | | | 0 |
| 18.3 Totals paid | .6 | .210,644 | 0 | .0 | .0 | .0 | .0 | .0 | .6 | .210,644 |
| 18.4 Reduction by compromise | | | | | | | | | | 0 |
| 18.5 Amount rejected | | | | | | | | | | 0 |
| 18.6 Total settlements | .6 | .210,644 | 0 | .0 | .0 | .0 | .0 | .0 | .6 | .210,644 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| | | | | | | | | | | |
| 20. In force December 31, prior year | 2,544 | 904,490,796 | 0 | (a) | 0 | 20,390,862 | .6 | 6,000 | .2,551 | .924,887,658 |
| 21. Issued during year | .292 | .87,679,919 | | | .0 | 0 | | | .292 | .87,679,919 |
| 22. Other changes to in force (Net) | (111) | (40,572,503) | | | | 98,352 | .0 | | (111) | (40,474,151) |
| 23. In force December 31 of current year | 2,725 | 951,598,212 | 0 | (a) | 0 | 20,489,214 | 6 | 6,000 | 2,732 | 972,093,426 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$.

Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$.

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | .0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | .146 | .158 | | 0 | .18 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | .0 | .0 | | 0 | .6 |
| 25.2 Guaranteed renewable (b) | 6,742 | 6,879 | | 0 | .18 |
| 25.3 Non-renewable for stated reasons only (b) | .0 | .0 | | 0 | 0 |
| 25.4 Other accident only | .0 | .0 | | 0 | 0 |
| 25.5 All other (b) | .37 | .49 | | 0 | .12 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 6,779 | 6,928 | 0 | 0 | .35 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 6,925 | 7,086 | 0 | 0 | .53 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|-----------|---------------|---|------------|-----------------|------------|
| 1. Life insurance | 7,079,511 | | | | .606 | 7,080,117 |
| 2. Annuity considerations | 706,606 | | | | | 706,606 |
| 3. Deposit-type contract funds | 0 | | XXX | | | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 7,786,117 | | 0 | 0 | .606 | 7,786,723 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 2,502,339 | | | | 3,000 | 2,505,339 |
| 10. Matured endowments | 361 | | | | 1,778 | 2,138 |
| 11. Annuity benefits | 1,076,153 | | | | | 1,076,153 |
| 12. Surrender values and withdrawals for life contracts | 347,550 | | | | | 347,550 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | 3,926,402 | | 0 | 0 | 4,778 | 3,931,179 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301 | | | | | | |
| 1302 | | | | | | |
| 1303 | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|-----------------|---------------|---|-------------|----------------------|-------------|-------------------|-------------|--------------|----------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | | | | | | | | | | |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 25 | 2,502,699 | | | | 0 | .3 | .4,778 | .28 | .2,507,477 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 25 | 2,502,699 | | | | 0 | .3 | .4,778 | .28 | .2,507,477 |
| 18.2 By payment on compromised claims | | | | | | | | 0 | | 0 |
| 18.3 Totals paid | 25 | 2,502,699 | 0 | 0 | 0 | 0 | .3 | .4,778 | .28 | .2,507,477 |
| 18.4 Reduction by compromise | | | | | | | | 0 | | 0 |
| 18.5 Amount rejected | | | | | | | | 0 | | 0 |
| 18.6 Total settlements | 25 | 2,502,699 | 0 | 0 | 0 | 0 | .3 | .4,778 | .28 | .2,507,477 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 10,529 | 1,916,732,210 | 0 | (a) | 0 | 0 | 286 | .271,901 | 10,815 | .1,917,004,111 |
| 21. Issued during year | .682 | .220,067,919 | | | 0 | 0 | 0 | 0 | .682 | .220,067,919 |
| 22. Other changes to in force (Net) | (672) | (75,349,954) | | | 0 | 0 | (7) | (8,000) | (679) | (75,349,954) |
| 23. In force December 31 of current year | 10,539 | 2,061,458,175 | 0 | (a) | 0 | 0 | 279 | .263,901 | 10,818 | .2,061,722,076 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$. Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$.

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | .18,859 | .20,389 | | .50,867 | .256,912 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 0 |
| 25.4 Other accident only | .167 | .200 | | 0 | .18 |
| 25.5 All other (b) | .63 | .75 | | 0 | .12 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | .19,089 | .20,664 | | .50,867 | .256,941 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | .19,089 | .20,664 | | .50,867 | .256,941 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--------|---------------|---|------------|-----------------|------------|
| 1. Life insurance | 20,617 | | | | 0 | 20,617 |
| 2. Annuity considerations | 0 | | | | | 0 |
| 3. Deposit-type contract funds | 0 | XXX | | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 20,617 | 0 | | 0 | 0 | 20,617 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 0 | | | | 0 | 0 |
| 10. Matured endowments | 0 | | | | 0 | 0 |
| 11. Annuity benefits | 0 | | | | 0 | 0 |
| 12. Surrender values and withdrawals for life contracts | 0 | | | | 0 | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | 0 | 0 | | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301 | | | | | | |
| 1302 | | | | | | |
| 1303 | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | 0 | | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|--|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Polis. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |
| 21. Issued during year | | | | | | 0 | 0 | 0 | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 0 | 0 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 0 | 0 | 0 | 0 | 0 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|-----------|---------------|---|------------|-----------------|------------|
| 1. Life insurance | 1,826,331 | | | | 0 | 1,826,331 |
| 2. Annuity considerations | 36,443 | | | | | 36,443 |
| 3. Deposit-type contract funds | 0 | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 1,862,774 | | 0 | 0 | 0 | 1,862,774 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 74,956 | | | | 0 | 74,956 |
| 10. Matured endowments | 0 | | | | 0 | 0 |
| 11. Annuity benefits | 98,300 | | | | 0 | 98,300 |
| 12. Surrender values and withdrawals for life contracts | 42,190 | | | | 0 | 42,190 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | 215,447 | | 0 | 0 | 0 | 215,447 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301 | | | | | | |
| 1302 | | | | | | |
| 1303 | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|-----------------|-------------|---|-------------|------------------------|-------------|-------------------|-------------|--------------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 4 | 74,956 | | | | 0 | 0 | 0 | 4 | 74,956 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 4 | 74,956 | | | | 0 | 0 | 0 | 4 | 74,956 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 4 | 74,956 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 74,956 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 4 | 74,956 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 74,956 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 1,654 | 558,184,025 | 0 | (a) | 0 | 0 | 0 | 8,000 | 1,659 | 558,192,025 |
| 21. Issued during year | 288 | 89,129,351 | | | 0 | 0 | 0 | 0 | 288 | 89,129,351 |
| 22. Other changes to in force (Net) | (100) | 96,817 | | | 0 | 0 | 0 | 0 | (100) | 96,817 |
| 23. In force December 31 of current year | 1,842 | 647,410,193 | 0 | (a) | 0 | 0 | 5 | 8,000 | 1,847 | 647,418,193 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 13,337 | 13,415 | | 0 | 1,124 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 0 |
| 25.4 Other accident only | 0 | 0 | | 0 | 0 |
| 25.5 All other (b) | 0 | 0 | | 0 | 0 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 13,337 | 13,415 | | 0 | 1,124 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 13,337 | 13,415 | | 0 | 1,124 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 526,575 | | | 0 | 526,575 |
| 2. Annuity considerations | | 0 | | | 0 | 0 |
| 3. Deposit-type contract funds | | 0 | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 526,575 | 0 | 0 | 0 | 526,575 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 62,860 | | | 0 | 62,860 |
| 10. Matured endowments | | 0 | | | 0 | 0 |
| 11. Annuity benefits | | 0 | | | 0 | 0 |
| 12. Surrender values and withdrawals for life contracts | | 140,336 | | | 0 | 140,336 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 203,196 | 0 | 0 | 0 | 203,196 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------------|--------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | | | | | | | | | | |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | .2 | 62,860 | | | | 0 | 0 | 0 | 2 | 62,860 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .2 | 62,860 | | | | 0 | 0 | 0 | 2 | 62,860 |
| 18.2 By payment on compromised claims | | | | | | | | 0 | | 0 |
| 18.3 Totals paid | .2 | 62,860 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 62,860 |
| 18.4 Reduction by compromise | | | | | | | | 0 | | 0 |
| 18.5 Amount rejected | | | | | | | | 0 | | 0 |
| 18.6 Total settlements | .2 | 62,860 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 62,860 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 678 | 163,703,220 | 0 | (a) | 0 | 0 | 2 | 1,593 | 680 | 163,704,812 |
| 21. Issued during year | 68 | 39,183,002 | | | 0 | 0 | 0 | 0 | .68 | 39,183,002 |
| 22. Other changes to in force (Net) | (36) | (13,628,976) | | | 0 | 0 | 0 | 0 | (36) | (13,628,976) |
| 23. In force December 31 of current year | 710 | 189,257,246 | 0 | (a) | 0 | 0 | 2 | 1,593 | 712 | 189,258,838 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$. Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$.

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | 6 |
| 25.2 Guaranteed renewable (b) | 1,365 | 1,381 | | 0 | 0 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 0 |
| 25.4 Other accident only | 270 | 277 | | 0 | 6 |
| 25.5 All other (b) | 57 | 103 | | 0 | 6 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 1,692 | 1,761 | 0 | 0 | 18 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 1,692 | 1,761 | 0 | 0 | 18 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 398,028 | | | 0 | 398,028 |
| 2. Annuity considerations | | .43,878 | | | | .43,878 |
| 3. Deposit-type contract funds | | .0 | | XXX | | 0 |
| 4. Other considerations | | | | | XXX | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 441,905 | 0 | 0 | 0 | 441,905 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 100,000 | | | 0 | 100,000 |
| 10. Matured endowments | | .0 | | | 0 | 0 |
| 11. Annuity benefits | | 34,369 | | | 0 | 34,369 |
| 12. Surrender values and withdrawals for life contracts | | .189 | | | 0 | .189 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | .0 | .0 | .0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 | 0 |
| 15. Totals | | 134,558 | 0 | 0 | 0 | 134,558 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|--------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | .0 | .0 | .0 | .0 | 0 | .0 | .0 | .0 | .0 | .0 |
| 17. Incurred during current year | .1 | 100,000 | | | | 0 | | .0 | .1 | 100,000 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .1 | 100,000 | | | | 0 | | .0 | .1 | 100,000 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | .0 |
| 18.3 Totals paid | .1 | 100,000 | 0 | .0 | 0 | .0 | .0 | .0 | .1 | 100,000 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | .0 |
| 18.5 Amount rejected | | | | | | | | | 0 | .0 |
| 18.6 Total settlements | .1 | 100,000 | 0 | .0 | 0 | .0 | .0 | .0 | .1 | 100,000 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | .434 | 122,406,029 | 0 | (a) 0 | 0 | .0 | .5 | 3,685 | .439 | .122,409,714 |
| 21. Issued during year | .52 | 24,264,469 | | | 0 | .0 | .0 | .0 | .52 | 24,264,469 |
| 22. Other changes to in force (Net) | (12) | (3,384,854) | | | 0 | .0 | .0 | .0 | (12) | (3,384,854) |
| 23. In force December 31 of current year | 474 | 143,285,644 | 0 | (a) 0 | 0 | 0 | 5 | 3,685 | 479 | 143,289,329 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$. Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$.

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | .0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | .0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | .0 | .0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 4,665 | 4,688 | | .58,990 | (40,678) |
| 25.3 Non-renewable for stated reasons only (b) | .0 | .0 | | 0 | 0 |
| 25.4 Other accident only | .0 | 0 | | 0 | 0 |
| 25.5 All other (b) | .0 | 0 | | 0 | 0 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 4,665 | 4,688 | 0 | .58,990 | (40,678) |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 4,665 | 4,688 | 0 | .58,990 | (40,678) |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 125,224 | | | 2,126 | 127,350 |
| 2. Annuity considerations | | 0 | | | | 0 |
| 3. Deposit-type contract funds | | 0 | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 125,224 | 0 | 0 | 2,126 | 127,350 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 4,382 | | | 0 | 4,000 |
| 10. Matured endowments | | 0 | | | | 0 |
| 11. Annuity benefits | | 0 | | | 0 | 0 |
| 12. Surrender values and withdrawals for life contracts | | 2,579 | | | 2,215 | 4,795 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | 0 | | | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 6,962 | 0 | 0 | 6,215 | 13,177 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|--------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | .4 | 4,382 | | | | 0 | .2 | 4,000 | .6 | 8,382 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .4 | 4,382 | | | | 0 | .2 | 4,000 | .6 | 8,382 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | .4 | 4,382 | 0 | 0 | 0 | 0 | .2 | 4,000 | .6 | 8,382 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | .4 | 4,382 | 0 | 0 | 0 | 0 | .2 | 4,000 | .6 | 8,382 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 163 | 39,988,602 | 0 | (a) | 0 | 0 | 303 | 348,560 | .466 | 40,337,162 |
| 21. Issued during year | .4 | 9,500,000 | | | 0 | 0 | 0 | 0 | 4 | 9,500,000 |
| 22. Other changes to in force (Net) | (6) | 9,848,408 | | | 0 | 0 | (3) | (12,000) | (9) | 9,836,408 |
| 23. In force December 31 of current year | 161 | 59,337,010 | 0 | (a) | 0 | 0 | 300 | 336,560 | 461 | 59,673,570 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$

Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | .0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | .0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | .0 | .0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 3,810 | 3,852 | | 0 | 439 |
| 25.3 Non-renewable for stated reasons only (b) | .0 | .0 | | 0 | 0 |
| 25.4 Other accident only | .0 | 0 | | 0 | 0 |
| 25.5 All other (b) | .67 | .111 | | 0 | .6 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 3,876 | 3,963 | 0 | 0 | 444 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 3,876 | 3,963 | 0 | 0 | 444 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 7,112,067 | | | 190 | 7,112,257 |
| 2. Annuity considerations | | 1,027,524 | | | | 1,027,524 |
| 3. Deposit-type contract funds | | 0 | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 8,139,591 | 0 | 0 | 190 | 8,139,781 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 6,359,703 | | 20,990 | 4,000 | 6,384,693 |
| 10. Matured endowments | | 3 | | | 0 | 3 |
| 11. Annuity benefits | | 1,806,718 | | 0 | | 1,806,718 |
| 12. Surrender values and withdrawals for life contracts | | 690,720 | | | 491 | 691,211 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 8,857,144 | 0 | 20,990 | 4,491 | 8,882,625 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|---------------|--------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|---------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | | | | | | | | | | |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 35 | 6,359,706 | | | | 20,990 | 2 | 4,000 | 37 | 6,384,696 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 35 | 6,359,706 | | | | 20,990 | 2 | 4,000 | 37 | 6,384,696 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 35 | 6,359,706 | 0 | 0 | 0 | 20,990 | 2 | 4,000 | 37 | 6,384,696 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 35 | 6,359,706 | 0 | 0 | 0 | 20,990 | 2 | 4,000 | 37 | 6,384,696 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 9,096 | 2,028,621,088 | 0 | (a) | 0 | 0 | 25 | 30,435 | 9,121 | 2,028,651,523 |
| 21. Issued during year | .569 | 125,832,758 | | | 0 | 0 | 0 | 0 | .569 | 125,832,758 |
| 22. Other changes to in force (Net) | (524) | (55,204,883) | | | 0 | 0 | 2 | 2,000 | (522) | (55,202,883) |
| 23. In force December 31 of current year | 9,141 | 2,099,248,963 | 0 | (a) | 0 | 0 | 27 | 32,435 | 9,168 | 2,099,281,398 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$. Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$.

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 730 | 940 | | 0 | 70 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | .47 |
| 25.2 Guaranteed renewable (b) | 166,698 | 167,363 | | 63,221 | 35,985 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 6 |
| 25.4 Other accident only | 10 | 17 | | 0 | 6 |
| 25.5 All other (b) | 804 | 1,444 | | 560 | 584 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 167,512 | 168,824 | 0 | 63,781 | 36,627 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 168,242 | 169,765 | 0 | 63,781 | 36,697 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|------------|---------------|---|------------|-----------------|------------|
| 1. Life insurance | 13,746,438 | | | | .570 | 13,747,008 |
| 2. Annuity considerations | 38,125 | | | | | 38,125 |
| 3. Deposit-type contract funds | 0 | | XXX | | | 0 |
| 4. Other considerations | | | | XXX | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 13,784,563 | | 0 | 0 | .570 | 13,785,133 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 6,535,296 | | | | 0 | 4,000 |
| 10. Matured endowments | 0 | | | | | .547 |
| 11. Annuity benefits | 765,460 | | | | | 765,460 |
| 12. Surrender values and withdrawals for life contracts | 924,673 | | | | | 924,673 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | 8,225,429 | | 0 | 0 | 4,547 | 8,229,976 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301 | | | | | | |
| 1302 | | | | | | |
| 1303 | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|-----------------|---------------|---|-------------|----------------------|-------------|-------------------|-------------|--------------|----------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | | | | | | | | | | |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 69 | 6,535,296 | | | | 0 | .5 | .547 | .74 | .6,539,842 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 69 | 6,535,296 | | | | 0 | .5 | .547 | .74 | .6,539,842 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 69 | 6,535,296 | 0 | 0 | 0 | 0 | .5 | .547 | .74 | .6,539,842 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 69 | 6,535,296 | 0 | 0 | 0 | 0 | .5 | .547 | .74 | .6,539,842 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 21,903 | 4,022,564,951 | 0 | (a) | 0 | 0 | .94 | .85,093 | 21,997 | .4,022,650,043 |
| 21. Issued during year | 1,910 | 349,358,033 | | | 0 | 0 | 0 | 0 | 1,910 | .349,358,033 |
| 22. Other changes to in force (Net) | (1,931) | (256,606,463) | | | 0 | 0 | .1 | (1,000) | (1,930) | (256,607,463) |
| 23. In force December 31 of current year | 21,882 | 4,115,316,521 | 0 | (a) | 0 | 0 | .95 | 84,093 | 21,977 | 4,115,400,613 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$. Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$.

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 8,536 | 8,590 | | | .7,521 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 45 | 56 | | | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | 6 |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | | 0 |
| 25.2 Guaranteed renewable (b) | 373,131 | 376,640 | | 218,104 | .72,220 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 6 |
| 25.4 Other accident only | 760 | .796 | | 0 | .18 |
| 25.5 All other (b) | 843 | .980 | | .100 | .142 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 374,734 | 378,416 | | 218,204 | .72,403 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 383,315 | 387,063 | | 225,725 | .79,929 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | .0 | | | .0 | .0 |
| 2. Annuity considerations | | .0 | | | | .0 |
| 3. Deposit-type contract funds | | .0 | XXX | | XXX | .0 |
| 4. Other considerations | | | | | | .0 |
| 5. Totals (Sum of Lines 1 to 4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | .0 |
| 6.2 Applied to pay renewal premiums | | | | | | .0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | .0 |
| 6.4 Other | | | | | | .0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | .0 | 0 | 0 | .0 | .0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | .0 |
| 7.2 Applied to provide paid-up annuities | | | | | | .0 |
| 7.3 Other | | | | | | .0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | .0 | 0 | 0 | .0 | .0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | .0 | | | .0 | .0 |
| 10. Matured endowments | | .0 | | | .0 | .0 |
| 11. Annuity benefits | | .0 | | | .0 | .0 |
| 12. Surrender values and withdrawals for life contracts | | .0 | | | .0 | .0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | .0 | 0 | 0 | .0 | .0 |
| 14. All other benefits, except accident and health | | | | | | .0 |
| 15. Totals | | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | .0 | 0 | 0 | .0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|---|-------------|-------------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Polis. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | ..0 | ..0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | | | | | | | | | | 0 |
| Settled during current year: | | | | | | | | | | 0 |
| 18.1 By payment in full | | | | | | | | | | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | | 0 |
| 18.3 Totals paid | ..0 | ..0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | | 0 |
| 18.5 Amount rejected | | | | | | | | | | 0 |
| 18.6 Total settlements | ..0 | ..0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | ..0 | ..0 | 0 | (a) | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. Issued during year | | | | | | | | | | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | | 0 |
| 23. In force December 31 of current year | 0 | 0 | 0 | (a) | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guarantee renewable (b)..... | | | | | |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5)..... | .0 | .0 | .0 | .0 | .0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 0 | 0 | 0 | 0 | 0 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 43,517 | | | 0 | 43,517 |
| 2. Annuity considerations | | 0 | | | 0 | 0 |
| 3. Deposit-type contract funds | | 0 | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 43,517 | 0 | 0 | 0 | 43,517 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 0 | | 0 | 0 | 0 |
| 10. Matured endowments | | 0 | | 0 | 0 | 0 |
| 11. Annuity benefits | | 0 | | 0 | 0 | 0 |
| 12. Surrender values and withdrawals for life contracts | | 406 | | | 0 | 406 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 406 | 0 | 0 | 0 | 406 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|--------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | | 0 | | | | 0 | | 0 | 0 | 0 |
| Settled during current year: | | | | | | 0 | | 0 | 0 | 0 |
| 18.1 By payment in full | | 0 | | | | 0 | | 0 | 0 | 0 |
| 18.2 By payment on compromised claims | | 0 | | | | 0 | | 0 | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 71 | 17,879,454 | 0 | (a) | | 0 | 0 | 0 | 71 | 17,879,454 |
| 21. Issued during year | 1 | 1,000,000 | 0 | 0 | | 0 | 0 | 0 | 1 | 1,000,000 |
| 22. Other changes to in force (Net) | (4) | (1,995,200) | 0 | 0 | | 0 | 0 | 0 | (4) | (1,995,200) |
| 23. In force December 31 of current year | 68 | 16,884,254 | 0 | (a) | | 0 | 0 | 0 | 68 | 16,884,254 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 0 | 0 | | 0 | 0 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 0 |
| 25.4 Other accident only | 0 | 0 | | 0 | 0 |
| 25.5 All other (b) | 0 | 0 | | 0 | 0 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 0 | 0 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 0 | 0 | 0 | 0 | 0 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 852,306 | | | 0 | 852,306 |
| 2. Annuity considerations | | .656,924 | | | | .656,924 |
| 3. Deposit-type contract funds | | .0 | XXX | | XXX | .0 |
| 4. Other considerations | | | | | | .0 |
| 5. Totals (Sum of Lines 1 to 4) | | 1,509,231 | 0 | 0 | 0 | 1,509,231 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 51,421 | | | 0 | 51,421 |
| 10. Matured endowments | | .0 | | | 0 | 0 |
| 11. Annuity benefits | | 22,595 | | | 0 | 22,595 |
| 12. Surrender values and withdrawals for life contracts | | 35,446 | | | 0 | 35,446 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | .0 | .0 | .0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 109,463 | 0 | 0 | 0 | 109,463 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|--------------|--|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Polis. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 17. Incurred during current year | .1 | 51,421 | | | | 0 | | .0 | .1 | 51,421 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .1 | 51,421 | | | | 0 | | .0 | .1 | 51,421 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | .0 |
| 18.3 Totals paid | .1 | 51,421 | 0 | .0 | .0 | 0 | .0 | .0 | .1 | 51,421 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | .0 |
| 18.5 Amount rejected | | | | | | | | | 0 | .0 |
| 18.6 Total settlements | .1 | 51,421 | 0 | .0 | .0 | 0 | .0 | .0 | .1 | 51,421 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 945 | 314,011,315 | 0 | (a) | 0 | .0 | .0 | 1,000 | .946 | 314,012,315 |
| 21. Issued during year | 132 | 91,191,024 | | | 0 | .0 | .1 | .0 | .132 | 91,191,024 |
| 22. Other changes to in force (Net) | (37) | (21,478,000) | | | 0 | .0 | .0 | .0 | (37) | (21,478,000) |
| 23. In force December 31 of current year | 1,040 | 383,725,339 | 0 | (a) | 0 | 0 | 1 | 1,000 | 1,041 | 383,725,339 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | .0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | .0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | .0 | .0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 2,514 | 2,543 | | 0 | 0 |
| 25.3 Non-renewable for stated reasons only (b) | .0 | .0 | | 0 | 0 |
| 25.4 Other accident only | .0 | .0 | | 0 | 0 |
| 25.5 All other (b) | .0 | .0 | | 0 | 0 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 2,514 | 2,543 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 2,514 | 2,543 | 0 | 0 | 0 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 16,625,526 | | | .328 | 16,625,854 |
| 2. Annuity considerations | | 2,721,863 | | | | 2,721,863 |
| 3. Deposit-type contract funds | | 104,000 | XXX | | XXX | 104,000 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 19,451,389 | 0 | 0 | .328 | 19,451,717 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 14,946,003 | | | 0 | 1,500 |
| 10. Matured endowments | | 0 | | | | 0 |
| 11. Annuity benefits | | 6,476,328 | | | 0 | 6,476,328 |
| 12. Surrender values and withdrawals for life contracts | | 1,112,646 | | | .518 | 1,113,164 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 22,534,978 | 0 | 0 | 2,018 | 22,536,996 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|-----------------|---------------|---|-------------|----------------------|-------------|-------------------|-------------|--------------|---------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 98 | 14,946,003 | | | 0 | 0 | 2 | 1,500 | 100 | 14,947,503 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 98 | 14,946,003 | | | 0 | 0 | 2 | 1,500 | 100 | 14,947,503 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 98 | 14,946,003 | 0 | 0 | 0 | 0 | 2 | 1,500 | 100 | 14,947,503 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 98 | 14,946,003 | 0 | 0 | 0 | 0 | 2 | 1,500 | 100 | 14,947,503 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 27,422 | 5,587,560,378 | 0 | (a) | 0 | 20,000 | 19 | 18,593 | 27,442 | 5,587,598,970 |
| 21. Issued during year | 1,785 | 407,291,645 | | | 0 | 0 | 0 | 0 | 1,785 | 407,291,645 |
| 22. Other changes to in force (Net) | (1,882) | (277,609,401) | | | 0 | 0 | (2) | (1,500) | (1,884) | (277,610,901) |
| 23. In force December 31 of current year | 27,325 | 5,717,242,622 | 0 | (a) | 0 | 20,000 | 17 | 17,093 | 27,343 | 5,717,279,715 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$. Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$.

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 3,310 | 3,818 | | 0 | 50,000 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 1,463 | 2,359 | | 620 | .778 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | .0 | .0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 467,885 | 485,026 | | 50,483 | (43,404) |
| 25.3 Non-renewable for stated reasons only (b) | .0 | .0 | | 0 | 0 |
| 25.4 Other accident only | 12 | 20 | | 200 | .218 |
| 25.5 All other (b) | 604 | 925 | | 55 | .79 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 468,501 | 485,971 | | 50,738 | (43,107) |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 473,273 | 492,147 | | 51,358 | 7,671 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|------------|---------------|---|------------|-----------------|------------|
| 1. Life insurance | 16,746,094 | | | | 2,760 | 16,748,854 |
| 2. Annuity considerations | 1,862,823 | | | | | 1,862,823 |
| 3. Deposit-type contract funds | 0 | | XXX | | | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 18,608,917 | | 0 | 0 | 2,760 | 18,611,677 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | 8,574,448 | | | .50,000 | 2,000 |
| 9. Death benefits | | | | | | 8,626,448 |
| 10. Matured endowments | 0 | | | | | 0 |
| 11. Annuity benefits | 2,830,344 | | | | .5,465 | 2,835,809 |
| 12. Surrender values and withdrawals for life contracts | 1,485,084 | | | | | .835 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | | 0 | | | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | 12,889,877 | | 0 | 55,465 | 2,835 | 12,948,177 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301 | | | | | | |
| 1302 | | | | | | |
| 1303 | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|---------------|--------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|---------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | | | | | | | | | | |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 83 | 8,574,448 | | | | 50,000 | 2 | 2,000 | .85 | 8,626,448 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 83 | 8,574,448 | | | | 50,000 | 2 | 2,000 | .85 | 8,626,448 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 83 | 8,574,448 | 0 | 0 | 0 | 50,000 | 2 | 2,000 | .85 | 8,626,448 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 83 | 8,574,448 | 0 | 0 | 0 | 50,000 | 2 | 2,000 | .85 | 8,626,448 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 30,766 | 5,213,358,651 | 0 | (a) | 0 | 40,000 | 241 | 306,207 | 31,007 | 5,213,704,858 |
| 21. Issued during year | 2,598 | 379,617,753 | | | 0 | 0 | 0 | 0 | 2,598 | 379,617,753 |
| 22. Other changes to in force (Net) | (2,698) | (308,618,524) | | | 0 | 0 | (6) | (6,000) | (2,704) | (308,624,524) |
| 23. In force December 31 of current year | 30,666 | 5,284,357,880 | 0 | (a) | 0 | 40,000 | 235 | 300,207 | 30,901 | 5,284,698,087 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 1,824 | 1,824 | | | 2,156 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 0 | 0 | | | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | | 0 |
| 25.2 Guaranteed renewable (b) | 296,227 | 304,283 | | .81,352 | 119,032 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 0 |
| 25.4 Other accident only | 111 | .151 | | 0 | .12 |
| 25.5 All other (b) | 274 | .330 | | 0 | .35 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 296,613 | 304,764 | | .81,352 | 119,079 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 298,437 | 306,588 | | 83,508 | 121,235 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 10,298,673 | | | 8 | 10,298,681 |
| 2. Annuity considerations | | 5,306,871 | | | | 5,306,871 |
| 3. Deposit-type contract funds | | 0 | | | | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 15,605,544 | 0 | 0 | 8 | 15,605,552 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 5,804,742 | | | 0 | 5,804,742 |
| 10. Matured endowments | | 0 | | | 0 | 0 |
| 11. Annuity benefits | | 12,422,175 | | | 0 | 12,422,175 |
| 12. Surrender values and withdrawals for life contracts | | 594,545 | | | 0 | 594,545 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 18,821,462 | 0 | 0 | 0 | 18,821,462 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|-----------------|---------------|---|-------------|----------------------|-------------|-------------------|-------------|--------------|---------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 31 | 5,804,742 | | | | 0 | 0 | 0 | 31 | 5,804,742 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 31 | 5,804,742 | | | | 0 | 0 | 0 | 31 | 5,804,742 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 31 | 5,804,742 | 0 | 0 | 0 | 0 | 0 | 0 | 31 | 5,804,742 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 31 | 5,804,742 | 0 | 0 | 0 | 0 | 0 | 0 | 31 | 5,804,742 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 14,169 | 3,520,279,279 | 0 | (a) 0 | 0 | 10,000 | .4 | 3,500 | 14,173 | 3,520,292,779 |
| 21. Issued during year | 1,092 | 305,797,170 | | | 0 | 0 | 0 | 0 | 1,092 | 305,797,170 |
| 22. Other changes to in force (Net) | (745) | (173,541,684) | | | 0 | 0 | .1 | .500 | (744) | (173,541,184) |
| 23. In force December 31 of current year | 14,516 | 3,652,534,764 | 0 | (a) 0 | 0 | 10,000 | 5 | 4,000 | 14,521 | 3,652,548,764 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 122,068 | 125,243 | | .91,003 | 48,088 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 0 |
| 25.4 Other accident only | .11,640 | .14,494 | | .5,412 | .5,788 |
| 25.5 All other (b) | 0 | 0 | | 0 | 0 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 133,708 | 139,737 | 0 | .96,415 | .53,876 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 133,708 | 139,737 | 0 | .96,415 | .53,876 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|-----------|---------------|---|------------|-----------------|------------|
| 1. Life insurance | 3,765,118 | | | | 0 | 3,765,118 |
| 2. Annuity considerations | 225,397 | | | | | 225,397 |
| 3. Deposit-type contract funds | 0 | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 3,990,514 | | 0 | 0 | 0 | 3,990,514 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 1,184,123 | | | | 0 | 1,184,123 |
| 10. Matured endowments | 0 | | | | 0 | 0 |
| 11. Annuity benefits | 651,269 | | | | 0 | 651,269 |
| 12. Surrender values and withdrawals for life contracts | 156,090 | | | | .175 | 156,264 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | 1,991,481 | | 0 | 0 | 175 | 1,991,655 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301 | | | | | | |
| 1302 | | | | | | |
| 1303 | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|-----------------|---------------|---|-------------|------------------------|-------------|-------------------|-------------|--------------|---------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 13 | 1,184,123 | | | | 0 | 0 | 0 | 13 | 1,184,123 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 13 | 1,184,123 | | | | 0 | 0 | 0 | 13 | 1,184,123 |
| 18.2 By payment on compromised claims | | | | | | | | 0 | | 0 |
| 18.3 Totals paid | 13 | 1,184,123 | 0 | 0 | 0 | 0 | 0 | 0 | 13 | 1,184,123 |
| 18.4 Reduction by compromise | | | | | | | | 0 | | 0 |
| 18.5 Amount rejected | | | | | | | | 0 | | 0 |
| 18.6 Total settlements | 13 | 1,184,123 | 0 | 0 | 0 | 0 | 0 | 0 | 13 | 1,184,123 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 4,129 | 1,399,121,705 | 0 | (a) | 0 | 0 | 0 | 0 | 4,129 | 1,399,121,705 |
| 21. Issued during year | 338 | 115,185,837 | | | 0 | 0 | 0 | 0 | 338 | 115,185,837 |
| 22. Other changes to in force (Net) | (228) | (53,724,919) | | | 0 | 0 | 0 | 0 | (228) | (53,724,919) |
| 23. In force December 31 of current year | 4,239 | 1,460,582,623 | 0 | (a) | 0 | 0 | 0 | 0 | 4,239 | 1,460,582,623 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 27,888 | 28,500 | | 0 | 1,241 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 0 |
| 25.4 Other accident only | 0 | 0 | | 0 | 0 |
| 25.5 All other (b) | 0 | 0 | | 0 | 0 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 27,888 | 28,500 | 0 | 0 | 1,241 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 27,888 | 28,500 | 0 | 0 | 1,241 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|-----------|---------------|---|------------|-----------------|------------|
| 1. Life insurance | 9,143,852 | | | | 1,307 | 9,145,159 |
| 2. Annuity considerations | 154,610 | | | | | 154,610 |
| 3. Deposit-type contract funds | 0 | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 9,298,462 | | 0 | 0 | 1,307 | 9,299,770 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 4,409,047 | | | | 2,000 | 4,411,047 |
| 10. Matured endowments | 4,000 | | | | 0 | 4,000 |
| 11. Annuity benefits | 331,841 | | | | 0 | 331,841 |
| 12. Surrender values and withdrawals for life contracts | 726,782 | | | | 2,183 | 728,966 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | 5,471,670 | | 0 | 0 | 4,183 | 5,475,854 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|-----------------|---------------|---|-------------|----------------------|-------------|-------------------|-------------|--------------|---------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | | | | | | | | | | |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 77 | 4,413,047 | | | | 0 | .1 | 2,000 | .78 | 4,415,047 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 77 | 4,413,047 | | | | 0 | .1 | 2,000 | .78 | 4,415,047 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 77 | 4,413,047 | 0 | 0 | 0 | 0 | .1 | 2,000 | .78 | 4,415,047 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 77 | 4,413,047 | 0 | 0 | 0 | 0 | .1 | 2,000 | .78 | 4,415,047 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 14,996 | 2,958,171,935 | 0 | (a) | 0 | 0 | 261 | 310,279 | 15,257 | 2,958,482,214 |
| 21. Issued during year | 1,675 | 277,003,427 | | | 0 | 0 | 0 | 0 | 1,675 | 277,003,427 |
| 22. Other changes to in force (Net) | (1,230) | (173,179,035) | | | 0 | 0 | (7) | (12,250) | (1,237) | (173,191,285) |
| 23. In force December 31 of current year | 15,441 | 3,061,996,328 | 0 | (a) | 0 | 0 | 254 | 298,029 | 15,695 | 3,062,294,356 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$. Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$.

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | .598 | .829 | | .847 | .905 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | .0 | .0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | .249,495 | .247,857 | | .249,108 | .250,189 |
| 25.3 Non-renewable for stated reasons only (b) | .0 | .0 | | .3,450 | .5,258 |
| 25.4 Other accident only | .468 | .746 | | 0 | .35 |
| 25.5 All other (b) | 1,908 | 2,593 | | 0 | .450 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | .251,872 | .251,196 | | .252,558 | .255,932 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 252,469 | 252,025 | | 253,405 | 256,837 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|---------|---------------|---|------------|-----------------|------------|
| 1. Life insurance | 685,410 | | | | 0 | 685,410 |
| 2. Annuity considerations | 0 | | | | | 0 |
| 3. Deposit-type contract funds | 0 | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 685,410 | | 0 | 0 | 0 | 685,410 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 180,911 | | | | 0 | 180,911 |
| 10. Matured endowments | 0 | | | | 0 | 0 |
| 11. Annuity benefits | 0 | | | | 0 | 0 |
| 12. Surrender values and withdrawals for life contracts | 9,182 | | | | 0 | 9,182 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | 190,094 | | 0 | 0 | 0 | 190,094 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301 | | | | | | |
| 1302 | | | | | | |
| 1303 | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|-----------------|-------------|---|-------------|----------------------|-------------|-------------------|-------------|--------------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 4 | 180,911 | | | | 0 | | 0 | 4 | 180,911 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 4 | 180,911 | | | | 0 | | 0 | 4 | 180,911 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 4 | 180,911 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 180,911 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 4 | 180,911 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 180,911 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 982 | 143,657,237 | 0 | (a) 0 | 0 | 0 | 1 | .500 | 983 | .143,657,737 |
| 21. Issued during year | 84 | 17,897,808 | | | 0 | 0 | 0 | 0 | .84 | .17,897,808 |
| 22. Other changes to in force (Net) | (102) | (6,697,992) | | | 0 | 0 | 0 | 0 | (102) | (6,697,992) |
| 23. In force December 31 of current year | 964 | 154,857,054 | 0 | (a) 0 | 0 | 0 | 1 | 500 | 965 | 154,857,554 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$

Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | .12 |
| 25.2 Guaranteed renewable (b) | 1,166 | 1,180 | | 0 | 0 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 0 |
| 25.4 Other accident only | .7 | .11 | | 0 | .12 |
| 25.5 All other (b) | .43 | .61 | | .305 | .320 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 1,216 | 1,251 | 0 | .305 | .344 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 1,216 | 1,251 | 0 | .305 | .344 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 140,563 | | | 0 | 140,563 |
| 2. Annuity considerations | | 0 | | | 0 | 0 |
| 3. Deposit-type contract funds | | 0 | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 140,563 | 0 | 0 | 0 | 140,563 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | .57,906 | | | 0 | 0 |
| 10. Matured endowments | | 0 | | | 0 | 0 |
| 11. Annuity benefits | | 0 | | | 0 | 0 |
| 12. Surrender values and withdrawals for life contracts | | .819 | | | 0 | .819 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | 0 | | | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 | 0 |
| 15. Totals | | 58,725 | 0 | 0 | 0 | 58,725 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|-----------------|-------------|---|-------------|----------------------|-------------|-------------------|-------------|--------------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | | | | | | | | | | |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | .1 | .57,906 | | | | 0 | | 0 | .1 | .57,906 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .1 | .57,906 | | | | 0 | | 0 | .1 | .57,906 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | .1 | .57,906 | 0 | 0 | 0 | 0 | 0 | 0 | .1 | .57,906 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | .1 | .57,906 | 0 | 0 | 0 | 0 | 0 | 0 | .1 | .57,906 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 128 | .32,400,384 | 0 | (a) | 0 | 0 | 0 | 0 | 128 | .32,400,384 |
| 21. Issued during year | 81 | .5,151,343 | | | 0 | 0 | 0 | 0 | .81 | .5,151,343 |
| 22. Other changes to in force (Net) | (68) | (469,249) | | | 0 | 0 | 0 | 0 | (68) | (469,249) |
| 23. In force December 31 of current year | 141 | 37,082,478 | 0 | (a) | 0 | 0 | 0 | 0 | 141 | 37,082,478 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 0 | 0 | | 0 | 0 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 6 |
| 25.4 Other accident only | 0 | 0 | | 0 | 0 |
| 25.5 All other (b) | 0 | 0 | | 0 | 0 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 0 | 0 | | 0 | 6 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 0 | 0 | | 0 | 6 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|-----------|---------------|---|------------|-----------------|------------|
| 1. Life insurance | 3,116,479 | | | | .433 | 3,116,913 |
| 2. Annuity considerations | 229,163 | | | | | 229,163 |
| 3. Deposit-type contract funds | 0 | | XXX | | | 0 |
| 4. Other considerations | | | | XXX | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 3,345,642 | | 0 | 0 | .433 | 3,346,076 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 1,585,749 | | | | 0 | 1,587,516 |
| 10. Matured endowments | 1,000 | | | | | 1,185 |
| 11. Annuity benefits | 335,725 | | | | | 335,725 |
| 12. Surrender values and withdrawals for life contracts | .45,117 | | | | | 1,413 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | 1,967,591 | | 0 | 0 | 4,365 | 1,971,956 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|-----------------|---------------|---|-------------|----------------------|-------------|-------------------|-------------|--------------|---------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | | | | | | | | | | |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 14 | 1,586,749 | | | | 0 | .3 | .2,952 | .17 | 1,589,701 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 14 | 1,586,749 | | | | 0 | .3 | .2,952 | .17 | 1,589,701 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 14 | 1,586,749 | 0 | 0 | 0 | 0 | .3 | .2,952 | .17 | 1,589,701 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 14 | 1,586,749 | 0 | 0 | 0 | 0 | .3 | .2,952 | .17 | 1,589,701 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 3,194 | 1,156,540,869 | 0 | (a) | 0 | 0 | 122 | 115,452 | 3,316 | 1,156,656,321 |
| 21. Issued during year | .286 | 106,082,781 | | | 0 | 0 | 0 | 0 | .286 | 106,082,781 |
| 22. Other changes to in force (Net) | (138) | (51,329,218) | | | 0 | 0 | (3) | (2,767) | (141) | (51,331,985) |
| 23. In force December 31 of current year | 3,342 | 1,211,294,432 | 0 | (a) | 0 | 0 | 119 | 112,685 | 3,461 | 1,211,407,117 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | .49,494 | .53,344 | | .48,912 | .9,740 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 0 |
| 25.4 Other accident only | 0 | 0 | | 0 | 0 |
| 25.5 All other (b) | .133 | .133 | | .60 | .72 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | .49,627 | .53,477 | 0 | .48,972 | .9,812 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 49,627 | 53,477 | 0 | 48,972 | 9,812 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 587,847 | | | 232 | 588,079 |
| 2. Annuity considerations | | 74,160 | | | | 74,160 |
| 3. Deposit-type contract funds | | 0 | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 662,007 | 0 | 0 | 232 | 662,239 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 274,540 | | | 0 | 274,540 |
| 10. Matured endowments | | 0 | | | 0 | 0 |
| 11. Annuity benefits | | 0 | | | 0 | 0 |
| 12. Surrender values and withdrawals for life contracts | | 9,135 | | | 0 | 9,135 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | 0 | | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 | 0 |
| 15. Totals | | 283,675 | 0 | 0 | 0 | 283,675 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|-----------------|--------------|---|-------------|----------------------|-------------|-------------------|-------------|--------------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | | | | | | | | | | |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 2 | 274,540 | | | | 0 | 0 | 0 | 2 | 274,540 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 2 | 274,540 | | | | 0 | 0 | 0 | 2 | 274,540 |
| 18.2 By payment on compromised claims | | | | | | | | 0 | | 0 |
| 18.3 Totals paid | 2 | 274,540 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 274,540 |
| 18.4 Reduction by compromise | | | | | | | | 0 | | 0 |
| 18.5 Amount rejected | | | | | | | | 0 | | 0 |
| 18.6 Total settlements | 2 | 274,540 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 274,540 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 653 | 238,809,147 | 0 | (a) | 0 | 0 | 13 | 12,470 | 666 | 238,821,617 |
| 21. Issued during year | 77 | 46,230,000 | | | 0 | 0 | 0 | 0 | 77 | 46,230,000 |
| 22. Other changes to in force (Net) | (3) | (45,469,710) | | | 0 | 0 | 0 | 0 | (3) | (45,469,710) |
| 23. In force December 31 of current year | 727 | 239,569,436 | 0 | (a) | 0 | 0 | 13 | 12,470 | 740 | 239,581,906 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | 6 |
| 25.2 Guaranteed renewable (b) | 8,184 | 1,991 | | 0 | 534 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 0 |
| 25.4 Other accident only | 21 | 28 | | 0 | 6 |
| 25.5 All other (b) | 0 | 0 | | 0 | 0 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 8,205 | 2,019 | 0 | 0 | 546 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 8,205 | 2,019 | 0 | 0 | 546 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|------------|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 13,315,044 | | | 12,241 | 13,327,285 |
| 2. Annuity considerations | | 2,677,881 | | | | 2,677,881 |
| 3. Deposit-type contract funds | 0 | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 15,992,926 | | 0 | 0 | 12,241 | 16,005,166 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 5,802,291 | | | | 0 | 46,237 |
| 10. Matured endowments | 3,000 | | | | | 1,448 |
| 11. Annuity benefits | 4,838,847 | | | | 6,479 | 4,845,326 |
| 12. Surrender values and withdrawals for life contracts | 969,512 | | | | | 15,992 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | 11,613,650 | | 0 | 6,479 | 63,676 | 11,683,805 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301 | | | | | | |
| 1302 | | | | | | |
| 1303 | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|---------------|--------------------------------------|-------------|----------------------|-------------|------------|-------------|-----------|---------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | | | | | | | | | | |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 87 | 5,805,291 | | | | 0 | 43 | 47,685 | 130 | 5,852,976 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 87 | 5,805,291 | | | | 0 | 43 | 47,685 | 130 | 5,852,976 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 87 | 5,805,291 | 0 | 0 | 0 | 43 | 47,685 | 130 | 5,852,976 | |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 87 | 5,805,291 | 0 | 0 | 0 | 43 | 47,685 | 130 | 5,852,976 | |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 19,289 | 4,820,395,692 | 0 | (a) | 0 | 0 | 2,365 | 2,752,235 | 21,654 | 4,823,147,927 |
| 21. Issued during year | 1,176 | 337,216,167 | | | 0 | 0 | 0 | 0 | 1,176 | 337,216,167 |
| 22. Other changes to in force (Net) | (1,024) | (187,445,530) | | | 0 | 0 | (93) | (116,713) | (1,117) | (187,562,243) |
| 23. In force December 31 of current year | 19,441 | 4,970,166,330 | 0 | (a) | 0 | 0 | 2,272 | 2,635,522 | 21,713 | 4,972,801,852 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$.
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$.
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$.

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 141 | 141 | | 0 | 12 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | 64 |
| 25.2 Guaranteed renewable (b) | 456,823 | 457,981 | | 128,258 | 288,328 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 12 |
| 25.4 Other accident only | 31 | (40) | | 0 | 23 |
| 25.5 All other (b) | 638 | 625 | | 0 | 123 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 457,493 | 458,566 | | 128,258 | 288,550 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 457,634 | 458,707 | | 128,258 | 288,562 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 10,019,067 | | | 0 | 10,019,067 |
| 2. Annuity considerations | | 4,205,664 | | | | 4,205,664 |
| 3. Deposit-type contract funds | | 0 | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 14,224,731 | 0 | 0 | 0 | 14,224,731 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 7,825,919 | | | 0 | 7,825,919 |
| 10. Matured endowments | | 0 | | | 0 | 0 |
| 11. Annuity benefits | | 3,413,075 | | | 0 | 3,413,075 |
| 12. Surrender values and withdrawals for life contracts | | 88,176 | | | 0 | 88,176 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 11,327,170 | 0 | 0 | 0 | 11,327,170 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|-----------------|---------------|---|-------------|----------------------|-------------|-------------------|-------------|--------------|---------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | | | | | | | | | | |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 10 | 7,825,919 | | | | 0 | 0 | 0 | 10 | 7,825,919 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 10 | 7,825,919 | | | | 0 | 0 | 0 | 10 | 7,825,919 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 10 | 7,825,919 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 7,825,919 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 10 | 7,825,919 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 7,825,919 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 12,011 | 4,357,166,240 | 0 | (a) | 0 | 0 | 8 | 6,000 | 12,019 | 4,357,172,240 |
| 21. Issued during year | .681 | 306,826,308 | | | 0 | 0 | 0 | 0 | .681 | 306,826,308 |
| 22. Other changes to in force (Net) | (512) | (182,035,501) | | | 0 | 0 | 0 | 0 | (512) | (182,035,501) |
| 23. In force December 31 of current year | 12,180 | 4,481,957,047 | 0 | (a) | 0 | 0 | 8 | 6,000 | 12,188 | 4,481,963,047 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$. Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$.

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 13,531 | 13,568 | | 36,660 | 36,660 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | .156 | 202 | | 0 | .12 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | .0 | .0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | .83,378 | .83,678 | | .36,500 | .26,388 |
| 25.3 Non-renewable for stated reasons only (b) | .0 | .0 | | 0 | 0 |
| 25.4 Other accident only | .0 | .0 | | 0 | 0 |
| 25.5 All other (b) | .11 | .14 | | 0 | .6 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | .83,389 | .83,693 | 0 | .36,500 | .26,394 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 97,076 | 97,463 | 0 | 73,160 | 63,066 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 411,027 | | | .335 | 411,362 |
| 2. Annuity considerations | | 300 | | | | 300 |
| 3. Deposit-type contract funds | | .0 | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 411,327 | 0 | 0 | .335 | 411,662 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 2,074,765 | | | 0 | 2,074,765 |
| 10. Matured endowments | | .0 | | | 1,185 | 1,185 |
| 11. Annuity benefits | | 20,824 | | | | 20,824 |
| 12. Surrender values and withdrawals for life contracts | | 10,428 | | | | 10,428 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | .0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 2,106,018 | 0 | 0 | 1,185 | 2,107,203 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|------------------------------------|-------------|---------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | 16. Unpaid December 31, prior year | .0 | 0 | .0 | 0 | 0 | .0 | 0 | 0 | 0 |
| 17. Incurred during current year | .4 | 2,074,765 | | | | 0 | .1 | .1,185 | .5 | .2,075,950 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .4 | 2,074,765 | | | | 0 | .1 | .1,185 | .5 | .2,075,950 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | .4 | 2,074,765 | 0 | .0 | 0 | 0 | .1 | .1,185 | .5 | .2,075,950 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | .4 | 2,074,765 | 0 | .0 | 0 | 0 | .1 | .1,185 | .5 | .2,075,950 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | .689 | 104,125,488 | 0 | (a) | 0 | 0 | .6 | 7,093 | .695 | .104,132,581 |
| 21. Issued during year | .116 | 21,573,201 | | | 0 | 0 | 0 | 0 | .116 | 21,573,201 |
| 22. Other changes to in force (Net) | (109) | (5,027,425) | | | 0 | 0 | 0 | 0 | (109) | (5,027,425) |
| 23. In force December 31 of current year | 696 | 120,671,265 | 0 | (a) | 0 | 0 | 6 | 7,093 | 702 | 120,678,357 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$. Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$.

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | .0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | .0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | .0 | .0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 1,382 | 1,403 | | 0 | 29 |
| 25.3 Non-renewable for stated reasons only (b) | .0 | .0 | | 0 | 0 |
| 25.4 Other accident only | .19 | .28 | | 0 | .6 |
| 25.5 All other (b) | .171 | .186 | | 0 | .23 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 1,572 | 1,617 | 0 | 0 | .58 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 1,572 | 1,617 | 0 | 0 | .58 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|-----------|---------------|---|------------|-----------------|------------|
| 1. Life insurance | 8,007,793 | | | | 0 | 8,007,793 |
| 2. Annuity considerations | 378,906 | | | | | 378,906 |
| 3. Deposit-type contract funds | 0 | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 8,386,700 | | 0 | 0 | 0 | 8,386,700 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 2,646,264 | | | | 0 | 2,646,264 |
| 10. Matured endowments | 0 | | | | 0 | 0 |
| 11. Annuity benefits | 1,187,407 | | | | 0 | 1,187,407 |
| 12. Surrender values and withdrawals for life contracts | 391,404 | | | | 0 | 391,404 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | 4,225,075 | | 0 | 0 | 0 | 4,225,075 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301 | | | | | | |
| 1302 | | | | | | |
| 1303 | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|-----------------|---------------|---|-------------|----------------------|-------------|-------------------|-------------|--------------|---------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | | | | | | | | | | |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 40 | 2,646,264 | | | | 0 | 0 | 0 | 40 | 2,646,264 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 40 | 2,646,264 | | | | 0 | 0 | 0 | 40 | 2,646,264 |
| 18.2 By payment on compromised claims | | | | | | | | 0 | | 0 |
| 18.3 Totals paid | 40 | 2,646,264 | 0 | 0 | 0 | 0 | 0 | 0 | 40 | 2,646,264 |
| 18.4 Reduction by compromise | | | | | | | | 0 | | 0 |
| 18.5 Amount rejected | | | | | | | | 0 | | 0 |
| 18.6 Total settlements | 40 | 2,646,264 | 0 | 0 | 0 | 0 | 0 | 0 | 40 | 2,646,264 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 10,670 | 2,620,787,541 | 0 | (a) 0 | 0 | 0 | 3 | 2,500 | 10,673 | 2,620,790,041 |
| 21. Issued during year | 656 | 220,502,858 | | | 0 | 0 | 0 | 0 | 656 | 220,502,858 |
| 22. Other changes to in force (Net) | (608) | (134,115,006) | | | 0 | 0 | 0 | 0 | (608) | (134,115,006) |
| 23. In force December 31 of current year | 10,718 | 2,707,175,393 | 0 | (a) 0 | 0 | 0 | 3 | 2,500 | 10,721 | 2,707,177,893 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 75,970 | 78,380 | | 0 | 2,126 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 0 |
| 25.4 Other accident only | 0 | 0 | | 0 | 0 |
| 25.5 All other (b) | 171 | 235 | | 0 | 35 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 76,141 | 78,615 | 0 | 0 | 2,161 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 76,141 | 78,615 | 0 | 0 | 2,161 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 1,407,190 | | | 0 | 1,407,190 |
| 2. Annuity considerations | | 4,755 | | | | 4,755 |
| 3. Deposit-type contract funds | | 0 | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 1,411,945 | 0 | 0 | 0 | 1,411,945 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 250,000 | | | 0 | 250,000 |
| 10. Matured endowments | | 0 | | | 0 | 0 |
| 11. Annuity benefits | | 3,530 | | | 0 | 3,530 |
| 12. Surrender values and withdrawals for life contracts | | 39,973 | | | 0 | 39,973 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 293,504 | 0 | 0 | 0 | 293,504 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|--------------|--|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Polis. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 1 | 250,000 | | | | 0 | 0 | 0 | 1 | 250,000 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 1 | 250,000 | | | | 0 | 0 | 0 | 1 | 250,000 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 1 | 250,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 250,000 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 1 | 250,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 250,000 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 1,181 | 438,600,700 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 1,181 | 438,600,700 |
| 21. Issued during year | 198 | 91,065,534 | | 0 | 0 | 0 | 0 | 0 | 198 | 91,065,534 |
| 22. Other changes to in force (Net) | (64) | (14,443,539) | | 0 | 0 | 0 | 0 | 0 | (64) | (14,443,539) |
| 23. In force December 31 of current year | 1,315 | 515,222,695 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 1,315 | 515,222,695 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 3,999 | 4,045 | | 0 | 0 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 0 |
| 25.4 Other accident only | 0 | 0 | | 0 | 0 |
| 25.5 All other (b) | 34 | 53 | | 0 | 6 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 4,033 | 4,097 | | 0 | 6 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 4,033 | 4,097 | | 0 | 6 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|-----------|---------------|---|------------|-----------------|------------|
| 1. Life insurance | 2,003,710 | | | | 0 | 2,003,710 |
| 2. Annuity considerations | 130,598 | | | | | 130,598 |
| 3. Deposit-type contract funds | 0 | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 2,134,308 | | 0 | 0 | 0 | 2,134,308 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 959,275 | | | 227,500 | | 1,186,775 |
| 10. Matured endowments | 0 | | | | | 0 |
| 11. Annuity benefits | 377,617 | | | | | 377,617 |
| 12. Surrender values and withdrawals for life contracts | 8,341 | | | | | 8,341 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | | 0 | | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | 1,345,233 | | 0 | 227,500 | | 1,572,733 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301 | | | | | | |
| 1302 | | | | | | |
| 1303 | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|-----------------|--------------|---|-------------|----------------------|-------------|-------------------|-------------|--------------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | | | | | | | | | | |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | .8 | 959,275 | | | | 227,500 | | | .8 | 1,186,775 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .8 | 959,275 | | | | 227,500 | | | .8 | 1,186,775 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | .8 | 959,275 | 0 | 0 | 0 | 227,500 | 0 | 0 | .8 | 1,186,775 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | .8 | 959,275 | 0 | 0 | 0 | 227,500 | 0 | 0 | .8 | 1,186,775 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 2,213 | 652,516,378 | 0 | (a) | 0 | 0 | 0 | 0 | 2,213 | 652,516,378 |
| 21. Issued during year | .223 | 86,266,901 | | | 0 | 0 | 0 | 0 | .223 | 86,266,901 |
| 22. Other changes to in force (Net) | (.92) | (32,599,287) | | | 0 | 0 | 0 | 0 | (.92) | (32,599,287) |
| 23. In force December 31 of current year | 2,344 | 706,183,992 | 0 | (a) | 0 | 0 | 0 | 0 | 2,344 | 706,183,992 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 9,172 | 12,994 | | 30,526 | 121,328 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 0 |
| 25.4 Other accident only | 1,019 | 1,160 | | 0 | .35 |
| 25.5 All other (b) | 0 | 0 | | 0 | 0 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 10,191 | 14,154 | | 30,526 | 121,363 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 10,191 | 14,154 | | 30,526 | 121,363 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 726,116 | | | 164 | 726,280 |
| 2. Annuity considerations | | 2,618 | | | | 2,618 |
| 3. Deposit-type contract funds | | 0 | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 728,734 | 0 | 0 | 164 | 728,898 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 10,000 | | | 1,000 | 11,000 |
| 10. Matured endowments | | 0 | | | 0 | 0 |
| 11. Annuity benefits | | 90,368 | | | | 90,368 |
| 12. Surrender values and withdrawals for life contracts | | 1,838 | | | 0 | 1,838 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 102,206 | 0 | 0 | 1,000 | 103,206 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|--------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | | | | | | | | | | |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | .2 | 10,000 | | | | 0 | .1 | 1,000 | 3 | 11,000 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .2 | 10,000 | | | | 0 | .1 | 1,000 | 3 | 11,000 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | .2 | 10,000 | 0 | 0 | 0 | 0 | .1 | 1,000 | 3 | 11,000 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | .2 | 10,000 | 0 | 0 | 0 | 0 | .1 | 1,000 | 3 | 11,000 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 435 | 134,013,666 | 0 | (a) | 0 | 0 | 14 | 14,593 | 449 | 134,028,258 |
| 21. Issued during year | 15 | 8,555,003 | | | 0 | 0 | 0 | 0 | 15 | 8,555,003 |
| 22. Other changes to in force (Net) | (9) | (594,245) | | | 0 | 0 | (1) | (1,000) | (10) | (595,245) |
| 23. In force December 31 of current year | 441 | 141,974,423 | 0 | (a) | 0 | 0 | 13 | 13,593 | 454 | 141,988,016 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$. Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$.

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | .0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | .0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | .0 | .0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | .16,894 | .17,160 | | 0 | 29 |
| 25.3 Non-renewable for stated reasons only (b) | .0 | .0 | | 0 | 0 |
| 25.4 Other accident only | .0 | .0 | | 0 | 0 |
| 25.5 All other (b) | .81 | .81 | | 0 | 6 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 16,975 | 17,241 | | 0 | 35 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 16,975 | 17,241 | | 0 | 35 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 389,515 | | | 0 | 389,515 |
| 2. Annuity considerations | | 80,237 | | | 0 | 80,237 |
| 3. Deposit-type contract funds | | 0 | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 469,752 | 0 | 0 | 0 | 469,752 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 85,000 | | | 0 | 85,000 |
| 10. Matured endowments | | 0 | | | 0 | 0 |
| 11. Annuity benefits | | 0 | | | 0 | 0 |
| 12. Surrender values and withdrawals for life contracts | | 0 | | | 0 | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 85,000 | 0 | 0 | 0 | 85,000 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|--------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | .1 | 85,000 | | | | 0 | | 0 | 1 | 85,000 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .1 | 85,000 | | | | 0 | | 0 | 1 | 85,000 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | .1 | 85,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 85,000 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | .1 | 85,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 85,000 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 323 | 106,797,936 | 0 | (a) | 0 | 0 | 0 | 0 | 323 | 106,797,936 |
| 21. Issued during year | 102 | 14,080,802 | | | 0 | 0 | 0 | 0 | 102 | 14,080,802 |
| 22. Other changes to in force (Net) | (12) | 790,469 | | | 0 | 0 | 0 | 0 | (12) | 790,469 |
| 23. In force December 31 of current year | 413 | 121,669,207 | 0 | (a) | 0 | 0 | 0 | 0 | 413 | 121,669,207 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$

Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | .0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | .0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | .0 | .0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 5,346 | 5,374 | | 0 | 141 |
| 25.3 Non-renewable for stated reasons only (b) | .0 | .0 | | 0 | 0 |
| 25.4 Other accident only | .0 | 0 | | 0 | 0 |
| 25.5 All other (b) | .0 | .0 | | 0 | 0 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 5,346 | 5,374 | | 0 | 141 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 5,346 | 5,374 | | 0 | 141 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|----------|---------------|---|------------|-----------------|------------|
| 1. Life insurance | .651,416 | | | | .11 | .651,427 |
| 2. Annuity considerations | .0 | | | | | .0 |
| 3. Deposit-type contract funds | .0 | | XXX | | XXX | .0 |
| 4. Other considerations | | | | | | .0 |
| 5. Totals (Sum of Lines 1 to 4) | 651,416 | | 0 | 0 | 11 | 651,427 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | .0 |
| 6.2 Applied to pay renewal premiums | | | | | | .0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | .0 |
| 6.4 Other | | | | | | .0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | .0 | | 0 | 0 | 0 | .0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | .0 |
| 7.2 Applied to provide paid-up annuities | | | | | | .0 |
| 7.3 Other | | | | | | .0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | .0 | | 0 | 0 | 0 | .0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | | 0 | 0 | 0 | .0 |
| DIRECT CLAIMS AND BENEFITS PAID | | .523,355 | | | 0 | .523,355 |
| 9. Death benefits | .523,355 | | | | 0 | .523,355 |
| 10. Matured endowments | .0 | | | | 0 | .0 |
| 11. Annuity benefits | .18,029 | | | | 0 | .18,029 |
| 12. Surrender values and withdrawals for life contracts | .12,764 | | | | 0 | .12,764 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | .0 | | 0 | 0 | 0 | .0 |
| 14. All other benefits, except accident and health | | | | | | .0 |
| 15. Totals | 554,148 | | 0 | 0 | 0 | 554,148 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301 | | | | | | |
| 1302 | | | | | | |
| 1303 | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | .0 | | 0 | 0 | 0 | .0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | | 0 | 0 | 0 | .0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|---------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 17. Incurred during current year | .3 | .523,355 | | | | | | | .3 | .523,355 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .3 | .523,355 | | | | | | | .3 | .523,355 |
| 18.2 By payment on compromised claims | | | | | | | | | | .0 |
| 18.3 Totals paid | .3 | .523,355 | .0 | .0 | .0 | .0 | .0 | .0 | .3 | .523,355 |
| 18.4 Reduction by compromise | | | | | | | | | | .0 |
| 18.5 Amount rejected | | | | | | | | | | .0 |
| 18.6 Total settlements | .3 | .523,355 | .0 | .0 | .0 | .0 | .0 | .0 | .3 | .523,355 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 738 | 252,468,916 | 0 | (a) | 0 | 0 | 15 | .21,593 | 753 | .252,490,509 |
| 21. Issued during year | 30 | 17,760,000 | | | 0 | 0 | 0 | .0 | .30 | 17,760,000 |
| 22. Other changes to in force (Net) | (17) | (4,815,584) | | | 0 | 0 | (1) | (1,000) | (18) | (4,815,584) |
| 23. In force December 31 of current year | 751 | 265,414,332 | 0 | (a) | 0 | 0 | 14 | 20,593 | 765 | 265,434,924 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$

Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | .0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 32 | 35 | | 0 | 6 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | .0 | .0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 258 | 294 | | 0 | .99 |
| 25.3 Non-renewable for stated reasons only (b) | .0 | .0 | | 0 | 0 |
| 25.4 Other accident only | .0 | .0 | | 0 | 0 |
| 25.5 All other (b) | .0 | .0 | | 0 | 0 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 258 | 294 | 0 | 0 | .99 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 290 | 329 | 0 | 0 | 105 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 577,851 | | | 29 | 577,879 |
| 2. Annuity considerations | | 228,845 | | | | 228,845 |
| 3. Deposit-type contract funds | | 0 | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 806,696 | 0 | 0 | 29 | 806,724 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 10,000 | | | 0 | 10,000 |
| 10. Matured endowments | | 0 | | | 0 | 0 |
| 11. Annuity benefits | | 433,164 | | | 0 | 433,164 |
| 12. Surrender values and withdrawals for life contracts | | 6,765 | | | 0 | 6,765 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 449,929 | 0 | 0 | 0 | 449,929 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|--------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | .1 | 10,000 | | | | 0 | | 0 | 1 | 10,000 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .1 | 10,000 | | | | 0 | | 0 | 1 | 10,000 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | .1 | 10,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 10,000 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | .1 | 10,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 10,000 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 428 | 86,086,889 | 0 | (a) | 0 | 0 | 3 | 3,593 | 431 | 86,090,482 |
| 21. Issued during year | 52 | 9,947,012 | | | 0 | 0 | 0 | 0 | 52 | 9,947,012 |
| 22. Other changes to in force (Net) | (24) | 7,154,172 | | | 0 | 0 | 0 | 0 | (24) | 7,154,172 |
| 23. In force December 31 of current year | 456 | 103,188,073 | 0 | (a) | 0 | 0 | 3 | 3,593 | 459 | 103,191,666 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | .0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | .0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | .0 | 0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 8,867 | 8,905 | | 0 | 10,777 |
| 25.3 Non-renewable for stated reasons only (b) | .0 | 0 | | 0 | 0 |
| 25.4 Other accident only | .0 | 0 | | 0 | 0 |
| 25.5 All other (b) | .0 | 0 | | 0 | 0 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 8,867 | 8,905 | 0 | 0 | 10,777 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 8,867 | 8,905 | 0 | 0 | 10,777 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 345,199 | | | 21 | 345,220 |
| 2. Annuity considerations | | 6,000 | | | | 6,000 |
| 3. Deposit-type contract funds | | 0 | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 351,199 | 0 | 0 | 21 | 351,220 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 29,510 | | | 1,000 | 30,510 |
| 10. Matured endowments | | 0 | | | 0 | 0 |
| 11. Annuity benefits | | 122,129 | | | | 122,129 |
| 12. Surrender values and withdrawals for life contracts | | 16,009 | | | | 16,009 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 167,649 | 0 | 0 | 1,000 | 168,649 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|--------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | | | | | | | | | | |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | .3 | 29,510 | | | | 0 | .1 | 1,000 | 4 | 30,510 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .3 | 29,510 | | | | 0 | .1 | 1,000 | 4 | 30,510 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | .3 | 29,510 | 0 | 0 | 0 | 0 | .1 | 1,000 | 4 | 30,510 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | .3 | 29,510 | 0 | 0 | 0 | 0 | .1 | 1,000 | 4 | 30,510 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | .465 | 143,661,542 | 0 | (a) | 0 | 0 | .38 | 31,350 | 503 | 143,692,892 |
| 21. Issued during year | .0 | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. Other changes to in force (Net) | (2) | 9,627,677 | | | 0 | 0 | 0 | 0 | (2) | 9,627,677 |
| 23. In force December 31 of current year | 463 | 153,289,219 | 0 | (a) | 0 | 0 | 38 | 31,350 | 501 | 153,320,569 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | .0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | .0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | .0 | 0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 2,534 | 2,563 | | .88,032 | 114,223 |
| 25.3 Non-renewable for stated reasons only (b) | .0 | 0 | | 0 | 0 |
| 25.4 Other accident only | .0 | 0 | | 0 | 0 |
| 25.5 All other (b) | .0 | 0 | | 0 | 0 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 2,534 | 2,563 | 0 | .88,032 | 114,223 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 2,534 | 2,563 | 0 | .88,032 | 114,223 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|------------|---------------|---|------------|-----------------|------------|
| 1. Life insurance | 12,524,955 | | | | 1,091 | 12,526,046 |
| 2. Annuity considerations | 862,184 | | | | | 862,184 |
| 3. Deposit-type contract funds | 0 | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 13,387,140 | | 0 | 0 | 1,091 | 13,388,230 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 7,839,312 | | | | 0 | 7,839,312 |
| 10. Matured endowments | 5,000 | | | | 0 | 5,000 |
| 11. Annuity benefits | 991,504 | | | | 1,246 | 992,750 |
| 12. Surrender values and withdrawals for life contracts | 1,038,696 | | | | | 1,126 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | 9,874,512 | | 0 | 1,246 | 1,126 | 9,876,884 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301 | | | | | | |
| 1302 | | | | | | |
| 1303 | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|-----------------|---------------|---|-------------|------------------------|-------------|-------------------|-------------|--------------|---------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 56 | 7,844,312 | | | | 0 | 0 | 0 | .56 | .7,844,312 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 56 | 7,844,312 | | | | 0 | 0 | 0 | .56 | .7,844,312 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 56 | 7,844,312 | 0 | 0 | 0 | 0 | 0 | 0 | .56 | .7,844,312 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 56 | 7,844,312 | 0 | 0 | 0 | 0 | 0 | 0 | .56 | .7,844,312 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 17,981 | 3,748,175,213 | 0 | (a) 0 | 0 | 0 | 49 | 61,541 | 18,030 | 3,748,236,754 |
| 21. Issued during year | 1,460 | 269,818,259 | | | 0 | 0 | 0 | 0 | 1,460 | 269,818,259 |
| 22. Other changes to in force (Net) | (1,340) | (175,581,100) | | | 0 | 0 | (3) | (8,000) | (1,343) | (175,589,100) |
| 23. In force December 31 of current year | 18,101 | 3,842,412,372 | 0 | (a) 0 | 0 | 0 | 46 | 53,541 | 18,147 | 3,842,465,913 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | .198 | .232 | | 0 | .12 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | .0 | .0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | .256,632 | .261,287 | | .87,320 | .18,998 |
| 25.3 Non-renewable for stated reasons only (b) | .0 | .0 | | 0 | 0 |
| 25.4 Other accident only | .327 | .274 | | 0 | .76 |
| 25.5 All other (b) | 1,141 | 1,510 | | .90 | .237 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | .258,100 | .263,070 | | .87,410 | .19,311 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | .258,298 | .263,302 | | .87,410 | .19,322 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|-----------|---------------|---|------------|-----------------|------------|
| 1. Life insurance | 1,622,832 | | | | 0 | 1,622,832 |
| 2. Annuity considerations | 600 | | | | | 600 |
| 3. Deposit-type contract funds | 0 | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 1,623,432 | | 0 | 0 | 0 | 1,623,432 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 647,475 | | | | 0 | 647,475 |
| 10. Matured endowments | 0 | | | | 0 | 0 |
| 11. Annuity benefits | 405,146 | | | | 0 | 405,146 |
| 12. Surrender values and withdrawals for life contracts | 36,222 | | | | 0 | 36,222 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | 1,088,844 | | 0 | 0 | 0 | 1,088,844 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301 | | | | | | |
| 1302 | | | | | | |
| 1303 | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|-----------------|--------------|---|-------------|------------------------|-------------|-------------------|-------------|--------------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 4 | 647,475 | | | | 0 | 0 | 0 | 4 | 647,475 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 4 | 647,475 | | | | 0 | 0 | 0 | 4 | 647,475 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 4 | 647,475 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 647,475 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 4 | 647,475 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 647,475 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 1,578 | 617,744,300 | 0 | (a) 0 | 0 | 0 | 1 | .500 | 1,579 | 617,744,800 |
| 21. Issued during year | 100 | 51,900,172 | | | 0 | 0 | 0 | 0 | 100 | 51,900,172 |
| 22. Other changes to in force (Net) | (78) | (23,539,682) | | | 0 | 0 | 0 | 0 | (78) | (23,539,682) |
| 23. In force December 31 of current year | 1,600 | 646,104,790 | 0 | (a) 0 | 0 | 0 | 1 | 500 | 1,601 | 646,105,290 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 3,725 | 3,735 | | 9,903 | 9,903 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 4,117 | 4,165 | | 0 | 0 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 0 |
| 25.4 Other accident only | 0 | 0 | | 0 | 0 |
| 25.5 All other (b) | 0 | 0 | | 0 | 0 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 4,117 | 4,165 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 7,842 | 7,900 | 0 | 9,903 | 9,903 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|--|---------------|--|------------|-----------------|------------|
| 1. Life insurance | | .0 | | | .0 | .0 |
| 2. Annuity considerations | | .0 | | | | .0 |
| 3. Deposit-type contract funds | | .0 | XXX | | XXX | .0 |
| 4. Other considerations | | | | | | .0 |
| 5. Totals (Sum of Lines 1 to 4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | .0 |
| 6.2 Applied to pay renewal premiums | | | | | | .0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | .0 |
| 6.4 Other | | | | | | .0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | .0 | 0 | 0 | .0 | .0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | .0 |
| 7.2 Applied to provide paid-up annuities | | | | | | .0 |
| 7.3 Other | | | | | | .0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | .0 | 0 | 0 | .0 | .0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | .0 | | | .0 | .0 |
| 10. Matured endowments | | .0 | | | .0 | .0 |
| 11. Annuity benefits | | .0 | | | .0 | .0 |
| 12. Surrender values and withdrawals for life contracts | | .0 | | | .0 | .0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | .0 | 0 | 0 | .0 | .0 |
| 14. All other benefits, except accident and health | | | | | | .0 |
| 15. Totals | | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | .0 | 0 | 0 | .0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|---|-------------|-------------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Polis. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | ..0 | ..0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | | | | | | | | | | 0 |
| Settled during current year: | | | | | | | | | | 0 |
| 18.1 By payment in full | | | | | | | | | | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | | 0 |
| 18.3 Totals paid | ..0 | ..0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | | 0 |
| 18.5 Amount rejected | | | | | | | | | | 0 |
| 18.6 Total settlements | ..0 | ..0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | ..0 | ..0 | 0 | (a) | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. Issued during year | | | | | | | | | | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | | 0 |
| 23. In force December 31 of current year | 0 | 0 | 0 | (a) | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guarantee renewable (b)..... | | | | | |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5)..... | .0 | .0 | .0 | .0 | .0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 0 | 0 | 0 | 0 | 0 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|-------------|---------------|---|------------|-----------------|-------------|
| 1. Life insurance | .46,139,373 | | | .73,240 | .29,365 | .46,241,979 |
| 2. Annuity considerations | .2,295,241 | | | | | .2,295,241 |
| 3. Deposit-type contract funds | .0 | | XXX | | XXX | .0 |
| 4. Other considerations | | | | | | .0 |
| 5. Totals (Sum of Lines 1 to 4) | 48,434,615 | | 0 | 73,240 | 29,365 | 48,537,220 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | .0 |
| 6.2 Applied to pay renewal premiums | | | | | | .0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | .0 |
| 6.4 Other | | | | | | .0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | .0 | | 0 | 0 | 0 | .0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | .0 |
| 7.2 Applied to provide paid-up annuities | | | | | | .0 |
| 7.3 Other | | | | | | .0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | .0 | | 0 | 0 | 0 | .0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | | 0 | 0 | 0 | .0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | .28,397,163 | | | .7,303,559 | .100,532 | .35,801,254 |
| 10. Matured endowments | .24,365 | | | | .20,153 | .44,518 |
| 11. Annuity benefits | .6,553,697 | | | | | .6,604,111 |
| 12. Surrender values and withdrawals for life contracts | .4,931,919 | | | | | .30,614 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | .0 | | 0 | 0 | 0 | .0 |
| 14. All other benefits, except accident and health | | | | | | .0 |
| 15. Totals | 39,907,143 | | 0 | 7,353,973 | 151,299 | 47,412,415 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | .0 | | 0 | 0 | 0 | .0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | | 0 | 0 | 0 | .0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-----------------|--------------------------------------|-------------|----------------------|----------------|---------------|-------------|------------|-----------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | | | | | | | | | | |
| 16. Unpaid December 31, prior year | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 17. Incurred during current year | .436 | .28,421,528 | | | .9 | .7,303,559 | .146 | .120,685 | .591 | .35,845,772 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .436 | .28,421,528 | | | .9 | .7,303,559 | .146 | .120,685 | .591 | .35,845,772 |
| 18.2 By payment on compromised claims | | | | | | | | | .0 | .0 |
| 18.3 Totals paid | .436 | .28,421,528 | .0 | .0 | .9 | .7,303,559 | .146 | .120,685 | .591 | .35,845,772 |
| 18.4 Reduction by compromise | | | | | | | | | .0 | .0 |
| 18.5 Amount rejected | | | | | | | | | .0 | .0 |
| 18.6 Total settlements | .436 | .28,421,528 | .0 | .0 | .9 | .7,303,559 | .146 | .120,685 | .591 | .35,845,772 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | .76,924 | .14,560,770,994 | 0 | (a) | .0 | .2,058,167,322 | .15,321 | .14,852,378 | .92,251 | .16,633,790,694 |
| 21. Issued during year | .4,837 | .980,885,822 | | | .0 | .25,029,000 | .0 | .0 | .4,837 | .1,005,914,822 |
| 22. Other changes to in force (Net) | (4,673) | (707,867,660) | | | | | | | | |
| 23. In force December 31 of current year | 77,088 | 14,833,789,156 | 0 | (a) | 0 | 6 | 2,090,000,331 | 14,714 | 14,269,555 | 91,808 |
| | | | | | | | | | | 16,938,059,043 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$. Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$.

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | .6,840 | .6,249 | | | .1,512,822 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | .1,910,650 |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 1,095 | 1,378 | | | .105 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | .0 | .0 | | | .12 |
| 25.2 Guaranteed renewable (b) | 1,427,651 | 1,262,384 | | | .725,988 |
| 25.3 Non-renewable for stated reasons only (b) | .0 | .0 | | | .0 |
| 25.4 Other accident only | 1,854 | 1,845 | | | .368 |
| 25.5 All other (b) | 7,942 | 9,047 | | | .7,086 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 1,437,447 | 1,273,276 | | | .7,780 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 1,445,382 | 1,280,902 | | | .734,148 |
| | | | | | 2,330,917 |
| | | | | | 2,644,904 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | .915,835 | | | 0 | .915,835 |
| 2. Annuity considerations | | .72,052 | | | | .72,052 |
| 3. Deposit-type contract funds | | .0 | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 987,887 | 0 | 0 | 0 | 987,887 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 2,220,985 | | | 0 | 2,220,985 |
| 10. Matured endowments | | 0 | | | 0 | 0 |
| 11. Annuity benefits | | .14,298 | | | 0 | .14,298 |
| 12. Surrender values and withdrawals for life contracts | | 23,723 | | | 0 | 23,723 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 2,259,006 | 0 | 0 | 0 | 2,259,006 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|--------------|--------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | .4 | 2,220,985 | | | | 0 | | 0 | 4 | .2,220,985 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .4 | 2,220,985 | | | | 0 | | 0 | 4 | .2,220,985 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | .4 | 2,220,985 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | .2,220,985 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | .4 | 2,220,985 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | .2,220,985 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 1,397 | 197,457,270 | 0 | (a) 0 | 0 | 0 | .1 | .1,000 | 1,398 | .197,458,270 |
| 21. Issued during year | .532 | .55,927,573 | | | 0 | 0 | .0 | .0 | .532 | .55,927,573 |
| 22. Other changes to in force (Net) | (395) | (22,400,530) | | | 0 | 0 | .0 | .0 | (395) | (22,400,530) |
| 23. In force December 31 of current year | 1,534 | 230,984,312 | 0 | (a) 0 | 0 | 0 | 1 | 1,000 | 1,535 | 230,985,312 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$

Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | .0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | .0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | .0 | .0 | | 0 | 12 |
| 25.2 Guaranteed renewable (b) | 4,043 | 4,089 | | 0 | 0 |
| 25.3 Non-renewable for stated reasons only (b) | .0 | .0 | | 0 | 0 |
| 25.4 Other accident only | .0 | .0 | | 0 | 0 |
| 25.5 All other (b) | .0 | .0 | | 0 | 0 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 4,043 | 4,089 | 0 | 0 | 12 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 4,043 | 4,089 | 0 | 0 | 12 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | .872,073 | | | 0 | .872,073 |
| 2. Annuity considerations | | 33,000 | | | | 33,000 |
| 3. Deposit-type contract funds | | .0 | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 905,073 | 0 | 0 | 0 | 905,073 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 160,000 | | | 0 | 0 |
| 10. Matured endowments | | 0 | | | 0 | 0 |
| 11. Annuity benefits | | 63,263 | | | 0 | 63,263 |
| 12. Surrender values and withdrawals for life contracts | | 19,786 | | | 0 | 19,786 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 243,049 | 0 | 0 | 0 | 243,049 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|--------------|---------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | .0 | 0 | 0 | .0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | .1 | 160,000 | | | | 0 | | 0 | 1 | 160,000 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .1 | 160,000 | | | | 0 | | 0 | 1 | 160,000 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | .1 | 160,000 | 0 | .0 | 0 | 0 | 0 | 0 | 1 | 160,000 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | .1 | 160,000 | 0 | .0 | 0 | 0 | 0 | 0 | 1 | 160,000 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 1,053 | 329,142,513 | 0 | (a) | 0 | 0 | .1 | .4,000 | 1,054 | 329,146,513 |
| 21. Issued during year | .255 | 117,452,503 | | | 0 | 0 | 0 | 0 | .255 | 117,452,503 |
| 22. Other changes to in force (Net) | (55) | (22,282,131) | | | 0 | 0 | 0 | 0 | (55) | (22,282,131) |
| 23. In force December 31 of current year | 1,253 | 424,312,885 | 0 | (a) | 0 | 0 | 1 | 4,000 | 1,254 | 424,316,885 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$. Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$.

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | .0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | .0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | .0 | .0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 1,724 | 1,762 | | 0 | 6 |
| 25.3 Non-renewable for stated reasons only (b) | .0 | .0 | | 0 | 0 |
| 25.4 Other accident only | .66 | .87 | | 0 | .18 |
| 25.5 All other (b) | .50 | .66 | | 0 | .12 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 1,840 | 1,915 | | 0 | .35 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 1,840 | 1,915 | | 0 | .35 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 19,343,674 | | | 11,874 | 19,355,548 |
| 2. Annuity considerations | | 5,123,926 | | | | 5,123,926 |
| 3. Deposit-type contract funds | | 0 | | | | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 24,467,601 | 0 | 0 | 11,874 | 24,479,474 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 7,360,616 | | | 0 | 48,435 |
| 10. Matured endowments | | 19,826 | | | | 2,345 |
| 11. Annuity benefits | | 5,972,246 | | | | 5,972,246 |
| 12. Surrender values and withdrawals for life contracts | | 1,040,576 | | | | 8,538 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 14,393,265 | 0 | 0 | 59,318 | 14,452,583 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|--------------------------------------|---------------|---|-------------|----------------------|-------------|-------------------|-------------|--------------|---------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 156 | 7,380,443 | | | | | 52 | 50,780 | 208 | 7,431,223 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 156 | 7,380,443 | | | | | 52 | 50,780 | 208 | 7,431,223 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 156 | 7,380,443 | 0 | 0 | 0 | 0 | 52 | 50,780 | 208 | 7,431,223 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 156 | 7,380,443 | 0 | 0 | 0 | 0 | 52 | 50,780 | 208 | 7,431,223 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| | 20. In force December 31, prior year | 30,785 | 6,045,226,341 | 0 | (a) 0 | 0 | 2,512 | 2,453,725 | 33,297 | 6,047,680,067 |
| 21. Issued during year | | 1,975 | 472,050,603 | | | 0 | 0 | 0 | 1,975 | 472,050,603 |
| 22. Other changes to in force (Net) | (1,659) | (278,844,909) | | | | 0 | 0 | (85) | (94,629) | (1,744) |
| 23. In force December 31 of current year | 31,101 | 6,238,432,035 | 0 | (a) 0 | 0 | 0 | 2,427 | 2,359,096 | 33,528 | 6,240,791,132 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$. Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$.

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 554 | 692 | | 0 | 76 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 370,867 | 382,088 | | 131,844 | 36,735 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 0 |
| 25.4 Other accident only | 125 | 129 | | 0 | 47 |
| 25.5 All other (b) | 1,337 | 1,171 | | 0 | 216 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 372,328 | 383,388 | | 131,844 | 36,997 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 372,882 | 384,080 | | 131,844 | 37,073 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 1,715 | | | 0 | 1,715 |
| 2. Annuity considerations | | .0 | | | | 0 |
| 3. Deposit-type contract funds | | .0 | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 1,715 | 0 | 0 | 0 | 1,715 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | .0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | .0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | .0 | | | 0 | 0 |
| 10. Matured endowments | | .0 | | | 0 | 0 |
| 11. Annuity benefits | | .0 | | | 0 | 0 |
| 12. Surrender values and withdrawals for life contracts | | .445 | | | 0 | .445 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | .0 | .0 | .0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 445 | 0 | 0 | 0 | 445 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | .0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|--------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | |
| 18.3 Totals paid | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | .0 | .0 | 0 | (a) | | .0 | .0 | .0 | .0 | .0 |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | 0 | 0 | 0 | (a) | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | .0 | .0 | .0 | .0 | .0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 0 | 0 | 0 | 0 | 0 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|---------|---------------|---|------------|-----------------|------------|
| 1. Life insurance | .61,912 | | | | 0 | .61,912 |
| 2. Annuity considerations | .0 | | | | | 0 |
| 3. Deposit-type contract funds | .0 | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 61,912 | | 0 | 0 | 0 | 61,912 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | .0 | | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | .0 | | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 28,935 | | | | 0 | .28,935 |
| 10. Matured endowments | .0 | | | | 0 | 0 |
| 11. Annuity benefits | .0 | | | | 0 | 0 |
| 12. Surrender values and withdrawals for life contracts | .0 | | | | 0 | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | .0 | | .0 | .0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | 28,935 | | 0 | 0 | 0 | .28,935 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301 | | | | | | |
| 1302 | | | | | | |
| 1303 | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | .0 | | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|-----------------|-------------|---|-------------|------------------------|-------------|-------------------|-------------|--------------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| 17. Incurred during current year | .1 | 28,935 | | | | | | | .1 | .28,935 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .1 | 28,935 | | | | | | | .1 | .28,935 |
| 18.2 By payment on compromised claims | | | | | | | | | | 0 |
| 18.3 Totals paid | .1 | 28,935 | 0 | .0 | .0 | .0 | .0 | .0 | .1 | .28,935 |
| 18.4 Reduction by compromise | | | | | | | | | | 0 |
| 18.5 Amount rejected | | | | | | | | | | 0 |
| 18.6 Total settlements | .1 | 28,935 | 0 | .0 | .0 | .0 | .0 | .0 | .1 | .28,935 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | .77 | 28,426,434 | 0 | (a) 0 | 1 | 35,000 | .1 | .1,000 | .79 | .28,462,434 |
| 21. Issued during year | .6 | 2,850,000 | | | 0 | 0 | 0 | 0 | .6 | .2,850,000 |
| 22. Other changes to in force (Net) | (1) | (1,133,000) | | | 0 | (7,500) | 0 | 0 | (1) | (1,140,500) |
| 23. In force December 31 of current year | 82 | 30,143,434 | 0 | (a) 0 | 1 | 27,500 | 1 | 1,000 | 84 | 30,171,934 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | .0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | .0 | 0 | | | |
| 24.3 Collectively renewable policies (b) | .0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | .0 | 0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | .0 | 0 | | 0 | 0 |
| 25.3 Non-renewable for stated reasons only (b) | .0 | 0 | | 0 | 0 |
| 25.4 Other accident only | .0 | 0 | | 0 | 0 |
| 25.5 All other (b) | .0 | 0 | | 0 | 0 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | .0 | 0 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 0 | 0 | 0 | 0 | 0 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 3,951,545 | | | 108 | 3,951,653 |
| 2. Annuity considerations | | 108,821 | | | | 108,821 |
| 3. Deposit-type contract funds | | 0 | | | | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 4,060,366 | 0 | 0 | 108 | 4,060,474 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 2,331,789 | | | 0 | 2,331,789 |
| 10. Matured endowments | | 0 | | | 0 | 0 |
| 11. Annuity benefits | | 51,946 | | | 0 | 51,946 |
| 12. Surrender values and withdrawals for life contracts | | 100,823 | | | 0 | 100,823 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 2,484,558 | 0 | 0 | 0 | 2,484,558 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|---------------|--------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|---------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | | | | | | | | | | |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 22 | 2,331,789 | | | | 0 | 0 | 0 | 22 | 2,331,789 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 22 | 2,331,789 | | | | 0 | 0 | 0 | 22 | 2,331,789 |
| 18.2 By payment on compromised claims | | | | | | | | 0 | | 0 |
| 18.3 Totals paid | 22 | 2,331,789 | 0 | 0 | 0 | 0 | 0 | 0 | 22 | 2,331,789 |
| 18.4 Reduction by compromise | | | | | | | | 0 | | 0 |
| 18.5 Amount rejected | | | | | | | | 0 | | 0 |
| 18.6 Total settlements | 22 | 2,331,789 | 0 | 0 | 0 | 0 | 0 | 0 | 22 | 2,331,789 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 6,376 | 1,069,439,296 | 0 | (a) 0 | 0 | 0 | 19 | 16,093 | 6,395 | 1,069,455,389 |
| 21. Issued during year | .599 | 89,158,324 | | | 0 | 0 | 0 | 0 | .599 | 89,158,324 |
| 22. Other changes to in force (Net) | (546) | (22,037,458) | | | 0 | 0 | (1) | (1,000) | (547) | (22,038,458) |
| 23. In force December 31 of current year | 6,429 | 1,136,560,162 | 0 | (a) 0 | 0 | 0 | 18 | 15,093 | 6,447 | 1,136,575,255 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$. Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$.

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | 18 |
| 25.2 Guaranteed renewable (b) | 157,115 | 156,962 | | 0 | 7,852 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 0 |
| 25.4 Other accident only | 0 | 0 | | 0 | 0 |
| 25.5 All other (b) | 291 | 382 | | 0 | 64 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 157,406 | 157,344 | | 0 | 7,933 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 157,406 | 157,344 | | 0 | 7,933 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|-----------|---------------|---|------------|-----------------|------------|
| 1. Life insurance | 1,240,982 | | | | 0 | 1,240,982 |
| 2. Annuity considerations | 327,502 | | | | | 327,502 |
| 3. Deposit-type contract funds | 0 | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 1,568,484 | | 0 | 0 | 0 | 1,568,484 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 199,772 | | | | 0 | 199,772 |
| 10. Matured endowments | 0 | | | | 0 | 0 |
| 11. Annuity benefits | 341,458 | | | | 0 | 341,458 |
| 12. Surrender values and withdrawals for life contracts | 9,092 | | | | 0 | 9,092 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | 550,322 | | 0 | 0 | 0 | 550,322 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301 | | | | | | |
| 1302 | | | | | | |
| 1303 | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|-----------------|--------------|---|-------------|------------------------|-------------|-------------------|-------------|--------------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | | | | | | | | | | |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | .2 | 199,772 | | | | 0 | 0 | 0 | 2 | 199,772 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .2 | 199,772 | | | | 0 | 0 | 0 | 2 | 199,772 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | .2 | 199,772 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 199,772 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | .2 | 199,772 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 199,772 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 1,423 | 469,717,239 | 0 | (a) | 0 | 0 | 0 | 0 | 1,423 | 469,717,239 |
| 21. Issued during year | .118 | 56,415,018 | | | 0 | 0 | 0 | 0 | .118 | 56,415,018 |
| 22. Other changes to in force (Net) | (.38) | (13,844,014) | | | 0 | 0 | 0 | 0 | (.38) | (13,844,014) |
| 23. In force December 31 of current year | 1,503 | 512,288,243 | 0 | (a) | 0 | 0 | 0 | 0 | 1,503 | 512,288,243 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | 1,007 | 1,010 | | 3,005 | 3,005 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | .0 | .0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 1,215 | 1,229 | | 0 | 0 |
| 25.3 Non-renewable for stated reasons only (b) | .0 | .0 | | 0 | 0 |
| 25.4 Other accident only | .106 | .130 | | 0 | 6 |
| 25.5 All other (b) | .0 | .0 | | 0 | 0 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 1,321 | 1,360 | 0 | 0 | 6 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 2,328 | 2,369 | 0 | 3,005 | 3,011 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 9,022,480 | | | 1,796 | 9,024,276 |
| 2. Annuity considerations | | 2,612,643 | | | | 2,612,643 |
| 3. Deposit-type contract funds | | 25,000 | XXX | | XXX | 25,000 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 11,660,123 | 0 | 0 | 1,796 | 11,661,919 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 6,123,162 | | | 0 | 3,500 |
| 10. Matured endowments | | 0 | | | | .912 |
| 11. Annuity benefits | | 768,614 | | | 0 | 768,614 |
| 12. Surrender values and withdrawals for life contracts | | 294,148 | | | 0 | 294,148 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 7,185,923 | 0 | 0 | 4,412 | 7,190,336 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|---------------|--------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|---------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | | | | | | | | | | |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 52 | 6,123,162 | | | | 0 | .5 | 4,412 | .57 | 6,127,574 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 52 | 6,123,162 | | | | 0 | .5 | 4,412 | .57 | 6,127,574 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 52 | 6,123,162 | 0 | 0 | 0 | 0 | .5 | 4,412 | .57 | 6,127,574 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 52 | 6,123,162 | 0 | 0 | 0 | 0 | .5 | 4,412 | .57 | 6,127,574 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 11,923 | 3,352,967,336 | 0 | (a) | 0 | 0 | 161 | 238,786 | 12,084 | 3,353,206,122 |
| 21. Issued during year | 1,399 | 290,446,825 | | | 0 | 0 | 0 | 0 | 1,399 | 290,446,825 |
| 22. Other changes to in force (Net) | (1,023) | (144,181,221) | | | 0 | 0 | (6) | (5,000) | (1,029) | (144,186,221) |
| 23. In force December 31 of current year | 12,299 | 3,499,232,940 | 0 | (a) | 0 | 0 | 155 | 233,786 | 12,454 | 3,499,466,726 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$. Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$.

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 2,329 | 2,335 | | 0 | .76 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 152,776 | 158,673 | | 113,570 | (4,687) |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 380 |
| 25.4 Other accident only | 216 | 289 | | 0 | .53 |
| 25.5 All other (b) | 1,479 | 2,151 | | 1,533 | 1,860 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 154,471 | 161,113 | | 115,103 | (2,395) |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 156,800 | 163,449 | | 115,103 | (2,319) |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|-----------|---------------|---|------------|-----------------|------------|
| 1. Life insurance | 7,889,465 | | | | .489 | 7,889,954 |
| 2. Annuity considerations | 103,856 | | | | | 103,856 |
| 3. Deposit-type contract funds | 0 | | XXX | | | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 7,993,321 | | 0 | 0 | .489 | 7,993,810 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 2,877,752 | | | | 0 | 2,877,752 |
| 10. Matured endowments | 2,000 | | | | 1,000 | 3,000 |
| 11. Annuity benefits | 1,601,547 | | | | 0 | 1,601,547 |
| 12. Surrender values and withdrawals for life contracts | .656,624 | | | | 0 | .656,624 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | 5,137,923 | | 0 | 0 | 1,000 | 5,138,923 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301 | | | | | | |
| 1302 | | | | | | |
| 1303 | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|-----------------|---------------|---|-------------|----------------------|-------------|-------------------|-------------|--------------|----------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | | | | | | | | | | |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | .112 | 2,879,752 | | | | 0 | .1 | .1,000 | .113 | .2,880,752 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | .112 | 2,879,752 | | | | 0 | .1 | .1,000 | .113 | .2,880,752 |
| 18.2 By payment on compromised claims | | | | | | 0 | .1 | .1,000 | 0 | 0 |
| 18.3 Totals paid | .112 | 2,879,752 | 0 | 0 | 0 | 0 | .1 | .1,000 | .113 | .2,880,752 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | .112 | 2,879,752 | 0 | 0 | 0 | 0 | .1 | .1,000 | .113 | .2,880,752 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 19,415 | 1,779,481,043 | 0 | (a) | 0 | 0 | .36 | .35,343 | 19,451 | .1,779,516,386 |
| 21. Issued during year | 2,347 | 274,339,095 | | | 0 | 0 | 0 | 0 | 2,347 | .274,339,095 |
| 22. Other changes to in force (Net) | (1,896) | (84,364,339) | | | 0 | 0 | .4 | .7,000 | (1,892) | (84,357,339) |
| 23. In force December 31 of current year | 19,866 | 1,969,455,799 | 0 | (a) | 0 | 0 | 40 | 42,343 | 19,906 | 1,969,498,141 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$. Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$.

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | .72 | .149 | | 0 | .12 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | .0 | .0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | .30,330 | .30,609 | | .46,091 | .2,687 |
| 25.3 Non-renewable for stated reasons only (b) | .0 | .0 | | 0 | .6 |
| 25.4 Other accident only | .51 | .94 | | 0 | .18 |
| 25.5 All other (b) | .86 | .97 | | 0 | .12 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | .30,467 | .30,801 | 0 | .46,091 | .2,722 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 30,539 | 30,949 | 0 | .46,091 | .2,733 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF U.S. Virgin Islands

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|---|---------------|---|------------|-----------------|------------|
| 1. Life insurance | 0 | | | | 0 | 0 |
| 2. Annuity considerations | 0 | | | | 0 | 0 |
| 3. Deposit-type contract funds | 0 | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 0 | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 0 | | | 0 | 0 | 0 |
| 10. Matured endowments | 0 | | | 0 | 0 | 0 |
| 11. Annuity benefits | 0 | | | 0 | 0 | 0 |
| 12. Surrender values and withdrawals for life contracts | 0 | | | 0 | 0 | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | 0 | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|--------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |
| 21. Issued during year | | | | | | 0 | 0 | 0 | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 0 | 0 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 0 | 0 | 0 | 0 | 0 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|-----------|---------------|---|------------|-----------------|------------|
| 1. Life insurance | 1,425,275 | | | | 0 | 1,425,275 |
| 2. Annuity considerations | 291,567 | | | | | 291,567 |
| 3. Deposit-type contract funds | 0 | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 1,716,842 | | 0 | 0 | 0 | 1,716,842 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 255,654 | | | | 0 | 255,654 |
| 10. Matured endowments | 0 | | | | 0 | 0 |
| 11. Annuity benefits | 43,876 | | | | 0 | 43,876 |
| 12. Surrender values and withdrawals for life contracts | (579) | | | | 0 | (579) |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | 298,951 | | 0 | 0 | 0 | 298,951 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|--------------|--------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 1 | 255,654 | | | | 0 | 0 | 0 | 1 | 255,654 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 1 | 255,654 | | | | 0 | 0 | 0 | 1 | 255,654 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 1 | 255,654 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 255,654 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 1 | 255,654 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 255,654 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 1,314 | 613,644,068 | 0 | (a) | 0 | 0 | 0 | 0 | 1,314 | 613,644,068 |
| 21. Issued during year | 282 | 108,873,057 | | | 0 | 0 | 0 | 0 | 282 | 108,873,057 |
| 22. Other changes to in force (Net) | (115) | (42,577,371) | | | 0 | 0 | 0 | 0 | (115) | (42,577,371) |
| 23. In force December 31 of current year | 1,481 | 679,939,753 | 0 | (a) | 0 | 0 | 0 | 0 | 1,481 | 679,939,753 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 20,676 | 20,913 | | 0 | 0 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 0 |
| 25.4 Other accident only | 0 | 0 | | 0 | 0 |
| 25.5 All other (b) | 0 | 0 | | 0 | 0 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 20,676 | 20,913 | | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 20,676 | 20,913 | | 0 | 0 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|---------|---------------|---|------------|-----------------|------------|
| 1. Life insurance | 434,598 | | | | 0 | 434,598 |
| 2. Annuity considerations | 0 | | | | 0 | 0 |
| 3. Deposit-type contract funds | 0 | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 434,598 | | 0 | 0 | 0 | 434,598 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 0 | | | | 0 | 0 |
| 10. Matured endowments | 0 | | | | 0 | 0 |
| 11. Annuity benefits | 0 | | | | 0 | 0 |
| 12. Surrender values and withdrawals for life contracts | 580 | | | | 0 | 580 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | 580 | | 0 | 0 | 0 | 580 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|--|--------------|---------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 0 | 0 | | | | 0 | | 0 | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 0 | 0 | | | | 0 | | 0 | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | 0 | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | 0 | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | 0 | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| | 20. In force December 31, prior year | 602 | 149,978,588 | 0 | (a) | 0 | 0 | 0 | 602 | 149,978,588 |
| 21. Issued during year | 87 | 39,078,004 | | 0 | | 0 | 0 | 0 | 87 | 39,078,004 |
| 22. Other changes to in force (Net) | (43) | (13,040,541) | | 0 | | 0 | 0 | 0 | (43) | (13,040,541) |
| 23. In force December 31 of current year | 646 | 176,016,051 | 0 | (a) | 0 | 0 | 0 | 0 | 646 | 176,016,051 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 3,686 | 3,761 | | 0 | 6 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 0 |
| 25.4 Other accident only | 0 | 0 | | 0 | 0 |
| 25.5 All other (b) | 0 | 0 | | 0 | 0 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 3,686 | 3,761 | 0 | 0 | 6 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 3,686 | 3,761 | 0 | 0 | 6 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 4,323,014 | | | 2,132 | 4,325,146 |
| 2. Annuity considerations | | 264,390 | | | | 264,390 |
| 3. Deposit-type contract funds | | 100,000 | XXX | | XXX | 100,000 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 4,687,404 | 0 | 0 | 2,132 | 4,689,536 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 1,732,674 | | | 0 | 4,000 |
| 10. Matured endowments | | 0 | | | | 0 |
| 11. Annuity benefits | | 546,696 | | | 0 | 546,696 |
| 12. Surrender values and withdrawals for life contracts | | 372,772 | | | 1,473 | 372,426 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 2,652,142 | 0 | 0 | 5,473 | 2,657,615 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|-----------------|---------------|---|-------------|----------------------|-------------|-------------------|-------------|--------------|---------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | | | | | | | | | | |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 26 | 1,732,674 | | | | 0 | .5 | 4,000 | .31 | 1,736,674 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 26 | 1,732,674 | | | | 0 | .5 | 4,000 | .31 | 1,736,674 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 26 | 1,732,674 | 0 | 0 | 0 | .5 | 4,000 | .31 | 1,736,674 | |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 26 | 1,732,674 | 0 | 0 | 0 | .5 | 4,000 | .31 | 1,736,674 | |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 6,990 | 1,454,086,512 | 0 | (a) 0 | 0 | 0 | 157 | 224,054 | .7,147 | 1,454,310,566 |
| 21. Issued during year | 341 | 115,988,404 | | | 0 | 0 | 0 | 0 | .341 | 115,988,404 |
| 22. Other changes to in force (Net) | (340) | (61,336,437) | | | 0 | 0 | (8) | (9,128) | (348) | (61,345,565) |
| 23. In force December 31 of current year | 6,991 | 1,508,738,479 | 0 | (a) 0 | 0 | 0 | 149 | 214,926 | 7,140 | 1,508,953,405 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$. Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$.

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 203 | 271 | | 0 | .18 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | .0 | .0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 102,210 | 106,644 | | 139,372 | 265,693 |
| 25.3 Non-renewable for stated reasons only (b) | .0 | .0 | | 0 | .6 |
| 25.4 Other accident only | .20 | .34 | | 0 | .6 |
| 25.5 All other (b) | 283 | 308 | | 0 | .53 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 102,513 | 106,987 | 0 | 139,372 | 265,757 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 102,716 | 107,257 | 0 | 139,372 | 265,775 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 2,086,483 | | | 0 | 2,086,483 |
| 2. Annuity considerations | | 308,494 | | | | 308,494 |
| 3. Deposit-type contract funds | | 0 | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 2,394,977 | 0 | 0 | 0 | 2,394,977 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 147,500 | | | 0 | 147,500 |
| 10. Matured endowments | | 0 | | | 0 | 0 |
| 11. Annuity benefits | | 88,223 | | | 0 | 88,223 |
| 12. Surrender values and withdrawals for life contracts | | 28,488 | | | 0 | 28,488 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 264,211 | 0 | 0 | 0 | 264,211 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------------|--------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | | | | | | | | | | |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 1 | 147,500 | | | | 0 | 0 | 0 | 1 | 147,500 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 1 | 147,500 | | | | 0 | 0 | 0 | 1 | 147,500 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 1 | 147,500 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 147,500 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 1 | 147,500 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 147,500 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| | | | | | No. of Policies | | | | | |
| 20. In force December 31, prior year | 1,751 | 787,645,600 | 0 | (a) 0 | 0 | 0 | 6 | 3,500 | 1,757 | 787,649,100 |
| 21. Issued during year | 319 | 142,111,536 | | | 0 | 0 | 0 | 0 | 319 | 142,111,536 |
| 22. Other changes to in force (Net) | (47) | (13,817,717) | | | 0 | 0 | 0 | 0 | (47) | (13,817,717) |
| 23. In force December 31 of current year | 2,023 | 915,939,420 | 0 | (a) 0 | 0 | 0 | 6 | 3,500 | 2,029 | 915,942,920 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 9,720 | 9,940 | | 0 | 18 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 0 |
| 25.4 Other accident only | 56 | 84 | | 0 | 18 |
| 25.5 All other (b) | 1,100 | 1,137 | | 1,669 | 1,700 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 10,876 | 11,162 | | 1,669 | 1,735 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 10,876 | 11,162 | | 1,669 | 1,735 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|-----------|---------------|---|------------|-----------------|------------|
| 1. Life insurance | 2,467,474 | | | | 9,529 | 2,477,004 |
| 2. Annuity considerations | 131,939 | | | | | 131,939 |
| 3. Deposit-type contract funds | 0 | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 2,599,413 | | 0 | 0 | 9,529 | 2,608,942 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 1,666,596 | | | | 0 | 33,313 |
| 10. Matured endowments | 1,000 | | | | | 6,000 |
| 11. Annuity benefits | 1,579,625 | | | | | |
| 12. Surrender values and withdrawals for life contracts | 71,049 | | | | | 7,358 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | 3,318,269 | | 0 | 0 | 46,671 | 3,364,940 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|-----------------|--------------|---|-------------|----------------------|-------------|-------------------|-------------|--------------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | | | | | | | | | | |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 58 | 1,667,596 | | | | 0 | 32 | 39,313 | 90 | 1,706,909 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 58 | 1,667,596 | | | | 0 | 32 | 39,313 | 90 | 1,706,909 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 58 | 1,667,596 | 0 | 0 | 0 | 0 | 32 | 39,313 | 90 | 1,706,909 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 58 | 1,667,596 | 0 | 0 | 0 | 0 | 32 | 39,313 | 90 | 1,706,909 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 4,775 | 557,151,005 | 0 | (a) | 0 | 0 | 1,178 | 1,146,531 | 5,953 | 558,297,536 |
| 21. Issued during year | 340 | 40,611,555 | | | 0 | 0 | 0 | 0 | 340 | 40,611,555 |
| 22. Other changes to in force (Net) | (429) | (52,579,313) | | | 0 | 0 | (56) | (82,223) | (485) | (52,661,536) |
| 23. In force December 31 of current year | 4,686 | 545,183,247 | 0 | (a) | 0 | 0 | 1,122 | 1,064,308 | 5,808 | 546,247,555 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$.
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$.
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$.

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| | | | | | |
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 16,562 | 19,547 | | 9,238 | 10,721 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 54,935 | 54,443 | | 41,200 | 78,134 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 0 |
| 25.4 Other accident only | 450 | 465 | | 0 | 134 |
| 25.5 All other (b) | 757 | 476 | | 0 | 140 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 56,141 | 55,385 | | 41,200 | 78,409 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 72,704 | 74,931 | | 50,438 | 89,130 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 9,064,756 | | | 0 | 9,064,756 |
| 2. Annuity considerations | | 1,058,552 | | | | 1,058,552 |
| 3. Deposit-type contract funds | | 0 | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 10,123,308 | 0 | 0 | 0 | 10,123,308 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 3,869,994 | | | 0 | 3,869,994 |
| 10. Matured endowments | | 1,000 | | | 0 | 1,000 |
| 11. Annuity benefits | | 2,375,033 | | | 0 | 2,375,033 |
| 12. Surrender values and withdrawals for life contracts | | 196,153 | | | 0 | 196,153 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 6,442,180 | 0 | 0 | 0 | 6,442,180 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|-----------------|---------------|---|-------------|----------------------|-------------|-------------------|-------------|--------------|---------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pol. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 32 | 3,870,994 | | | | 0 | 0 | 0 | .32 | 3,870,994 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 32 | 3,870,994 | | | | 0 | 0 | 0 | .32 | 3,870,994 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 32 | 3,870,994 | 0 | 0 | 0 | 0 | 0 | 0 | .32 | 3,870,994 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 32 | 3,870,994 | 0 | 0 | 0 | 0 | 0 | 0 | .32 | 3,870,994 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 13,395 | 3,611,081,255 | 0 | (a) | 0 | 0 | .1 | .500 | 13,396 | 3,611,081,755 |
| 21. Issued during year | .941 | 263,603,825 | | | 0 | 0 | 0 | 0 | .941 | 263,603,825 |
| 22. Other changes to in force (Net) | (841) | (180,830,947) | | | 0 | 0 | 0 | 0 | (841) | (180,830,947) |
| 23. In force December 31 of current year | 13,495 | 3,693,854,133 | 0 | (a) | 0 | 0 | 1 | 500 | 13,496 | 3,693,854,633 |

(a) Includes Individual Credit Life Insurance: prior year \$, current year \$. Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$, current year \$. Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$, current year \$.

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 261,535 | 271,936 | | .88,309 | .290,935 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 0 |
| 25.4 Other accident only | 703 | 1,099 | | 0 | .53 |
| 25.5 All other (b) | 392 | 574 | | 0 | .111 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 262,631 | 273,609 | 0 | .88,309 | .291,099 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 262,631 | 273,609 | 0 | .88,309 | .291,099 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 252,863 | | | 0 | 252,863 |
| 2. Annuity considerations | | 0 | | | 0 | 0 |
| 3. Deposit-type contract funds | | 0 | XXX | | XXX | 0 |
| 4. Other considerations | | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 252,863 | 0 | 0 | 0 | 252,863 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | | 0 |
| 6.4 Other | | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | | 0 |
| 7.3 Other | | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 0 | | 0 | 0 | 0 |
| 10. Matured endowments | | 0 | | 0 | 0 | 0 |
| 11. Annuity benefits | | 0 | | 0 | 0 | 0 |
| 12. Surrender values and withdrawals for life contracts | | 0 | | 0 | 0 | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | | 0 |
| 15. Totals | | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|--------------------------------------|-------------|---------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | | 0 | | | | 0 | | 0 | 0 | 0 |
| Settled during current year: | | | | | | 0 | | 0 | 0 | 0 |
| 18.1 By payment in full | | 0 | | | | 0 | | 0 | 0 | 0 |
| 18.2 By payment on compromised claims | | 0 | | | | 0 | | 0 | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | No. of Policies | | | | | |
| | 20. In force December 31, prior year | 202 | 86,453,753 | 0 | (a) 0 | 0 | 0 | 0 | 202 | 86,453,753 |
| 21. Issued during year | 49 | 20,420,005 | | 0 | | 0 | 0 | 0 | 49 | 20,420,005 |
| 22. Other changes to in force (Net) | 10 | (355,004) | | 0 | | 0 | 0 | 0 | 10 | (355,004) |
| 23. In force December 31 of current year | 261 | 106,518,754 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 261 | 106,518,754 |

(a) Includes Individual Credit Life Insurance: prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | 0 | 0 | | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (Group and Individual) | | | | | |
| 24.3 Collectively renewable policies (b) | 0 | 0 | | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 3,019 | 3,053 | | 0 | 0 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | | 0 | 0 |
| 25.4 Other accident only | 0 | 0 | | 0 | 0 |
| 25.5 All other (b) | 0 | 0 | | 0 | 0 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 3,019 | 3,053 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 3,019 | 3,053 | 0 | 0 | 0 |

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Grand Aliens

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|--|---------------|---|------------|-----------------|------------|
| 1. Life insurance | | 217 | 0 | 0 | 0 | 217 |
| 2. Annuity considerations | | 0 | 0 | 0 | 0 | 0 |
| 3. Deposit-type contract funds | | 0 | XXX | 0 | XXX | 0 |
| 4. Other considerations | | 0 | 0 | 0 | 0 | 0 |
| 5. Totals (Sum of Lines 1 to 4) | | 217 | 0 | 0 | 0 | 217 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | | 0 | 0 | 0 | 0 | 0 |
| 6.2 Applied to pay renewal premiums | | 0 | 0 | 0 | 0 | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | 0 | 0 | 0 | 0 | 0 |
| 6.4 Other | | 0 | 0 | 0 | 0 | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | | 0 | 0 | 0 | 0 | 0 |
| 7.2 Applied to provide paid-up annuities | | 0 | 0 | 0 | 0 | 0 |
| 7.3 Other | | 0 | 0 | 0 | 0 | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | | 0 | 0 | 0 | 0 | 0 |
| 10. Matured endowments | | 0 | 0 | 0 | 0 | 0 |
| 11. Annuity benefits | | 0 | 0 | 0 | 0 | 0 |
| 12. Surrender values and withdrawals for life contracts | | 0 | 0 | 0 | 0 | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | 0 | 0 | 0 | 0 | 0 |
| 15. Totals | | 0 | 0 | 0 | 0 | 0 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | | 0 | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| | 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.2 By payment on compromised claims | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.5 Amount rejected | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. Issued during year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. Other changes to in force (Net) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23. In force December 31 of current year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Includes Individual Credit Life Insurance: prior year \$ 0, current year \$ 0
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0, current year \$ 0

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid or Credited On Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|----------------------|-----------------------------|--|-------------------------|-----------------------------|
| 24. Group policies (b) | 0 | 0 | 0 | 0 | 0 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | 0 | 0 | 0 | 0 | 0 |
| 24.2 Credit (Group and Individual) | 0 | 0 | 0 | 0 | 0 |
| 24.3 Collectively renewable policies (b) | 0 | 0 | 0 | 0 | 0 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | 0 | 0 | 0 | 0 | 0 |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b) | 0 | 0 | 0 | 0 | 0 |
| 25.2 Guaranteed renewable (b) | 0 | 0 | 0 | 0 | 0 |
| 25.3 Non-renewable for stated reasons only (b) | 0 | 0 | 0 | 0 | 0 |
| 25.4 Other accident only | 0 | 0 | 0 | 0 | 0 |
| 25.5 All other (b) | 0 | 0 | 0 | 0 | 0 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | 0 | 0 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 0 | 0 | 0 | 0 | 0 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2015

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 | 2 | 3 | 4 | 5 |
|--|-------------|----------|------------------------------------|-----------|------------|-------------|
| | | Ordinary | Credit Life (Group and Individual) | Group | Industrial | Total |
| 1. Life insurance | 264,441,504 | | 0 | 73,240 | 78,192 | 264,592,936 |
| 2. Annuity considerations | 34,966,420 | | 0 | 0 | 0 | 34,966,420 |
| 3. Deposit-type contract funds | 229,000 | | XXX | 0 | XXX | 229,000 |
| 4. Other considerations | 0 | | 0 | 0 | 0 | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 299,636,925 | | 0 | 73,240 | 78,192 | 299,788,356 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | |
| Life insurance: | | | | | | |
| 6.1 Paid in cash or left on deposit | 0 | | 0 | 0 | 0 | 0 |
| 6.2 Applied to pay renewal premiums | 0 | | 0 | 0 | 0 | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 0 | | 0 | 0 | 0 | 0 |
| 6.4 Other | 0 | | 0 | 0 | 0 | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | | 0 | 0 | 0 | 0 |
| Annuities: | | | | | | |
| 7.1 Paid in cash or left on deposit | 0 | | 0 | 0 | 0 | 0 |
| 7.2 Applied to provide paid-up annuities | 0 | | 0 | 0 | 0 | 0 |
| 7.3 Other | 0 | | 0 | 0 | 0 | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | | |
| 9. Death benefits | 142,505,240 | | 0 | 7,602,049 | 260,283 | 150,367,572 |
| 10. Matured endowments | 61,555 | | 0 | 0 | 36,552 | 98,107 |
| 11. Annuity benefits | 59,902,651 | | 0 | 64,803 | 0 | 59,967,454 |
| 12. Surrender values and withdrawals for life contracts | 16,901,767 | | 0 | 0 | 74,433 | 16,976,199 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | 0 | | 0 | 0 | 0 | 0 |
| 15. Totals | 219,371,212 | | 0 | 7,666,852 | 371,268 | 227,409,332 |
| DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303. | | | | | | |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above) | 0 | | 0 | 0 | 0 | 0 |

| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|-----------------|------------------------------------|--------|-----------------|---------------|------------|------------|----------|-----------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | No. | Amount | No. of Ind. Pol. & Gr. Certifs. | Amount | No. of Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 1,617 | 142,566,795 | 0 | 0 | 9 | 7,602,049 | 307 | 296,835 | 1,933 | 150,465,679 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 1,617 | 142,566,795 | 0 | 0 | 9 | 7,602,049 | 307 | 296,835 | 1,933 | 150,465,679 |
| 18.2 By payment on compromised claims | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.3 Totals paid | 1,617 | 142,566,795 | 0 | 0 | 9 | 7,602,049 | 307 | 296,835 | 1,933 | 150,465,679 |
| 18.4 Reduction by compromise | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.5 Amount rejected | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.6 Total settlements | 1,617 | 142,566,795 | 0 | 0 | 9 | 7,602,049 | 307 | 296,835 | 1,933 | 150,465,679 |
| 19. Unpaid Dec. 31, current year (16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year | 400,002 | 85,942,322,008 | 0 | (a) | 0 | 2,078,663,184 | 23,338 | 23,471,763 | 423,349 | 88,044,456,955 |
| 21. Issued during year | 32,094 | 7,412,885,633 | 0 | | 0 | 25,029,000 | 0 | 0 | 32,094 | 7,437,914,633 |
| 22. Other changes to in force (Net) | (27,058) | (4,037,609,605) | 0 | | 0 | 6,894,861 | (881) | (935,533) | (27,939) | (4,031,650,276) |
| 23. In force December 31 of current year | 405,038 | 89,317,598,037 | 0 | (a) | 0 | 2,110,587,045 | 22,457 | 22,536,230 | 427,504 | 91,450,721,312 |

(a) Includes Individual Credit Life Insurance: prior year \$ 0, current year \$ 0
 Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ 0, current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ 0, current year \$ 0

ACCIDENT AND HEALTH INSURANCE

| | | 1 | 2 | 3 | 4 | 5 |
|---|--|-----------------|------------------------|---|--------------------|------------------------|
| | | Direct Premiums | Direct Premiums Earned | Dividends Paid or Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group policies (b) | | 38,773 | 38,794 | 0 | 1,572,067 | 2,019,896 |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | 0 | 0 | 0 | 0 | 0 |
| 24.2 Credit (Group and Individual) | | 0 | 0 | 0 | 0 | 0 |
| 24.3 Collectively renewable policies (b) | | 24,394 | 29,425 | 0 | 10,705 | 12,836 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | 0 | 0 | 0 | 0 | 0 |
| Other Individual Policies: | | | | | | |
| 25.1 Non-cancelable (b) | | 367 | 401 | 0 | 0 | 210 |
| 25.2 Guaranteed renewable (b) | | 5,452,650 | 5,374,454 | 0 | 2,714,216 | 2,874,577 |
| 25.3 Non-renewable for stated reasons only (b) | | 0 | 0 | 0 | 3,450 | 5,679 |
| 25.4 Other accident only | | 18,531 | 22,445 | 0 | 5,612 | 6,993 |
| 25.5 All other (b) | | 22,234 | 26,813 | 0 | 13,500 | 16,282 |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | 5,493,782 | 5,424,113 | 0 | 2,736,778 | 2,903,742 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | 5,556,949 | 5,492,332 | 0 | 4,319,550 | 4,936,473 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

| | 1 Amount |
|---|-------------|
| 1. Reserve as of December 31, prior year | 9,019,623 |
| 2. Current year's realized pre-tax capital gains/(losses) of \$ 7,137,289 transferred into the reserve net of taxes of \$ 2,307,262 | 4,830,028 |
| 3. Adjustment for current year's liability gains/(losses) released from the reserve | 0 |
| 4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3) | 13,849,651 |
| 5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4) | 4,102,626 |
| 6. Reserve as of December 31, current year (Line 4 minus Line 5) | 9,747,024 |

Amortization

| Year of Amortization | 1 Reserve as of December 31, Prior Year | 2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes | 3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve | 4 Balance Before Reduction for Current Year's Amortization (Cols. 1+2+3) |
|---------------------------|--|---|---|--|
| 1. 2015 | 3,030,790 | 1,071,836 | 0 | 4,102,626 |
| 2. 2016 | 2,373,741 | 1,549,616 | 0 | 3,923,357 |
| 3. 2017 | 1,833,999 | 922,436 | 0 | 2,756,434 |
| 4. 2018 | 1,225,766 | 674,761 | 0 | 1,900,527 |
| 5. 2019 | 636,096 | 419,994 | 0 | 1,056,090 |
| 6. 2020 | 302,358 | 154,220 | 0 | 456,578 |
| 7. 2021 | 226,281 | 13,024 | 0 | 239,305 |
| 8. 2022 | 190,387 | 10,377 | 0 | 200,764 |
| 9. 2023 | 167,717 | 7,518 | 0 | 175,234 |
| 10. 2024 | 140,360 | 4,659 | 0 | 145,019 |
| 11. 2025 | 111,492 | 1,588 | 0 | 113,080 |
| 12. 2026 | 35,470 | 0 | 0 | 35,470 |
| 13. 2027 | (44,018) | 0 | 0 | (44,018) |
| 14. 2028 | (70,081) | 0 | 0 | (70,081) |
| 15. 2029 | (91,848) | 0 | 0 | (91,848) |
| 16. 2030 | (109,890) | 0 | 0 | (109,890) |
| 17. 2031 | (123,651) | 0 | 0 | (123,651) |
| 18. 2032 | (122,145) | 0 | 0 | (122,145) |
| 19. 2033 | (136,831) | 0 | 0 | (136,831) |
| 20. 2034 | (157,243) | 0 | 0 | (157,243) |
| 21. 2035 | (149,916) | 0 | 0 | (149,916) |
| 22. 2036 | (119,476) | 0 | 0 | (119,476) |
| 23. 2037 | (86,803) | 0 | 0 | (86,803) |
| 24. 2038 | (49,556) | 0 | 0 | (49,556) |
| 25. 2039 | (9,834) | 0 | 0 | (9,834) |
| 26. 2040 | 9,003 | 0 | 0 | 9,003 |
| 27. 2041 | 5,734 | 0 | 0 | 5,734 |
| 28. 2042 | 1,720 | 0 | 0 | 1,720 |
| 29. 2043 | 0 | 0 | 0 | 0 |
| 30. 2044 | 0 | 0 | 0 | 0 |
| 31. 2045 and Later | 0 | 0 | 0 | 0 |
| 32. Total (Lines 1 to 31) | 9,019,623 | 4,830,028 | 0 | 13,849,651 |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE

| | Default Component | | | Equity Component | | | 7 Total Amount (Cols. 3+6) |
|---|-----------------------------------|---------------------|---------------------------|-------------------|---|---------------------------|----------------------------------|
| | 1 Other Than Mortgage Loans | 2 Mortgage Loans | 3 Total (Cols. 1+2) | 4 Common Stock | 5 Real Estate and Other Invested Assets | 6 Total (Cols. 4+5) | |
| 1. Reserve as of December 31, prior year | 17,254,374 | 0 | 17,254,374 | 0 | 135,649 | 135,649 | 17,390,023 |
| 2. Realized capital gains/(losses) net of taxes-General Account | (6,087,735) | | (6,087,735) | | | | (6,087,735) |
| 3. Realized capital gains/(losses) net of taxes-Separate Accounts | 518,986 | | 518,986 | | | | 518,986 |
| 4. Unrealized capital gains/(losses) net of deferred taxes-General Account | | | 0 | | | | 0 |
| 5. Unrealized capital gains/(losses) net of deferred taxes-Separate Accounts | | | 0 | | | | 0 |
| 6. Capital gains credited/(losses charged) to contract benefits, payments or reserves | | | 0 | | | | 0 |
| 7. Basic contribution | 6,378,550 | 0 | 6,378,550 | 0 | 17,871 | 17,871 | 6,396,420 |
| 8. Accumulated balances (Lines 1 through 5 - 6 + 7) | 18,064,175 | 0 | 18,064,175 | 0 | 153,519 | 153,519 | 18,217,694 |
| 9. Maximum reserve | 30,172,713 | 0 | 30,172,713 | 0 | 134,030 | 134,030 | 30,306,743 |
| 10. Reserve objective | 20,820,014 | 0 | 20,820,014 | 0 | 102,756 | 102,756 | 20,922,770 |
| 11. 20% of (Line 10 - Line 8) | 551,168 | 0 | 551,168 | 0 | (10,153) | (10,153) | 541,015 |
| 12. Balance before transfers (Lines 8 + 11) | 18,615,343 | 0 | 18,615,343 | 0 | 143,367 | 143,367 | 18,758,709 |
| 13. Transfers | | | 0 | | | | 0 |
| 14. Voluntary contribution | | | 0 | | | | 0 |
| 15. Adjustment down to maximum/up to zero | | | 0 | | (9,337) | (9,337) | (9,337) |
| 16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15) | 18,615,343 | 0 | 18,615,343 | 0 | 134,030 | 134,030 | 18,749,372 |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

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

| Line Number | NAIC Designation | Description | 1 Book/Adjusted Carrying Value | 2 Reclassify Related Party Encumbrances | 3 Add Third Party Encumbrances | 4 Balance for AVR Reserve Calculations (Cols. 1+2+3) | Basic Contribution | | Reserve Objective | | Maximum Reserve | |
|-------------|------------------|---|-----------------------------------|--|-----------------------------------|---|--------------------|-------------------------|-------------------|-------------------------|-----------------|--------------------------|
| | | | | | | | 5 Factor | 6 Amount (Cols. 4x5) | 7 Factor | 8 Amount (Cols. 4x7) | 9 Factor | 10 Amount (Cols. 4x9) |
| | | MORTGAGE LOANS | | | | | | | | | | |
| | | In Good Standing: | | | | | | | | | | |
| 35 | | Farm Mortgages - CM1 - Highest Quality | | | XXX | 0 | 0.0010 | .0 | 0.0050 | .0 | 0.0065 | .0 |
| 36 | | Farm Mortgages - CM2 - High Quality | | | XXX | 0 | 0.0035 | .0 | 0.0100 | .0 | 0.0130 | .0 |
| 37 | | Farm Mortgages - CM3 - Medium Quality | | | XXX | 0 | 0.0060 | .0 | 0.0175 | .0 | 0.0225 | .0 |
| 38 | | Farm Mortgages - CM4 - Low Medium Quality | | | XXX | 0 | 0.0105 | .0 | 0.0300 | .0 | 0.0375 | .0 |
| 39 | | Farm Mortgages - CM5 - Low Quality | | | XXX | 0 | 0.0160 | .0 | 0.0425 | .0 | 0.0550 | .0 |
| 40 | | Residential Mortgages - Insured or Guaranteed | | | XXX | 0 | 0.0003 | .0 | 0.0006 | .0 | 0.0010 | .0 |
| 41 | | Residential Mortgages - All Other | | | XXX | 0 | 0.0013 | .0 | 0.0030 | .0 | 0.0040 | .0 |
| 42 | | Commercial Mortgages - Insured or Guaranteed | | | XXX | 0 | 0.0003 | .0 | 0.0006 | .0 | 0.0010 | .0 |
| 43 | | Commercial Mortgages - All Other - CM1 - Highest Quality | | | XXX | 0 | 0.0010 | .0 | 0.0050 | .0 | 0.0065 | .0 |
| 44 | | Commercial Mortgages - All Other - CM2 - High Quality | | | XXX | 0 | 0.0035 | .0 | 0.0100 | .0 | 0.0130 | .0 |
| 45 | | Commercial Mortgages - All Other - CM3 - Medium Quality | | | XXX | 0 | 0.0060 | .0 | 0.0175 | .0 | 0.0225 | .0 |
| 46 | | Commercial Mortgages - All Other - CM4 - Low Medium Quality | | | XXX | 0 | 0.0105 | .0 | 0.0300 | .0 | 0.0375 | .0 |
| 47 | | Commercial Mortgages - All Other - CM5 - Low Quality | | | XXX | 0 | 0.0160 | .0 | 0.0425 | .0 | 0.0550 | .0 |
| | | Overdue, Not in Process: | | | | | | | | | | |
| 48 | | Farm Mortgages | | | XXX | 0 | 0.0420 | .0 | 0.0760 | .0 | 0.1200 | .0 |
| 49 | | Residential Mortgages - Insured or Guaranteed | | | XXX | 0 | 0.0005 | .0 | 0.0012 | .0 | 0.0020 | .0 |
| 50 | | Residential Mortgages - All Other | | | XXX | 0 | 0.0025 | .0 | 0.0058 | .0 | 0.0090 | .0 |
| 51 | | Commercial Mortgages - Insured or Guaranteed | | | XXX | 0 | 0.0005 | .0 | 0.0012 | .0 | 0.0020 | .0 |
| 52 | | Commercial Mortgages - All Other | | | XXX | 0 | 0.0420 | .0 | 0.0760 | .0 | 0.1200 | .0 |
| | | In Process of Foreclosure: | | | | | | | | | | |
| 53 | | Farm Mortgages | | | XXX | 0 | 0.0000 | .0 | 0.1700 | .0 | 0.1700 | .0 |
| 54 | | Residential Mortgages - Insured or Guaranteed | | | XXX | 0 | 0.0000 | .0 | 0.0040 | .0 | 0.0040 | .0 |
| 55 | | Residential Mortgages - All Other | | | XXX | 0 | 0.0000 | .0 | 0.0130 | .0 | 0.0130 | .0 |
| 56 | | Commercial Mortgages - Insured or Guaranteed | | | XXX | 0 | 0.0000 | .0 | 0.0040 | .0 | 0.0040 | .0 |
| 57 | | Commercial Mortgages - All Other | | | XXX | 0 | 0.0000 | .0 | 0.1700 | .0 | 0.1700 | .0 |
| 58 | | Total Schedule B Mortgages (Sum of Lines 35 through 57) | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| 59 | | Schedule DA Mortgages | | | XXX | 0 | 0.0030 | 0 | 0.0100 | 0 | 0.0130 | 0 |
| 60 | | Total Mortgage Loans on Real Estate (Lines 58 + 59) | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 | XXX | 0 |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

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

| Line Number | NAIC Designation | Description | 1 Book/Adjusted Carrying Value | 2 Reclassify Related Party Encumbrances | 3 Add Third Party Encumbrances | 4 Balance for AVR Reserve Calculations (Col. 1 + 2 + 3) | BASIC CONTRIBUTION | | RESERVE OBJECTIVE | | MAXIMUM RESERVE | |
|-------------|---|---|-----------------------------------|--|-----------------------------------|--|--------------------|---------------------------|-------------------|---------------------------|-----------------|----------------------------|
| | | | | | | | 5 Factor | 6 Amount (Cols. 4 x 5) | 7 Factor | 8 Amount (Cols. 4 x 7) | 9 Factor | 10 Amount (Cols. 4 x 9) |
| 1 | 1 Unaffiliated Public | COMMON STOCK | | XXX | XXX | 0 | 0.0000 | 0 | 0.1300 (a) | 0 | 0.1300 (a) | 0 |
| 2 | | Unaffiliated Private | | XXX | XXX | 0 | 0.0000 | 0 | 0.1600 | 0 | 0.1600 | 0 |
| 3 | | Federal Home Loan Bank | | XXX | XXX | 0 | 0.0000 | 0 | 0.0050 | 0 | 0.0080 | 0 |
| 4 | | Affiliated Life with AVR | | XXX | XXX | 0 | 0.0000 | 0 | 0.0000 | 0 | 0.0000 | 0 |
| 5 | | Affiliated Investment Subsidiary: | | | | | | | | | | |
| 6 | | Fixed Income Exempt Obligations | 0 | 0 | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| 7 | | Fixed Income Highest Quality | 0 | 0 | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| 8 | | Fixed Income High Quality | 0 | 0 | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| 9 | | Fixed Income Medium Quality | 0 | 0 | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| 10 | | Fixed Income Low Quality | 0 | 0 | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| 11 | | Fixed Income Lower Quality | 0 | 0 | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| 12 | | Fixed Income In or Near Default | 0 | 0 | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| 13 | | Unaffiliated Common Stock Public | | | | 0 | 0.0000 | 0 | 0.1300 (a) | 0 | 0.1300 (a) | 0 |
| 14 | | Unaffiliated Common Stock Private | | | | 0 | 0.0000 | 0 | 0.1600 | 0 | 0.1600 | 0 |
| 15 | | Real Estate | | | | 0 | | (b) | 0 | 0 | (b) | 0 |
| 16 | | Affiliated-Certain Other (See SVO Purposes & Procedures Manual) | XXX | XXX | XXX | 0 | 0.0000 | 0 | 0.1300 | 0 | 0.1300 | 0 |
| 17 | | Affiliated - All Other | XXX | XXX | XXX | 0 | 0.0000 | 0 | 0.1600 | 0 | 0.1600 | 0 |
| | | Total Common Stock (Sum of Lines 1 through 16) | 0 | 0 | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| 18 | 2 REAL ESTATE | REAL ESTATE | | | | | | | | | | |
| 19 | | Home Office Property (General Account only) | | | | 0 | 0.0000 | 0 | 0.0750 | 0 | 0.0750 | 0 |
| 20 | | Investment Properties | | | | 0 | 0.0000 | 0 | 0.0750 | 0 | 0.0750 | 0 |
| 21 | | Properties Acquired in Satisfaction of Debt | | | | 0 | 0.0000 | 0 | 0.1100 | 0 | 0.1100 | 0 |
| | | Total Real Estate (Sum of Lines 18 through 20) | 0 | 0 | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| 22 | 1 2 3 4 5 6 OTHER INVESTED ASSETS | INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS | | | | | | | | | | |
| 23 | | Exempt Obligations | XXX | XXX | 0 | 0.0000 | 0 | 0.0000 | 0 | 0.0000 | 0 | 0 |
| 24 | | Highest Quality | XXX | XXX | 0 | 0.0004 | 0 | 0.0023 | 0 | 0.0030 | 0 | 0 |
| 25 | | High Quality | XXX | XXX | 0 | 0.0019 | 0 | 0.0058 | 0 | 0.0090 | 0 | 0 |
| 26 | | Medium Quality | XXX | XXX | 0 | 0.0093 | 0 | 0.0230 | 0 | 0.0340 | 0 | 0 |
| 27 | | Low Quality | XXX | XXX | 0 | 0.0213 | 0 | 0.0530 | 0 | 0.0750 | 0 | 0 |
| 28 | | Lower Quality | XXX | XXX | 0 | 0.0432 | 0 | 0.1100 | 0 | 0.1700 | 0 | 0 |
| 29 | | In or Near Default | XXX | XXX | 0 | 0.0000 | 0 | 0.2000 | 0 | 0.2000 | 0 | 0 |
| | | Total with Bond Characteristics (Sum of Lines 22 through 28) | 0 | XXX | XXX | 0 | XXX | 0 | XXX | 0 | XXX | 0 |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

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

| Line Number | NAIC Designation | Description | 1 Book/Adjusted Carrying Value | 2 Reclassify Related Party Encumbrances | 3 Add Third Party Encumbrances | 4 Balance for AVR Reserve Calculations (Col. 1 + 2 + 3) | BASIC CONTRIBUTION | | RESERVE OBJECTIVE | | MAXIMUM RESERVE | |
|-------------|------------------|--|-----------------------------------|--|-----------------------------------|--|--------------------|---------------------------|-------------------|---------------------------|-----------------|----------------------------|
| | | | | | | | 5 Factor | 6 Amount (Cols. 4 x 5) | 7 Factor | 8 Amount (Cols. 4 x 7) | 9 Factor | 10 Amount (Cols. 4 x 9) |
| | | INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS | | | | | | | | | | |
| 30 | 1 | Highest Quality | 44,676,604 | XXX | XXX | 44,676,604 | 0.0004 | 17,871 | 0.0023 | 102,756 | 0.0030 | |
| 31 | 2 | High Quality | | XXX | XXX | 0 | 0.0019 | 0 | 0.0058 | 0 | 0.0090 | |
| 32 | 3 | Medium Quality | | XXX | XXX | 0 | 0.0093 | 0 | 0.0230 | 0 | 0.0340 | |
| 33 | 4 | Low Quality | | XXX | XXX | 0 | 0.0213 | 0 | 0.0530 | 0 | 0.0750 | |
| 34 | 5 | Lower Quality | | XXX | XXX | 0 | 0.0432 | 0 | 0.1100 | 0 | 0.1700 | |
| 35 | 6 | In or Near Default | | XXX | XXX | 0 | 0.0000 | 0 | 0.2000 | 0 | 0.2000 | |
| 36 | | Affiliated Life with AVR | | XXX | XXX | 0 | 0.0000 | 0 | 0.0000 | 0 | 0.0000 | |
| 37 | | Total with Preferred Stock Characteristics (Sum of Lines 30 through 36) | 44,676,604 | XXX | XXX | 44,676,604 | XXX | 17,871 | XXX | 102,756 | XXX | |
| | | INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS | | | | | | | | | | |
| | | In Good Standing Affiliated: | | | | | | | | | | |
| 38 | | Mortgages - CM1 - Highest Quality | | | XXX | 0 | 0.0010 | 0 | 0.0050 | 0 | 0.0065 | |
| 39 | | Mortgages - CM2 - High Quality | | | XXX | 0 | 0.0035 | 0 | 0.0100 | 0 | 0.0130 | |
| 40 | | Mortgages - CM3 - Medium Quality | | | XXX | 0 | 0.0060 | 0 | 0.0175 | 0 | 0.0225 | |
| 41 | | Mortgages - CM4 - Low Medium Quality | | | XXX | 0 | 0.0105 | 0 | 0.0300 | 0 | 0.0375 | |
| 42 | | Mortgages - CM5 - Low Quality | | | XXX | 0 | 0.0160 | 0 | 0.0425 | 0 | 0.0550 | |
| 43 | | Residential Mortgages - Insured or Guaranteed | | | XXX | 0 | 0.0003 | 0 | 0.0006 | 0 | 0.0010 | |
| 44 | | Residential Mortgages - All Other | | XXX | XXX | 0 | 0.0013 | 0 | 0.0030 | 0 | 0.0040 | |
| 45 | | Commercial Mortgages - Insured or Guaranteed | | | XXX | 0 | 0.0003 | 0 | 0.0006 | 0 | 0.0010 | |
| | | Overdue, Not in Process Affiliated: | | | | | | | | | | |
| 46 | | Farm Mortgages | | | XXX | 0 | 0.0420 | 0 | 0.0760 | 0 | 0.1200 | |
| 47 | | Residential Mortgages - Insured or Guaranteed | | | XXX | 0 | 0.0005 | 0 | 0.0012 | 0 | 0.0020 | |
| 48 | | Residential Mortgages - All Other | | | XXX | 0 | 0.0025 | 0 | 0.0058 | 0 | 0.0090 | |
| 49 | | Commercial Mortgages - Insured or Guaranteed | | | XXX | 0 | 0.0005 | 0 | 0.0012 | 0 | 0.0020 | |
| 50 | | Commercial Mortgages - All Other | | | XXX | 0 | 0.0420 | 0 | 0.0760 | 0 | 0.1200 | |
| | | In Process of Foreclosure Affiliated: | | | | | | | | | | |
| 51 | | Farm Mortgages | | | XXX | 0 | 0.0000 | 0 | 0.1700 | 0 | 0.1700 | |
| 52 | | Residential Mortgages - Insured or Guaranteed | | | XXX | 0 | 0.0000 | 0 | 0.0040 | 0 | 0.0040 | |
| 53 | | Residential Mortgages - All Other | | | XXX | 0 | 0.0000 | 0 | 0.0130 | 0 | 0.0130 | |
| 54 | | Commercial Mortgages - Insured or Guaranteed | | | XXX | 0 | 0.0000 | 0 | 0.0040 | 0 | 0.0040 | |
| 55 | | Commercial Mortgages - All Other | | | XXX | 0 | 0.0000 | 0 | 0.1700 | 0 | 0.1700 | |
| 56 | | Total Affiliated (Sum of Lines 38 through 55) | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 | XXX | |
| 57 | | Unaffiliated - In Good Standing With Covenants | | | XXX | 0 | 0.0000 (c) | 0 | 0.0000 (c) | 0 | 0.0000 (c) | |
| 58 | | Unaffiliated - In Good Standing Defeased With Government Securities | | | XXX | 0 | 0.0010 | 0 | 0.0050 | 0 | 0.0065 | |
| 59 | | Unaffiliated - In Good Standing - Primarily Senior | | | XXX | 0 | 0.0035 | 0 | 0.0100 | 0 | 0.0130 | |
| 60 | | Unaffiliated - In Good Standing All Other | | | XXX | 0 | 0.0060 | 0 | 0.0175 | 0 | 0.0225 | |
| 61 | | Unaffiliated - Overdue, Not in Process | | | XXX | 0 | 0.0420 | 0 | 0.0760 | 0 | 0.1200 | |
| 62 | | Unaffiliated - In Process of Foreclosure | | | XXX | 0 | 0.0000 | 0 | 0.1700 | 0 | 0.1700 | |
| 63 | | Total Unaffiliated (Sum of Lines 57 through 62) | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 | XXX | |
| 64 | | Total with Mortgage Loan Characteristics (Lines 56 + 63) | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 | XXX | |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

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

| Line Number | NAIC Designation | Description | 1 Book/Adjusted Carrying Value | 2 Reclassify Related Party Encumbrances | 3 Add Third Party Encumbrances | 4 Balance for AVR Reserve Calculations (Col. 1 + 2 + 3) | BASIC CONTRIBUTION | | RESERVE OBJECTIVE | | MAXIMUM RESERVE | |
|-------------|--|--|-----------------------------------|--|-----------------------------------|--|--------------------|---------------------------|-------------------|---------------------------|-----------------|----------------------------|
| | | | | | | | 5 Factor | 6 Amount (Cols. 4 x 5) | 7 Factor | 8 Amount (Cols. 4 x 7) | 9 Factor | 10 Amount (Cols. 4 x 9) |
| 65 | | INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK | | | | | | | | | | |
| 66 | | Unaffiliated Public | XXX | XXX | | 0 | 0.0000 | 0 | 0.1300 (a) | 0 | 0.1300 (a) 0 | |
| 67 | | Unaffiliated Private | XXX | XXX | | 0 | 0.0000 | 0 | 0.1600 | 0 | 0.1600 0 | |
| 68 | | Affiliated Life with AVR | XXX | XXX | | 0 | 0.0000 | 0 | 0.0000 | 0 | 0.0000 0 | |
| 69 | | Affiliated Certain Other (See SVO Purposes & Procedures Manual) | XXX | XXX | | 0 | 0.0000 | 0 | 0.1300 | 0 | 0.1300 0 | |
| 70 | | Affiliated Other - All Other | XXX | XXX | | 0 | 0.0000 | 0 | 0.1600 | 0 | 0.1600 0 | |
| | | Total with Common Stock Characteristics (Sum of Lines 65 through 69) | 0 | XXX | XXX | 0 | XXX | 0 | XXX | 0 | XXX 0 | |
| 71 | | INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE | | | | | | | | | | |
| 72 | | Home Office Property (General Account only) | | | | 0 | 0.0000 | 0 | 0.0750 | 0 | 0.0750 0 | |
| 73 | | Investment Properties | | | | 0 | 0.0000 | 0 | 0.0750 | 0 | 0.0750 0 | |
| 74 | | Properties Acquired in Satisfaction of Debt | | | | 0 | 0.0000 | 0 | 0.1100 | 0 | 0.1100 0 | |
| | | Total with Real Estate Characteristics (Sum of Lines 71 through 73) | 0 | 0 | 0 | 0 | XXX | 0 | XXX | 0 | XXX 0 | |
| 75 | | LOW INCOME HOUSING TAX CREDIT INVESTMENTS | | | | | | | | | | |
| 76 | | Guaranteed Federal Low Income Housing Tax Credit | 0 | | | 0 | 0.0003 | 0 | 0.0006 | 0 | 0.0010 0 | |
| 77 | | Non-guaranteed Federal Low Income Housing Tax Credit | 0 | | | 0 | 0.0063 | 0 | 0.0120 | 0 | 0.0190 0 | |
| 78 | | Guaranteed State Low Income Housing Tax Credit | 0 | | | 0 | 0.0003 | 0 | 0.0006 | 0 | 0.0010 0 | |
| 79 | | Non-guaranteed State Low Income Housing Tax Credit | 0 | | | 0 | 0.0063 | 0 | 0.0120 | 0 | 0.0190 0 | |
| 80 | | All Other Low Income Housing Tax Credit | 0 | | | 0 | 0.0273 | 0 | 0.0600 | 0 | 0.0975 0 | |
| | | Total LIHTC (Sum of Lines 75 through 79) | 0 | 0 | 0 | 0 | XXX | 0 | XXX | 0 | XXX 0 | |
| 81 | | ALL OTHER INVESTMENTS | | | | | | | | | | |
| 82 | | NAIC 1 Working Capital Finance Investments | | XXX | | 0 | 0.0000 | 0 | 0.0037 | 0 | 0.0037 0 | |
| 83 | | NAIC 2 Working Capital Finance Investments | | XXX | | 0 | 0.0000 | 0 | 0.0120 | 0 | 0.0120 0 | |
| 84 | | Other Invested Assets - Schedule BA | | XXX | | 0 | 0.0000 | 0 | 0.1300 | 0 | 0.1300 0 | |
| 85 | | Other Short-Term Invested Assets - Schedule DA | | XXX | | 0 | 0.0000 | 0 | 0.1300 | 0 | 0.1300 0 | |
| | | Total All Other (Sum of Lines 81, 82, 83 and 84) | 0 | XXX | 0 | 0 | XXX | 0 | XXX | 0 | XXX 0 | |
| 86 | Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85) | 44,676,604 | 0 | 0 | 44,676,604 | XXX | 17,871 | XXX | 102,756 | XXX 134,030 | | |

(a) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).

(b) Determined using same factors and breakdowns used for directly owned real estate.

(c) This will be the factor associated with the risk category determined in the company generated worksheet.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

Asset Valuation Reserve (Continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations Replications (Synthetic) Assets

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE F

Showing all claims for death losses and all other contract claims resisted or compromised during the year, and
all claims for death losses and all other contract claims resisted December 31 of current year

| 1 Contract Numbers | 2 Claim Numbers | 3 State of Residence of Claimant | 4 Year of Claim for Death or Disability | 5 Amount Claimed | 6 Amount Paid During the Year | 7 Amount Resisted Dec. 31 of Current Year | 8 Why Compromised or Resisted |
|---|--------------------|--|---|---------------------|-------------------------------------|--|----------------------------------|
| Disposed Death Claims - Ordinary | | | | | | | |
| P2496656 | | SC | 2014 | 25,885 | 21,779 | | SETTLEMENT REACHED |
| 6091080P | | VA | 2008 | 19,631 | 17,730 | | CASE DISMISSED |
| L2823484 | | IN | 2014 | 25,000 | 27,854 | | SETTLEMENT REACHED |
| 0199999 - Disposed Death Claims - Ordinary | | | | 70,516 | 67,363 | 0 | XXX |
| 0599999 - Subtotals - Disposed - Death Claims | | | | 70,516 | 67,363 | 0 | XXX |
| 2699999 - Subtotals - Claims Disposed of During Current Year | | | | 70,516 | 67,363 | 0 | XXX |
| Resisted Death Claims - Ordinary | | | | | | | |
| 6276199L | | GA | 2013 | 1,000,000 | | 1,000,000 | MATERIAL MISREPRESENTATION |
| 6318159L | | TN | 2013 | 100,000 | | 100,000 | MATERIAL MISREPRESENTATION |
| 6345530L | | KY | 2014 | 150,000 | | 150,000 | MATERIAL MISREPRESENTATION |
| 2799999 - Resisted Death Claims - Ordinary | | | | 1,250,000 | 0 | 1,250,000 | XXX |
| 3199999 - Subtotals - Resisted - Death Claims | | | | 1,250,000 | 0 | 1,250,000 | XXX |
| 5299999 - Subtotals - Claims Resisted During Current Year | | | | 1,250,000 | 0 | 1,250,000 | XXX |
| 5399999 Totals | | | | 1,320,516 | 67,363 | 1,250,000 | XXX |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

| | Total | | Group Accident and Health | | Credit Accident and Health (Group and Individual) | | Collectively Renewable | | Other Individual Contracts | | | | | | | | | |
|---|-------------|--------|---------------------------|---------|--|--------|------------------------|--------|----------------------------|---------|----------------------|---------|---------------------------------------|---------|---------------------|---------|--------------|---------|
| | | | | | | | | | Non-Cancelable | | Guaranteed Renewable | | Non-Renewable for Stated Reasons Only | | Other Accident Only | | All Other | |
| | 1 Amount | 2 % | 3 Amount | 4 % | 5 Amount | 6 % | 7 Amount | 8 % | 9 Amount | 10 % | 11 Amount | 12 % | 13 Amount | 14 % | 15 Amount | 16 % | 17 Amount | 18 % |
| PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS | | | | | | | | | | | | | | | | | | |
| 1. Premiums written | 2,245,319 | XXX | 531,111 | XXX | XXX | XXX | 223 | XXX | 1,694,619 | XXX | XXX | XXX | 10,098 | XXX | 9,268 | XXX | | |
| 2. Premiums earned | 2,224,706 | XXX | 531,131 | XXX | XXX | XXX | 220 | XXX | 1,674,257 | XXX | XXX | XXX | 9,958 | XXX | 9,140 | XXX | | |
| 3. Incurred claims | 2,067,976 | 93.0 | 1,180,750 | 222.3 | 0.0 | 0.0 | 0.0 | 0.0 | 880,042 | 52.6 | 546 | 0.0 | 1,743 | 17.5 | 4,895 | 53.6 | | |
| 4. Cost containment expenses | 6,637 | 0.3 | 6,637 | 1.2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | |
| 5. Incurred claims and cost containment expenses (Lines 3 and 4) | 2,074,613 | 93.3 | 1,187,387 | 223.6 | 0 | 0.0 | 0 | 0.0 | 880,042 | 52.6 | 546 | 0.0 | 1,743 | 17.5 | 4,895 | 53.6 | | |
| 6. Increase in contract reserves | 215,817 | 9.7 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 215,817 | 12.9 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0.0 | |
| 7. Commissions (a) | (158,817) | (7.1) | (44,564) | (8.4) | 0.0 | 0.0 | 0.0 | 0.0 | 3 | 1.4 | (114,521) | (6.8) | 0.0 | 0.0 | 138 | 1.4 | 127 | 1.4 |
| 8. Other general insurance expenses | 1,646,632 | 74.0 | 274,532 | 51.7 | 0.0 | 0.0 | 5,892 | 0.0 | 88 | 40.0 | 1,339,112 | 80.0 | 0.0 | 0.0 | 8,195 | 82.3 | 18,813 | 205.8 |
| 9. Taxes, licenses and fees | 186,524 | 8.4 | 37,991 | 7.2 | 0.0 | 0.0 | .75 | 0.0 | 1 | 0.5 | 148,065 | 8.8 | 0.0 | 0.0 | 115 | 1.2 | 277 | 3.0 |
| 10. Total other expenses incurred | 1,674,339 | 75.3 | 267,959 | 50.5 | 0 | 0.0 | 5,967 | 0.0 | 92 | 41.8 | 1,372,656 | 82.0 | 0 | 0.0 | 8,448 | 84.8 | 19,217 | 210.3 |
| 11. Aggregate write-ins for deductions | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0.0 | |
| 12. Gain from underwriting before dividends or refunds | (1,740,063) | (78.2) | (924,215) | (174.0) | 0 | 0.0 | (5,967) | 0.0 | 128 | 58.2 | (794,258) | (47.4) | (546) | 0.0 | (233) | (2.3) | (14,972) | (163.8) |
| 13. Dividends or refunds | 0 | 0.0 | 0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | |
| 14. Gain from underwriting after dividends or refunds | (1,740,063) | (78.2) | (924,215) | (174.0) | 0 | 0.0 | (5,967) | 0.0 | 128 | 58.2 | (794,258) | (47.4) | (546) | 0.0 | (233) | (2.3) | (14,972) | (163.8) |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | | | | | | |
| 1101. | | | | | | | | | | | | | | | | | | |
| 1102. | | | | | | | | | | | | | | | | | | |
| 1103. | | | | | | | | | | | | | | | | | | |
| 1198. Summary of remaining write-ins for Line 11 from overflow page | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0.0 | |
| 1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0.0 | |

(a) Includes \$ reported as "Contract, membership and other fees retained by agents."

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

| | 1 Total | 2 Group Accident and Health | 3 Credit A&H (Group and Individual) | 4 Collectively Renewable | Other Individual Contracts | | | | |
|---|------------|-----------------------------------|---|--------------------------------|----------------------------|------------------------------|---|--------------------------|----------------|
| | | | | | 5 Non-Cancelable | 6 Guaranteed Renewable | 7 Non-Renewable for Stated Reasons Only | 8 Other Accident Only | 9 All Other |
| PART 2 - RESERVES AND LIABILITIES | | | | | | | | | |
| A. Premium Reserves: | | | | | | | | | |
| 1. Unearned premiums | 324,719 | .878 | | | .6 | 323,332 | | 262 | 241 |
| 2. Advance premiums | 31,693 | | | | | 31,649 | | 23 | 21 |
| 3. Reserve for rate credits | 0 | | | | | | | | |
| 4. Total premium reserves, current year | 356,412 | .878 | 0 | 0 | .6 | 354,981 | 0 | 285 | 262 |
| 5. Total premium reserves, prior year | 335,800 | .899 | 0 | 0 | .3 | 334,619 | 0 | 145 | 134 |
| 6. Increase in total premium reserves | 20,612 | (21) | 0 | 0 | 3 | 20,362 | 0 | 140 | 128 |
| B. Contract Reserves: | | | | | | | | | |
| 1. Additional reserves (a) | 7,021,060 | | | | | 7,021,060 | | | |
| 2. Reserve for future contingent benefits | 0 | | | | | | | | |
| 3. Total contract reserves, current year | 7,021,060 | .0 | 0 | 0 | .0 | 7,021,060 | 0 | 0 | 0 |
| 4. Total contract reserves, prior year | 6,805,243 | .0 | 0 | 0 | .0 | 6,805,243 | 0 | 0 | 0 |
| 5. Increase in contract reserves | 215,817 | 0 | 0 | 0 | 0 | 215,817 | 0 | 0 | 0 |
| C. Claim Reserves and Liabilities: | | | | | | | | | |
| 1. Total current year | 10,818,427 | 6,693,445 | | | | 4,118,311 | .1,020 | 1,659 | 3,992 |
| 2. Total prior year | 10,558,484 | 6,484,721 | | 0 | 0 | 4,062,795 | .4,280 | 2,931 | 3,757 |
| 3. Increase | 259,943 | 208,724 | 0 | 0 | 0 | 55,516 | (3,260) | (1,272) | 235 |

| PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES | | | | | | | | | |
|--|------------|-----------|---|---|---|-----------|--------|-------|-------|
| 1. Claims paid during the year: | | | | | | | | | |
| 1.1 On claims incurred prior to current year | 1,073,779 | .789,931 | | | | .275,213 | .3,370 | 2,308 | 2,957 |
| 1.2 On claims incurred during current year | 727,385 | .179,225 | | | | .545,314 | .435 | .708 | 1,703 |
| 2. Claim reserves and liabilities, December 31, current year: | | | | | | | | | |
| 2.1 On claims incurred prior to current year | 8,949,786 | 5,639,022 | | | | 3,309,674 | .167 | .271 | .652 |
| 2.2 On claims incurred during current year | 1,868,640 | 1,054,423 | | | | 808,636 | .853 | 1,388 | 3,340 |
| 3. Test: | | | | | | | | | |
| 3.1 Lines 1.1 and 2.1 | 10,023,565 | 6,428,953 | 0 | 0 | 0 | 3,584,887 | .3,537 | 2,579 | 3,609 |
| 3.2 Claim reserves and liabilities, December 31 prior year | 10,558,484 | 6,484,721 | 0 | 0 | 0 | 4,062,795 | .4,280 | 2,931 | 3,757 |
| 3.3 Line 3.1 minus Line 3.2 | (534,919) | (55,768) | 0 | 0 | 0 | (477,908) | (743) | (352) | (148) |

| PART 4 - REINSURANCE | | | | | | | | | |
|---------------------------|-----------|----------|--|------|----|-----------|------|------|-------|
| A. Reinsurance Assumed: | | | | | | | | | |
| 1. Premiums written | 0 | | | | | | | | |
| 2. Premiums earned | 0 | | | | | | | | |
| 3. Incurred claims | 0 | | | | | | | | |
| 4. Commissions | 0 | | | | | | | | |
| B. Reinsurance Ceded: | | | | | | | | | |
| 1. Premiums written | 4,692,748 | .894,107 | | .394 | .6 | 3,797,582 | | 299 | 360 |
| 2. Premiums earned | 4,654,069 | .894,107 | | .394 | .6 | 3,758,903 | | 299 | 360 |
| 3. Incurred claims | 2,871,368 | .839,144 | | | | 2,029,341 | .441 | .717 | 1,725 |
| 4. Commissions | 774,906 | .44,564 | | | | 730,342 | | | |

(a) Includes \$0 premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

| | 1 Medical | 2 Dental | 3 Other | 4 Total |
|--|--------------|-------------|------------|------------|
| A. Direct: | | | | |
| 1. Incurred Claims..... | 4,196,002 | | 740,471 | 4,936,473 |
| 2. Beginning Claim Reserves and Liabilities..... | 20,211,964 | 0 | 3,566,817 | 23,778,781 |
| 3. Ending Claim Reserves and Liabilities..... | 20,736,348 | | 3,659,356 | 24,395,704 |
| 4. Claims Paid..... | 3,671,617 | 0 | 647,932 | 4,319,550 |
| B. Assumed Reinsurance: | | | | |
| 5. Incurred Claims..... | | | | 0 |
| 6. Beginning Claim Reserves and Liabilities..... | 0 | 0 | 0 | 0 |
| 7. Ending Claim Reserves and Liabilities..... | | | | 0 |
| 8. Claims Paid..... | 0 | 0 | 0 | 0 |
| C. Ceded Reinsurance: | | | | |
| 9. Incurred Claims..... | 2,440,662 | | 430,705 | 2,871,367 |
| 10. Beginning Claim Reserves and Liabilities..... | 11,312,261 | 0 | 1,996,281 | 13,308,543 |
| 11. Ending Claim Reserves and Liabilities..... | 11,622,524 | | 2,051,034 | 13,673,557 |
| 12. Claims Paid..... | 2,130,399 | 0 | 375,953 | 2,506,352 |
| D. Net: | | | | |
| 13. Incurred Claims..... | 1,755,340 | 0 | 309,766 | 2,065,106 |
| 14. Beginning Claim Reserves and Liabilities..... | 8,899,702 | 0 | 1,570,536 | 10,470,238 |
| 15. Ending Claim Reserves and Liabilities..... | 9,113,824 | 0 | 1,608,322 | 10,722,146 |
| 16. Claims Paid..... | 1,541,218 | 0 | 271,980 | 1,813,198 |
| E. Net Incurred Claims and Cost Containment Expenses: | | | | |
| 17. Incurred Claims and Cost Containment Expenses..... | 1,761,977 | | 309,766 | 2,071,743 |
| 18. Beginning Reserves and Liabilities..... | 8,899,702 | 0 | 1,570,536 | 10,470,238 |
| 19. Ending Reserves and Liabilities..... | 9,113,824 | | 1,608,322 | 10,722,146 |
| 20. Paid Claims and Cost Containment Expenses | 1,547,855 | 0 | 271,980 | 1,819,834 |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 1 - SECTION 1

**Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year**

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Company | 5 Domiciliary Jurisdiction | 6 Paid Losses | 7 Unpaid Losses |
|---|---|------------------------|----------------------------------|----------------------------------|---------------------|-----------------------|
| Life and Annuity - Non-Affiliates - U.S. Non-Affiliates | | | | | | |
| 68276 | .48-1024691 | .01/01/1990 | EMPLOYERS REASSUR CORP | KS | .85,000 | .500,000 |
| 88340 | .59-2859797 | .04/01/2002 | HANNOVER LIFE REASSUR CO OF AMER | FL | .184,000 | .1,420,001 |
| 65676 | .35-0472300 | .09/15/1997 | LINCOLN NATL LIFE INS CO | IN | .609,510 | .1,257,630 |
| 66346 | .58-0828824 | .02/01/1988 | MUNICH AMER REASSUR CO | GA | | .800,000 |
| 93572 | .43-1235868 | .09/01/1995 | RGA REINS CO | MO | .500,000 | 3,665,751 |
| 67466 | .95-1079000 | .04/01/2002 | PACIFIC LIFE INS CO | NE | .299,200 | .156,000 |
| 68713 | .84-0499703 | .09/15/1997 | SECURITY LIFE OF DENVER INS CO | CO | .983,497 | .437,730 |
| 71706 | .57-0290111 | .07/01/1970 | STANDARD LIFE & CAS INS CO | UT | | .3,000 |
| 82627 | .06-0839705 | .08/01/1970 | SWISS RE LIFE & HLTH AMER INC | MO | .2,078,070 | 2,873,361 |
| 86231 | .39-0989781 | .04/01/2008 | TRANSAMERICA LIFE INS CO | IA | .500,000 | .800,000 |
| 0899999 - Life and Annuity - Non-Affiliates - U.S. Non-Affiliates | | | | | 5,240,277 | 11,913,472 |
| 1099999 - Life and Annuity - Non-Affiliates - Total Non-Affiliates | | | | | 5,240,277 | 11,913,472 |
| 1199999 - Life and Annuity - Total Life and Annuity | | | | | 5,240,277 | 11,913,472 |
| Accident and Health - Non-Affiliates - U.S. Non-Affiliates | | | | | | |
| 68276 | .48-1024691 | .01/01/1990 | EMPLOYERS REASSUR CORP | KS | .7,800 | |
| 66346 | .58-0828824 | .02/01/1988 | MUNICH AMER REASSUR CO | GA | .42,802 | |
| 82627 | .06-0839705 | .08/01/1970 | SWISS RE LIFE & HLTH AMER INC | MO | .3,127 | |
| 93572 | .43-1235868 | .09/01/1995 | RGA REINS CO | MO | .42,553 | |
| 86258 | .13-2572994 | .07/01/1999 | GENERAL RE LIFE CORP | CT | | 289,413 |
| 1999999 - Accident and Health - Non-Affiliates - U.S. Non-Affiliates | | | | | 96,282 | 289,413 |
| 2199999 - Accident and Health - Non-Affiliates - Total Non-Affiliates | | | | | 96,282 | 289,413 |
| 2299999 - Accident and Health - Total Accident and Health | | | | | 96,282 | 289,413 |
| 2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) | | | | | 5,336,559 | 12,202,886 |
| 9999999 | Totals—Life, Annuity and Accident and Health (Sum of 1199999 and 2299999) | | | | 5,336,559 | 12,202,886 |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Company | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Type of Business Ceded | 8 Amount in Force at End of Year | Reserve Credit Taken | | 11 Premiums | Outstanding Surplus Relief | | 14 Modified Coinsurance Reserve | 15 Funds Withheld Under Coinsurance |
|---|-------------------|------------------------|-----------------------------------|----------------------------------|--------------------------------------|-----------------------------------|--|----------------------|------------------|----------------|----------------------------|------------------|--|--|
| | | | | | | | | 9 Current Year | 10 Prior Year | | 12 Current Year | 13 Prior Year | | |
| General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates | | | | | | | | | | | | | | |
| 68276 | 48-1024691 | 01/01/1990 | EMPLOYERS REASSUR CORP. | KS | CO/I | AXXX | 136,831,446 | 18,167,394 | 18,583,019 | (3,068) | | | | |
| 68276 | 48-1024691 | 01/01/1990 | EMPLOYERS REASSUR CORP. | KS | CO/I | OL | | | | 550,957 | | | | |
| 68276 | 48-1024691 | 01/01/1990 | EMPLOYERS REASSUR CORP. | KS | YRT/I | AXXX | 2,254,457 | 23,523 | 22,135 | 32,392 | | | | |
| 68276 | 48-1024691 | 01/01/1990 | EMPLOYERS REASSUR CORP. | KS | YRT/I | XXXL | 870,974 | 5,752 | 5,305 | 11,949 | | | | |
| 68276 | 48-1024691 | 01/01/1990 | EMPLOYERS REASSUR CORP. | KS | YRT/I | OL | 1,697,572 | 7,199 | 6,568 | 34,204 | | | | |
| 68276 | 48-1024691 | 01/01/1990 | EMPLOYERS REASSUR CORP. | KS | DIS/I | OL | | 51,166 | 54,763 | 17,965 | | | | |
| 86258 | 13-2572994 | 08/01/2001 | GENERAL RE LIFE CORP. | CT | CO/I | XXXL | 57,911,486 | 2,859,042 | 2,731,242 | 93,804 | | | | |
| 86258 | 13-2572994 | 01/01/1967 | GENERAL RE LIFE CORP. | CT | YRT/I | AXXX | 99,191 | 111 | 104 | 236 | | | | |
| 86258 | 13-2572994 | 01/01/1967 | GENERAL RE LIFE CORP. | CT | YRT/I | XXXL | 301,021 | 642 | 567 | 668 | | | | |
| 86258 | 13-2572994 | 01/01/1967 | GENERAL RE LIFE CORP. | CT | YRT/I | OL | 367,920 | 12,907 | 11,566 | 17,351 | | | | |
| 86258 | 13-2572994 | 01/01/1967 | GENERAL RE LIFE CORP. | CT | DIS/I | OL | | 21,181 | 20,173 | 890 | | | | |
| 97071 | 13-3126819 | 03/01/1981 | SCOR GLOBAL LIFE USA REINS CO. | DE | CO/I | OL | 2,581,952 | 27,104 | 33,777 | 44,102 | | | | |
| 97071 | 13-3126819 | 08/13/1969 | SCOR GLOBAL LIFE USA REINS CO. | DE | YRT/I | OL | 77,175 | 2,216 | 6,922 | 2,987 | | | | |
| 97071 | 13-3126819 | 08/13/1969 | SCOR GLOBAL LIFE USA REINS CO. | DE | YRT/I | XXXL | 23,910 | 34 | | 253 | | | | |
| 97071 | 13-3126819 | 07/30/1986 | SCOR GLOBAL LIFE USA REINS CO. | DE | ACO/I | OL | | 236,991 | 229,630 | | | | | |
| 97071 | 13-3126819 | 08/13/1969 | SCOR GLOBAL LIFE USA REINS CO. | DE | DIS/I | OL | 389,066 | 362,452 | | | | | | |
| 97071 | 13-3126819 | 08/13/1969 | SCOR GLOBAL LIFE USA REINS CO. | DE | OTH/G | OL | | 250,389 | 26,660 | 24,883 | 340,326 | | | |
| 88340 | 59-2859797 | 04/01/2002 | HANNOVER LIFE REASSUR CO OF AMER. | FL | CO/I | XXXL | 492,669,142 | 14,490,172 | 14,528,419 | 842,936 | | | | |
| 88340 | 59-2859797 | 04/01/2002 | HANNOVER LIFE REASSUR CO OF AMER. | FL | YRT/I | AXXX | 3,102,516 | 14,462 | 12,148 | 21,700 | | | | |
| 88340 | 59-2859797 | 04/01/2002 | HANNOVER LIFE REASSUR CO OF AMER. | FL | YRT/I | XXXL | 2,502,479,773 | 1,902,627 | 1,273,213 | 1,438,038 | | | | |
| 88340 | 59-2859797 | 04/01/2002 | HANNOVER LIFE REASSUR CO OF AMER. | FL | YRT/I | OL | 14,068,243 | 15,030 | 16,290 | 25,127 | | | | |
| 88340 | 59-2859797 | 04/01/2002 | HANNOVER LIFE REASSUR CO OF AMER. | FL | DIS/I | OL | | 69,319 | 67,963 | 13,558 | | | | |
| 65056 | 38-1659835 | 01/01/1999 | JACKSON NATL LIFE INS CO. | MI | CO/I | OL | 8,858,129 | 5,628,796 | 6,025,936 | 91,458 | | | | |
| 65676 | 35-0472300 | 09/15/1997 | LINCOLN NATL LIFE INS CO. | IN | CO/I | XXXL | 1,650,397,183 | 20,198,513 | 20,483,215 | 2,653,281 | | | | |
| 65676 | 35-0472300 | 09/15/1997 | LINCOLN NATL LIFE INS CO. | IN | CO/I | OL | 2,084,763,008 | 7,892,523 | 7,872,957 | 2,596,893 | | | | |
| 65676 | 35-0472300 | 09/15/1997 | LINCOLN NATL LIFE INS CO. | IN | YRT/I | AXXX | 18,907,127 | 216,879 | 201,007 | 170,964 | | | | |
| 65676 | 35-0472300 | 09/15/1997 | LINCOLN NATL LIFE INS CO. | IN | YRT/I | XXXL | 21,337,646 | 171,463 | 163,654 | 190,884 | | | | |
| 65676 | 35-0472300 | 09/15/1997 | LINCOLN NATL LIFE INS CO. | IN | YRT/I | OL | 145,440,802 | 382,862 | 367,299 | 638,988 | | | | |
| 65676 | 35-0472300 | 09/15/1997 | LINCOLN NATL LIFE INS CO. | IN | DIS/I | OL | | 1,388,175 | 1,412,630 | 94,139 | | | | |
| 66346 | 58-0828824 | 02/01/1988 | MUNICH AMER REASSUR CO. | GA | CO/I | XXXL | 58,391,489 | 2,860,474 | 2,732,551 | 94,538 | | | | |
| 66346 | 58-0828824 | 02/01/1988 | MUNICH AMER REASSUR CO. | GA | CO/I | OL | 3,763,681 | 24,791 | 22,755 | 18,110 | | | | |
| 66346 | 58-0828824 | 10/01/1994 | MUNICH AMER REASSUR CO. | GA | YRT/I | AXXX | 115,818,593 | 270,032 | 225,410 | 272,131 | | | | |
| 66346 | 58-0828824 | 10/01/1994 | MUNICH AMER REASSUR CO. | GA | YRT/I | XXXL | 1,908,444,720 | 3,777,437 | 3,546,779 | 3,896,900 | | | | |
| 66346 | 58-0828824 | 10/01/1994 | MUNICH AMER REASSUR CO. | GA | YRT/I | OL | 20,098,169 | 46,274 | 34,713 | 64,163 | | | | |
| 66346 | 58-0828824 | 02/01/1988 | MUNICH AMER REASSUR CO. | GA | DIS/I | OL | | 63,032 | 63,056 | 9,618 | | | | |
| 66346 | 58-0828824 | 02/01/1988 | MUNICH AMER REASSUR CO. | GA | ADB/I | OL | | | | 168,407 | | | | |
| 67466 | 95-1079000 | 04/01/2002 | PACIFIC LIFE INS CO. | NE | CO/I | XXXL | 1,732,225,244 | 48,617,092 | 47,849,294 | 2,902,315 | | | | |
| 67466 | 95-1079000 | 04/01/2002 | PACIFIC LIFE INS CO. | NE | YRT/I | AXXX | 3,604,996 | 32,891 | 32,669 | 21,841 | | | | |
| 67466 | 95-1079000 | 04/01/2002 | PACIFIC LIFE INS CO. | NE | YRT/I | XXXL | 4,115,653 | 32,480 | 30,031 | 25,351 | | | | |
| 67466 | 95-1079000 | 04/01/2002 | PACIFIC LIFE INS CO. | NE | YRT/I | OL | 5,983,514 | 32,431 | 24,724 | 36,220 | | | | |
| 67466 | 95-1079000 | 04/01/2002 | PACIFIC LIFE INS CO. | NE | DIS/I | OL | | 204,735 | 198,913 | 19,281 | | | | |
| 93572 | 43-1235868 | 09/01/1995 | RGA REINS CO. | MO | YRT/I | AXXX | 149,840,506 | 472,374 | 384,786 | 494,123 | | | | |
| 93572 | 43-1235868 | 09/01/1995 | RGA REINS CO. | MO | YRT/I | XXXL | 8,463,958,164 | 12,568,422 | 11,094,726 | 12,154,126 | | | | |
| 93572 | 43-1235868 | 09/01/1995 | RGA REINS CO. | MO | YRT/I | OL | 61,394,729 | 153,498 | 134,043 | 320,650 | | | | |
| 93572 | 43-1235868 | 09/01/1995 | RGA REINS CO. | MO | DIS/I | OL | | 80,063 | 80,731 | 36,984 | | | | |
| 93572 | 43-1235868 | 09/01/1995 | RGA REINS CO. | MO | OTH/G | OL | | 184,958,250 | | 367,393 | | | | |
| 68713 | 84-0499703 | 09/15/1997 | SECURITY LIFE OF DENVER INS CO. | CO | CO/I | AXXX | | 291,245 | | 145,105 | | | | |
| 68713 | 84-0499703 | 09/15/1997 | SECURITY LIFE OF DENVER INS CO. | CO | CO/I | XXXL | 3,191,049,798 | 94,856,422 | 93,615,498 | 5,204,250 | | | | |
| 68713 | 84-0499703 | 09/15/1997 | SECURITY LIFE OF DENVER INS CO. | CO | CO/I | OL | 76,876,615 | 365,203 | 342,548 | 148,736 | | | | |
| 68713 | 84-0499703 | 09/15/1997 | SECURITY LIFE OF DENVER INS CO. | CO | YRT/I | AXXX | 36,326,882 | 151,748 | 450,355 | 66,650 | | | | |
| 68713 | 84-0499703 | 09/15/1997 | SECURITY LIFE OF DENVER INS CO. | CO | YRT/I | XXXL | 81,881,918 | 526,208 | 580,593 | 257,682 | | | | |
| 68713 | 84-0499703 | 09/15/1997 | SECURITY LIFE OF DENVER INS CO. | CO | YRT/I | OL | 105,599,712 | 566,186 | 564,446 | 830,301 | | | | |
| 68713 | 84-0499703 | 09/15/1997 | SECURITY LIFE OF DENVER INS CO. | CO | DIS/I | OL | | 475,496 | 471,254 | 48,571 | | | | |
| 68713 | 84-0499703 | 09/15/1997 | SECURITY LIFE OF DENVER INS CO. | CO | OTH/G | OL | | 6,860,440 | 9,954 | 9,289 | 20,967 | | | |
| 71706 | 57-0290111 | 07/01/1970 | STANDARD LIFE & CAS INS CO. | UT | CO/I | OL | 1,497,292 | 895,432 | 903,497 | 18,391 | | | | |
| 82627 | 06-0839705 | 05/01/1981 | SWISS RE LIFE & HLTH AMER INC. | MO | CO/I | XXXL | 5,279,573,347 | 125,509,751 | 125,946,892 | 8,663,067 | | | | |
| 82627 | 06-0839705 | 05/01/1981 | SWISS RE LIFE & HLTH AMER INC. | MO | CO/I | OL | 2,106,513,982 | 27,551,860 | 29,290,001 | 1,116,431 | | | | |
| 82627 | 06-0839705 | 08/01/1978 | SWISS RE LIFE & HLTH AMER INC. | MO | YRT/I | AXXX | 43,266,830 | 381,468 | 345,143 | 372,414 | | | | |
| 82627 | 06-0839705 | 08/01/1978 | SWISS RE LIFE & HLTH AMER INC. | MO | YRT/I | XXXL | 5,441,312,684 | 6,017,075 | 4,843,096 | 5,234,248 | | | | |
| 82627 | 06-0839705 | 08/01/1978 | SWISS RE LIFE & HLTH AMER INC. | MO | YRT/I | OL | 50,960,168 | 388,751 | 368,014 | 792,783 | | | | |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Company | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Type of Business Ceded | 8 Amount in Force at End of Year | Reserve Credit Taken | | 11 Premiums | Outstanding Surplus Relief | | 14 Modified Coinsurance Reserve | 15 Funds Withheld Under Coinsurance |
|---|---|------------------------|------------------------------------|----------------------------------|--------------------------------------|-----------------------------------|--|----------------------|------------------|-----------------|----------------------------|------------------|--|--|
| | | | | | | | | 9 Current Year | 10 Prior Year | | 12 Current Year | 13 Prior Year | | |
| 82627..... | 06-0839705..... | 08/01/1978..... | SWISS RE LIFE & HLTH AMER INC..... | MO..... | DIS/I..... | .OL..... | 1,716,453..... | 1,732,206..... | 139,936..... | | | | | |
| 82627..... | 06-0839705..... | 06/01/1974..... | SWISS RE LIFE & HLTH AMER INC..... | MO..... | OTH/G..... | .OL..... | 321,602,737..... | .9,987..... | .9,353..... | 1,052,727..... | | | | |
| 86231..... | 39-0989781..... | 04/01/2008..... | TRANSAMERICA LIFE INS CO..... | IA..... | YRT/I..... | AXXX..... | 2,193,223..... | 19,103..... | 15,925..... | 29,443..... | | | | |
| 86231..... | 39-0989781..... | 04/01/2008..... | TRANSAMERICA LIFE INS CO..... | IA..... | YRT/I..... | XXXL..... | 2,108,829,537..... | 3,110,052..... | 2,792,697..... | 2,739,915..... | | | | |
| 86231..... | 39-0989781..... | 04/01/2008..... | TRANSAMERICA LIFE INS CO..... | IA..... | YRT/I..... | .OL..... | 243,809..... | .105..... | .52..... | .101..... | | | | |
| 86231..... | 39-0989781..... | 04/01/2008..... | TRANSAMERICA LIFE INS CO..... | IA..... | DIS/I..... | .OL..... | .5,597..... | .6,035..... | .9,494..... | | | | | |
| 0899999..... | General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates | | | | | | 38,712,497,744..... | 406,285,931..... | 403,259,912..... | 57,716,345..... | 0..... | 0..... | 0..... | 0..... |
| General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates | | | | | | | | | | | | | | |
| 00000..... | AA-1440076..... | 10/01/2000..... | SIRIUS INTL INS CORP..... | SWE..... | YRT/I..... | .OL..... | 3,056,957..... | 20,567..... | 18,727..... | 16,000..... | | | | |
| 0999999..... | General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates | | | | | | 3,056,957..... | 20,567..... | 18,727..... | 16,000..... | 0..... | 0..... | 0..... | 0..... |
| 1099999..... | General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates | | | | | | 38,715,554,701..... | 406,306,498..... | 403,278,639..... | 57,732,345..... | 0..... | 0..... | 0..... | 0..... |
| 1199999..... | General Account - Authorized - Total General Account Authorized | | | | | | 38,715,554,701..... | 406,306,498..... | 403,278,639..... | 57,732,345..... | 0..... | 0..... | 0..... | 0..... |
| 3499999..... | General Account - Total General Account Authorized, Unauthorized and Certified | | | | | | 38,715,554,701..... | 406,306,498..... | 403,278,639..... | 57,732,345..... | 0..... | 0..... | 0..... | 0..... |
| 6999999..... | Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999) | | | | | | 38,712,497,744..... | 406,285,931..... | 403,259,912..... | 57,716,345..... | 0..... | 0..... | 0..... | 0..... |
| 7099999..... | Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999) | | | | | | 3,056,957..... | 20,567..... | 18,727..... | 16,000..... | 0..... | 0..... | 0..... | 0..... |
| 9999999..... | 9999999 Total (Sum of 3499999 and 6899999) | | | | | | 38,715,554,701..... | 406,306,498..... | 403,278,639..... | 57,732,345..... | 0..... | 0..... | 0..... | 0..... |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Company | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Type of Business Ceded | 8 Premiums | 9 Unearned Premiums (Estimated) | 10 Reserve Credit Taken Other than for Unearned Premiums | Outstanding Surplus Relief | | 13 Modified Coinsurance Reserve | 14 Funds Withheld Under Coinsurance |
|---|-------------------|------------------------|--------------------------------|----------------------------------|--------------------------------------|-----------------------------------|---------------|--|---|----------------------------|------------------|--|---|
| | | | | | | | | | | 11 Current Year | 12 Prior Year | | |
| General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates | | | | | | | | | | | | | |
| 86258..... | 13-2572994..... | 07/01/1999..... | GENERAL RE LIFE CORP. | CT..... | CO/I..... | LTC..... | 2,299,652 | .719,012 | .27,457,189 | | | | |
| 82627..... | .06-0839705..... | .08/01/1997..... | SWISS RE LIFE & HLTH AMER INC. | MO..... | YRT/I..... | OH..... | 1,488,884 | 441,620 | .6,115,741 | | | | |
| 66346..... | .58-0828824..... | .02/01/1988..... | MUNICH AMER REASSUR CO. | GA..... | CO/I..... | OH..... | 10,106 | 6,894 | .66,041 | | | | |
| 68276..... | .48-1024691..... | .01/01/1990..... | EMPLOYERS REASSUR CORP. | KS..... | CO/I..... | OH..... | | 1,749 | .257,853 | | | | |
| 93572..... | .43-1235868..... | .09/01/1995..... | RGA REINS CO. | MO..... | CO/G..... | LTDI..... | .894,107 | | .3,262,033 | | | | |
| 0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates | | | | | | | | | | | | | |
| 1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates | | | | | | | 4,692,748 | 1,169,275 | 37,158,857 | 0 | 0 | 0 | 0 |
| 1199999 - General Account - Authorized - Total General Account Authorized | | | | | | | 4,692,748 | 1,169,275 | 37,158,857 | 0 | 0 | 0 | 0 |
| 3499999 - General Account - Total General Account Authorized, Unauthorized and Certified | | | | | | | 4,692,748 | 1,169,275 | 37,158,857 | 0 | 0 | 0 | 0 |
| 6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999) | | | | | | | 4,692,748 | 1,169,275 | 37,158,857 | 0 | 0 | 0 | 0 |
| 9999999 Totals | | | | | | | 4,692,748 | 1,169,275 | 37,158,857 | 0 | 0 | 0 | 0 |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

| Issuing or Confirming Bank Reference Number (a) | Letters of Credit Code | American Bankers Association (ABA) Routing Number | Issuing or Confirming Bank Name | Letters of Credit Amount |
|--|------------------------|---|---------------------------------|--------------------------|
| 0000001 8282 | 1..... | 021000089..... | CITIBANK, N.A..... | 20,567..... |
| | | | | |
| | | | | |
| | | | | |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

NONE

| (a) | Issuing or Confirming Bank Reference Number | Letters of Credit Code | American Bankers Association (ABA) Routing Number | Issuing or Confirming Bank Name | |
|-----|---|------------------------|---|---------------------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business (000 OMITTED)

| | 1 2015 | 2 2014 | 3 2013 | 4 2012 | 5 2011 |
|--|-----------|-----------|-----------|-----------|-----------|
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums and annuity considerations for life and accident and health contracts | 62,425 | 61,282 | 59,235 | 56,960 | 54,859 |
| 2. Commissions and reinsurance expense allowances | 5,704 | 5,966 | 6,224 | 6,567 | 6,732 |
| 3. Contract claims | 54,652 | 64,119 | 54,621 | 37,623 | 29,923 |
| 4. Surrender benefits and withdrawals for life contracts | 646 | 2,604 | 112 | 411 | 578 |
| 5. Dividends to policyholders | | 0 | 0 | 0 | 0 |
| 6. Reserve adjustments on reinsurance ceded | 0 | 0 | 0 | 0 | 0 |
| 7. Increase in aggregate reserves for life and accident and health contracts | 7,270 | 10,634 | 17,530 | 18,909 | 21,342 |
| B. BALANCE SHEET ITEMS | | | | | |
| 8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected | 16,667 | 16,456 | 15,708 | 15,476 | 15,365 |
| 9. Aggregate reserves for life and accident and health contracts | 444,635 | 439,364 | 428,730 | 411,127 | 392,219 |
| 10. Liability for deposit-type contracts | | 0 | 0 | 0 | 0 |
| 11. Contract claims unpaid | 12,203 | 11,390 | 6,884 | 6,710 | 3,843 |
| 12. Amounts recoverable on reinsurance | 5,741 | 5,316 | 347 | 1,514 | 2,287 |
| 13. Experience rating refunds due or unpaid | | 0 | 0 | 0 | 0 |
| 14. Policyholders' dividends (not included in Line 10) | | 0 | 0 | 0 | 0 |
| 15. Commissions and reinsurance expense allowances due | 1,589 | 1,689 | 1,683 | 1,828 | 1,871 |
| 16. Unauthorized reinsurance offset | 0 | 0 | 0 | 0 | 0 |
| 17. Offset for reinsurance with Certified Reinsurers | 0 | 0 | 0 | 0 | XXX |
| C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 18. Funds deposited by and withheld from (F) | 0 | 0 | 0 | 0 | 0 |
| 19. Letters of credit (L) | .21 | .19 | .17 | .15 | .16 |
| 20. Trust agreements (T) | 0 | 0 | 0 | 0 | 0 |
| 21. Other (O) | 0 | 0 | 0 | 0 | 0 |
| D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 22. Multiple Beneficiary Trust | 0 | 0 | 0 | 0 | XXX |
| 23. Funds deposited by and withheld from (F) | 0 | 0 | 0 | 0 | XXX |
| 24. Letters of credit (L) | 0 | 0 | 0 | 0 | XXX |
| 25. Trust agreements (T) | 0 | 0 | 0 | 0 | XXX |
| 26. Other (O) | 0 | 0 | 0 | 0 | XXX |

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

| | 1 As Reported (net of ceded) | 2 Restatement Adjustments | 3 Restated (gross of ceded) |
|--|------------------------------------|---------------------------------|-----------------------------------|
| ASSETS (Page 2, Col. 3) | | | |
| 1. Cash and invested assets (Line 12) | 3,140,951,201 | | 3,140,951,201 |
| 2. Reinsurance (Line 16) | 7,329,137 | (7,329,137) | 0 |
| 3. Premiums and considerations (Line 15) | 121,162,995 | 16,666,509 | 137,829,503 |
| 4. Net credit for ceded reinsurance | XXX | 447,500,145 | 447,500,145 |
| 5. All other admitted assets (balance) | 70,911,050 | | 70,911,050 |
| 6. Total assets excluding Separate Accounts (Line 26) | 3,340,354,383 | 456,837,517 | 3,797,191,900 |
| 7. Separate Account assets (Line 27) | 726,482,544 | | 726,482,544 |
| 8. Total assets (Line 28) | 4,066,836,927 | 456,837,517 | 4,523,674,444 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 9. Contract reserves (Lines 1 and 2) | 2,849,468,472 | 444,634,631 | 3,294,103,103 |
| 10. Liability for deposit-type contracts (Line 3) | 176,207,802 | | 176,207,802 |
| 11. Claim reserves (Line 4) | 23,463,580 | 12,202,886 | 35,666,465 |
| 12. Policyholder dividends/reserves (Lines 5 through 7) | 75 | | 75 |
| 13. Premium & annuity considerations received in advance (Line 8) | 1,314,660 | | 1,314,660 |
| 14. Other contract liabilities (Line 9) | 26,413,533 | | 26,413,533 |
| 15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount) | 0 | 0 | 0 |
| 16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount) | 0 | 0 | 0 |
| 17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount) | 0 | | 0 |
| 18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount) | 0 | | 0 |
| 19. All other liabilities (balance) | 55,131,536 | | 55,131,536 |
| 20. Total liabilities excluding Separate Accounts (Line 26) | 3,131,999,657 | 456,837,517 | 3,588,837,174 |
| 21. Separate Account liabilities (Line 27) | 726,482,544 | | 726,482,544 |
| 22. Total liabilities (Line 28) | 3,858,482,201 | 456,837,517 | 4,315,319,718 |
| 23. Capital & surplus (Line 38) | 208,354,726 | XXX | 208,354,726 |
| 24. Total liabilities, capital & surplus (Line 39) | 4,066,836,927 | 456,837,517 | 4,523,674,444 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 25. Contract reserves | 444,634,631 | | |
| 26. Claim reserves | 12,202,886 | | |
| 27. Policyholder dividends/reserves | 0 | | |
| 28. Premium & annuity considerations received in advance | 0 | | |
| 29. Liability for deposit-type contracts | 0 | | |
| 30. Other contract liabilities | 0 | | |
| 31. Reinsurance ceded assets | 7,329,137 | | |
| 32. Other ceded reinsurance recoverables | 0 | | |
| 33. Total ceded reinsurance recoverables | 464,166,654 | | |
| 34. Premiums and considerations | 16,666,509 | | |
| 35. Reinsurance in unauthorized companies | 0 | | |
| 36. Funds held under reinsurance treaties with unauthorized reinsurers | 0 | | |
| 37. Reinsurance with Certified Reinsurers | 0 | | |
| 38. Funds held under reinsurance treaties with Certified Reinsurers | 0 | | |
| 39. Other ceded reinsurance payables/offsets | 0 | | |
| 40. Total ceded reinsurance payable/offsets | 16,666,509 | | |
| 41. Total net credit for ceded reinsurance | 447,500,145 | | |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

| States, Etc. | Direct Business Only | | | | | |
|------------------------------------|--|--|--|--|--------------------------------|-------------|
| | 1 Life (Group and Individual) | 2 Annuities (Group and Individual) | 3 Disability Income (Group and Individual) | 4 Long-Term Care (Group and Individual) | 5 Deposit-Type Contracts | 6 Totals |
| 1. Alabama | AL | 4,858,682 | 408,422 | 42,022 | 45,425 | 5,354,552 |
| 2. Alaska | AK | 68,269 | 0 | | | 68,269 |
| 3. Arizona | AZ | 2,375,582 | 100,452 | 12,581 | 36 | 2,488,652 |
| 4. Arkansas | AR | 2,803,794 | 62,587 | 6,380 | | 2,872,761 |
| 5. California | CA | 7,080,117 | 706,606 | 5,921 | | 7,792,644 |
| 6. Colorado | CO | 1,826,331 | 36,443 | 11,183 | | 1,873,956 |
| 7. Connecticut | CT | 526,575 | 0 | 1,365 | | 527,940 |
| 8. Delaware | DE | 398,028 | 43,878 | 2,091 | 1,977 | 445,973 |
| 9. District of Columbia | DC | 127,350 | 0 | | 3,692 | 131,042 |
| 10. Florida | FL | 7,112,257 | 1,027,524 | 10,721 | 146,849 | 8,297,351 |
| 11. Georgia | GA | 13,747,008 | 38,125 | 53,164 | 292,547 | 14,130,844 |
| 12. Hawaii | HI | 43,517 | 0 | | | 43,517 |
| 13. Idaho | ID | 852,306 | 656,924 | 2,514 | | 1,511,745 |
| 14. Illinois | IL | 16,625,854 | 2,721,863 | 191,398 | 191,972 | 19,835,088 |
| 15. Indiana | JN | 16,748,854 | 1,862,823 | 200,336 | 53,304 | 18,865,317 |
| 16. Iowa | JA | 10,298,681 | 5,306,871 | 50,195 | 62,947 | 15,718,694 |
| 17. Kansas | KS | 3,765,118 | 225,397 | 6,852 | 14,779 | 4,012,146 |
| 18. Kentucky | KY | 9,145,159 | 154,610 | 71,895 | 155,523 | 9,527,187 |
| 19. Louisiana | LA | 685,410 | 0 | 1,166 | | 686,576 |
| 20. Maine | ME | 140,563 | 0 | | | 140,563 |
| 21. Maryland | MD | 3,116,913 | 229,163 | 34,181 | 6,143 | 3,386,399 |
| 22. Massachusetts | MA | 588,079 | 74,160 | 1,359 | 6,818 | 670,416 |
| 23. Michigan | MI | 13,327,285 | 2,677,881 | 267,063 | 159,052 | 16,431,281 |
| 24. Minnesota | MN | 10,019,067 | 4,205,664 | 48,453 | 30,737 | 14,303,921 |
| 25. Mississippi | MS | 411,362 | 300 | 1,355 | | 413,017 |
| 26. Missouri | MO | 8,007,793 | 378,906 | 42,223 | 28,741 | 8,457,664 |
| 27. Montana | MT | 1,407,190 | 4,755 | 3,999 | | 1,415,944 |
| 28. Nebraska | NE | 2,003,710 | 130,598 | 3,786 | 940 | 2,139,034 |
| 29. Nevada | NV | 726,280 | 2,618 | 15,894 | | 744,791 |
| 30. New Hampshire | NH | 389,515 | 80,237 | 2,898 | 1,618 | 474,268 |
| 31. New Jersey | NJ | 651,427 | 0 | | | 651,427 |
| 32. New Mexico | NM | 577,879 | 228,845 | | 8,518 | 815,242 |
| 33. New York | NY | 345,220 | 6,000 | 1,561 | | 352,781 |
| 34. North Carolina | NC | 12,526,046 | 862,184 | 97,378 | 121,430 | 13,607,039 |
| 35. North Dakota | ND | 1,622,832 | 600 | 4,117 | | 1,627,549 |
| 36. Ohio | OH | 46,241,979 | 2,295,241 | 423,505 | 848,649 | 49,809,374 |
| 37. Oklahoma | OK | 915,835 | 72,052 | 4,043 | | 991,929 |
| 38. Oregon | OR | 872,073 | 33,000 | 959 | | 906,031 |
| 39. Pennsylvania | PA | 19,355,548 | 5,123,926 | 246,429 | 96,810 | 24,822,713 |
| 40. Rhode Island | RI | 61,912 | 0 | | | 61,912 |
| 41. South Carolina | SC | 3,951,653 | 108,821 | 22,688 | 123,490 | 4,206,652 |
| 42. South Dakota | SD | 1,240,982 | 327,502 | 1,215 | | 1,569,699 |
| 43. Tennessee | TN | 9,024,276 | 2,612,643 | 92,140 | 52,950 | 25,000 |
| 44. Texas | TX | 7,889,954 | 103,856 | 14,303 | 13,294 | 8,021,407 |
| 45. Utah | UT | 1,425,275 | 291,567 | 20,676 | | 1,737,518 |
| 46. Vermont | VT | 434,598 | 0 | 3,289 | | 437,886 |
| 47. Virginia | VA | 4,325,146 | 264,390 | 48,680 | 37,324 | 100,000 |
| 48. Washington | WA | 2,086,483 | 308,494 | 8,471 | | 2,403,448 |
| 49. West Virginia | WV | 2,477,004 | 131,939 | 34,560 | 10,879 | 2,654,381 |
| 50. Wisconsin | WI | 9,064,756 | 1,058,552 | 92,490 | 142,507 | 10,358,305 |
| 51. Wyoming | WY | 252,863 | 0 | 3,019 | | 255,881 |
| 52. American Samoa | AS | 0 | 0 | | | 0 |
| 53. Guam | GU | 0 | 0 | | | 0 |
| 54. Puerto Rico | PR | 1,715 | 0 | | | 1,715 |
| 55. US Virgin Islands | VI | 0 | 0 | | | 0 |
| 56. Northern Mariana Islands | MP | 0 | 0 | | | 0 |
| 57. Canada | CAN | 20,617 | 0 | | | 20,617 |
| 58. Aggregate Other Alien | OT | 217 | 0 | | | 217 |
| 59. Totals | | 264,592,936 | 34,966,420 | 2,210,518 | 2,658,949 | 229,000 |
| | | | | | | 304,657,824 |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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| Asterisk | Explanation |
|----------|-------------|
|----------|-------------|

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE Y

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Responses

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? YES.....
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? YES.....
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? YES.....
4. Will an actuarial opinion be filed by March 1? YES.....

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1? YES.....
6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? YES.....
7. Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1? YES.....
8. Will the Supplemental Investment Risks Interrogatories be filed by April 1? YES.....

JUNE FILING

9. Will an audited financial report be filed by June 1? YES.....
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? YES.....

AUGUST FILING

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

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

MARCH FILING

12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? NO.....
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? YES.....
14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? NO.....
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? YES.....
16. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? YES.....
17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1? YES.....
18. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1? NO.....
19. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1? NO.....
20. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? NO.....
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? NO.....
22. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1? NO.....
23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? NO.....
24. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? NO.....
25. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1? YES.....
26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1? NO.....
27. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1? NO.....

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

28. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?NO.....

29. Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?NO.....

30. Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?NO.....

31. Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?NO.....

32. Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?NO.....

33. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?NO.....

34. Will the Workers' Compensation Carve-Out Supplement be filed by March 1?NO.....

35. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?YES.....

36. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?NO.....

37. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?NO.....

38. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?NO.....

39. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?NO.....

40. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5), be filed with the state of domicile by March 15?YES.....

APRIL FILING

41. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?YES.....

42. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?YES.....

43. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?NO.....

44. Will the Accident and Health Policy Experience Exhibit be filed by April 1?YES.....

45. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?YES.....

46. Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?YES.....

47. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?SEE EXPLANATION.....

48. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?SEE EXPLANATION.....

49. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile and the NAIC by April 30?NO.....

50. Will the Supplemental XXX/AXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?YES.....

AUGUST FILING

51. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?YES.....

Explanation:

12.
14.
18.
19.
20.
21.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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47.Exemption waiver received from the State of Ohio due to the limited number of policies covered by the exhibit.

48.Exemption waiver received from the State of Ohio due to the limited number of policies covered by the exhibit.

49.

Bar code:



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

OVERFLOW PAGE FOR WRITE-INS

L002 Additional Aggregate Lines for Page 02 Line 25.

*ASSETS - Assets

| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 – 2) | 4 Net Admitted Assets |
|---|-------------|----------------------------|--|-----------------------------|
| 2504. AGENTS' BALANCES..... | 18,664 | 18,664 | 0 | 0 |
| 2505. TUITION REIMBURSEMENT RECEIVABLE..... | 39,205 | 22,646 | 16,559 | 35,452 |
| 2597. Summary of remaining write-ins for Line 25 from Page 02 | 57,868 | 41,309 | 16,559 | 35,452 |

L003 Additional Aggregate Lines for Page 03 Line 25.

*LIAB - Liabilities

| | 1 Current Year | 2 Prior Year |
|--|-------------------|-----------------|
| 2504. RETIRED LIVES RESERVE..... | 24,780 | 23,827 |
| 2597. Summary of remaining write-ins for Line 25 from Page 3 | 24,780 | 23,827 |



SUPPLEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)

FOR THE STATE OF Arizona

NAIC Group Code 00244
Address (City, State and Zip Code) FAIRFIELD, OH 45014-5141
Person Completing This Exhibit Roger A. Brown
Title Senior Vice President & Appointed Actuary

NAIC Company Code 76236
Telephone Number 513-870-2000

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2012 | | | Policies Issued in 2013, 2014, 2015 | | | | |
|---|--------------------|---|-----------------|----------------------|---------------|-------------------------|-------------------|-------------|-----------------------------|------------------------------|-----------------|----------------------------|-------------------------------------|-----------------|-----------------|----------------------------|-------------------------|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| Yes | 1588/1590 | P | Yes | 0034000 | | | | 01/01/1989 | Medicare Supplement Policy | 820 | 1,910 | 232.9 | 1 | | | 0.0 | |
| 0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES | | | | | | | | | | | | | | | | 0 | |
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| 0299999 TOTAL EXPERIENCE ON GROUP POLICIES | | | | | | | | | | | | | | | | 0 | |

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - Address: P.O. BOX 145496 CINCINNATI, OH 45250-5496
 - Contact Person and Phone Number: ANN BINZER 513-870-2282
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - Address: P.O. BOX 145496 CINCINNATI, OH 45250-5496
 - Contact Person and Phone Number: ANN BINZER 513-870-2282
- Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)

FOR THE STATE OF Florida

NAIC Group Code 00244
Address (City, State and Zip Code) FAIRFIELD, OH 45014-5141
Person Completing This Exhibit Roger A. Brown
Title Senior Vice President & Appointed Actuary

NAIC Company Code 76236
Telephone Number 513-870-2000

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2012 | | | 14 | Policies Issued in 2013, 2014, 2015 | | | |
|---|--------------------|---|-----------------|----------------------|---------------|-------------------------|-------------------|-------------|-----------------------------|------------------------------|-----------------|----------------------------|-------------------------|-------------------------------------|-----------------|----------------------------|-------------------------|
| | | | | | | | | | | 11 | Incurred Claims | | | 15 | Incurred Claims | | 18 |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| Yes | 1588/1590 | P | Yes | 0034000 | | | | 01/01/1989 | Medicare Supplement Policy | 738 | 560 | 75.9 | 1 | | | 0.0 | |
| 0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES | | | | | | | | | | | | | | | | | |
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| 0299999 TOTAL EXPERIENCE ON GROUP POLICIES | | | | | | | | | | 0 | 0 | 0.0 | 0 | 0 | 0 | 0.0 | 0 |

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - Address: P.O. BOX 145496 CINCINNATI, OH 45250-5496
 - Contact Person and Phone Number: ANN BINZER 513-870-2282
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - Address: P.O. BOX 145496 CINCINNATI, OH 45250-5496
 - Contact Person and Phone Number: ANN BINZER 513-870-2282
- Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)

FOR THE STATE OF Illinois

NAIC Group Code 00244

Address (City, State and Zip Code) FAIRFIELD, OH 45014-5141

Person Completing This Exhibit

Title

NAIC Company Code 76236

Telephone Number

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2012 | | | Policies Issued in 2013, 2014, 2015 | | | | |
|---|--------------------|---|-----------------|----------------------|---------------|-------------------------|-------------------|-------------|-----------------------------|------------------------------|-----------------|----------------------------|-------------------------------------|-----------------|-----------------|----------------------------|-------------------------|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| Yes | 6655 | P | Yes | 0034000 | 03/20/1987 | | | 01/01/1989 | Medicare Supplement Policy | 555 | 55 | 9.9 | 1 | | | 0.0 | |
| 0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES | | | | | | | | | | | | | | | | 0 | |
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| 0299999 TOTAL EXPERIENCE ON GROUP POLICIES | | | | | | | | | | | | | | | | 0 | |

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - Address: P.O. BOX 145496 CINCINNATI, OH 45250-5496
 - Contact Person and Phone Number: ANN BINZER 513-870-2282
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - Address:
 - Contact Person and Phone Number: ANN BINZER 513-870-2282
- Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)

FOR THE STATE OF Ohio

NAIC Group Code 00244
Address (City, State and Zip Code) FAIRFIELD, OH 45014-5141
Person Completing This Exhibit Roger A. Brown
Title Senior Vice President & Appointed Actuary

NAIC Company Code 76236
Telephone Number 513-870-2000

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2012 | | | Policies Issued in 2013, 2014, 2015 | | | | |
|--|--------------------|---|-----------------|----------------------|---------------|-------------------------|-------------------|-------------|-----------------------------|------------------------------|-----------------|----------------------------|-------------------------------------|-----------------|-----------------|----------------------------|-------------------------|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| Yes | 1588/1590 | P | Yes | 0034000 | | | | 01/01/1989 | Medicare Supplement Policy | 3,303 | 6,462 | 195.6 | 4 | | | 0.0 | |
| Yes | 6655 | P | Yes | 0034000 | | | | 01/01/1989 | Medicare Supplement Policy | 1,048 | .624 | 59.5 | 1 | | | 0.0 | |
| 0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES | | | | | | | | | | 4,351 | 7,086 | 162.9 | 5 | 0 | 0 | 0.0 | 0 |
| | | | | | | | | | | | | | | | | | |
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| 0299999 TOTAL EXPERIENCE ON GROUP POLICIES | | | | | | | | | | 0 | 0 | 0.0 | 0 | 0 | 0 | 0.0 | 0 |

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - Address: P.O. BOX 145496 CINCINNATI, OH 45250-5496
 - Contact Person and Phone Number: ANN BINZER 513-870-2282
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - Address: P.O. BOX 145496 CINCINNATI, OH 45250-5496
 - Contact Person and Phone Number: ANN BINZER 513-870-2282
- Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)

FOR THE STATE OF Washington

NAIC Group Code 00244
Address (City, State and Zip Code) FAIRFIELD, OH 45014-5141
Person Completing This Exhibit Roger A. Brown
Title Senior Vice President & Appointed Actuary

NAIC Company Code 76236
Telephone Number 513-870-2000

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2012 | | | Policies Issued in 2013, 2014, 2015 | | | | |
|---|--------------------|---|-----------------|----------------------|---------------|-------------------------|-------------------|-------------|-----------------------------|------------------------------|-----------------|----------------------------|-------------------------------------|-----------------|-----------------|----------------------------|-------------------------|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| Yes | 6655 | P | Yes | 0034000 | 02/27/1987 | | | 01/01/1989 | Medicare Supplement Policy | 1,068 | 1,669 | 156.3 | 1 | | | 0.0 | |
| 0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES | | | | | | | | | | | | | | | | 0 | |
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| 0299999 TOTAL EXPERIENCE ON GROUP POLICIES | | | | | | | | | | | | | | | | 0 | |

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - Address: P.O. BOX 145496 CINCINNATI, OH 45250-5496
 - Contact Person and Phone Number: ANN BINZER 513-870-2282
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - Address: P.O. BOX 145496 CINCINNATI, OH 45250-5496
 - Contact Person and Phone Number: ANN BINZER 513-870-2282
- Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

FOR THE YEAR ENDED DECEMBER 31, 2015

(To Be Filed By March 1)

Of The CINCINNATI LIFE INSURANCE COMPANY

Address (City, State and Zip Code) FAIRFIELD, OH 45014-5141.....

NAIC Group Code 00244..... NAIC Company Code 76236..... Employer's ID Number 31-1213778.....

SUPPLEMENTAL SCHEDULE O – PART 1

Development of Incurred Losses (\$000 OMITTED)

(\$000 OMITTED)

Section A-Group Accident and Health

| Year in Which Losses Were Incurred | Cumulative Net Amounts Paid Policyholders | | | | |
|------------------------------------|---|-----------|-----------|-----------|--------------|
| | 1 2011 | 2 2012 | 3 2013 | 4 2014 | 5 2015(a) |
| 1. Prior | | | | | 183 |
| 2. 2011..... | 132 | 285 | 119 | 131 | 87 |
| 3. 2012..... | XXX | 103 | 317 | 114 | 124 |
| 4. 2013..... | XXX | XXX | 78 | 304 | 108 |
| 5. 2014..... | XXX | XXX | XXX | 144 | 287 |
| 6. 2015..... | XXX | XXX | XXX | XXX | 179 |

Section B—Other Accident and Health

| Section B-Other Accident and Health | | | | | | |
|-------------------------------------|-----|-----|-----|-----|--|-----|
| 1. Prior | | | | | | 74 |
| 2. 2011 | 297 | 155 | 32 | 58 | | 14 |
| 3. 2012 | XXX | 469 | 140 | 27 | | 56 |
| 4. 2013 | XXX | XXX | 583 | 118 | | 26 |
| 5. 2014 | XXX | XXX | XXX | 540 | | 114 |
| 6. 2015 | XXX | XXX | XXX | XXX | | 552 |

Section C—Credit Accident and Health

| | | | | | | |
|----------|-----|--|--|-----|--|-----|
| 1. Prior | | | | | | |
| 2. 2011 | | | | 0 | | 0 |
| 3. 2012 | XXX | | | 0 | | 0 |
| 4. 2013 | XX | | | 0 | | 0 |
| 5. 2014 | XX | | | 0 | | 0 |
| 6. 2015 | XXX | | | XXX | | XXX |

Section D -

| | | | | | | |
|----------|--|--|--|--|---|---|
| 1. Prior | | | | | | |
| 2. 2011 | | | | | | 0 |
| 3. 2012 | | | | | 0 | 0 |
| 4. 2013 | | | | | 0 | 0 |
| 5. 2014 | | | | | 0 | 0 |
| 6. 2015 | | | | | 0 | 0 |

Section E -

| | | | | | |
|----------------|-----|-----|-----|-----|-----|
| 1. Prior | | | | | |
| 2. 2011..... | | | 0 | 0 | 0 |
| 3. 2012..... | XXX | 0 | 0 | 0 | 0 |
| 4. 2013..... | XX | XX | 0 | 0 | 0 |
| 5. 2014..... | XX | XX | XXX | XXX | 0 |
| 6. 2015..... | XXX | XXX | XXX | XXX | XXX |

Section F-

| | | | | | | |
|----------|--|--|--|--|--|--|
| 1. Prior | | | | | | |
| 2. 2011 | | | | | | |
| 3. 2012 | | | | | | |
| 4. 2013 | | | | | | |
| 5. 2014 | | | | | | |
| 6. 2015 | | | | | | |

Section 3-

| | | | | |
|----------|---|---|---|---|
| 1. Prior | 0 | 0 | 0 | 0 |
| 2. 2011 | 0 | 0 | 0 | 0 |
| 3. 2012 | 0 | 0 | 0 | 0 |
| 4. 2013 | 0 | 0 | 0 | 0 |
| 5. 2014 | 0 | 0 | 0 | 0 |
| 6. 2015 | 0 | 0 | 0 | 0 |

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

SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O – PART 2

Development of Incurred Losses
 (\$000 OMITTED)

Section A - Group Accident and Health

| Year in Which Losses Were Incurred | Net Amounts Paid for Cost Containment Expenses | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2011 | 2 2012 | 3 2013 | 4 2014 | 5 2015 |
| 1. Prior..... | 0 | 0 | 0 | 0 | 0 |
| 2. 2011..... | 0 | 0 | 0 | 0 | 0 |
| 3. 2012..... | 0 | 0 | 0 | 0 | 0 |
| 4. 2013..... | 0 | 0 | 0 | 0 | 0 |
| 5. 2014..... | 0 | 0 | 0 | 0 | 0 |
| 6. 2015..... | 0 | 0 | 0 | 0 | 0 |

Section B - Other Accident and Health

| | | | | |
|---------------|---|---|---|---|
| 1. Prior..... | 0 | 0 | 0 | 0 |
| 2. 2011..... | 0 | 0 | 0 | 0 |
| 3. 2012..... | 0 | 0 | 0 | 0 |
| 4. 2013..... | 0 | 0 | 0 | 0 |
| 5. 2014..... | 0 | 0 | 0 | 0 |
| 6. 2015..... | 0 | 0 | 0 | 0 |

Section C - Credit Accident and Health

| | | | | |
|---------------|---|---|---|---|
| 1. Prior..... | 0 | 0 | 0 | 0 |
| 2. 2011..... | 0 | 0 | 0 | 0 |
| 3. 2012..... | 0 | 0 | 0 | 0 |
| 4. 2013..... | 0 | 0 | 0 | 0 |
| 5. 2014..... | 0 | 0 | 0 | 0 |
| 6. 2015..... | 0 | 0 | 0 | 0 |

Section D-

| | | | | |
|---------------|---|---|---|---|
| 1. Prior..... | 0 | 0 | 0 | 0 |
| 2. 2011..... | 0 | 0 | 0 | 0 |
| 3. 2012..... | 0 | 0 | 0 | 0 |
| 4. 2013..... | 0 | 0 | 0 | 0 |
| 5. 2014..... | 0 | 0 | 0 | 0 |
| 6. 2015..... | 0 | 0 | 0 | 0 |

Section E-

| | | | | |
|---------------|---|---|---|---|
| 1. Prior..... | 0 | 0 | 0 | 0 |
| 2. 2011..... | 0 | 0 | 0 | 0 |
| 3. 2012..... | 0 | 0 | 0 | 0 |
| 4. 2013..... | 0 | 0 | 0 | 0 |
| 5. 2014..... | 0 | 0 | 0 | 0 |
| 6. 2015..... | 0 | 0 | 0 | 0 |

Section F-

| | | | | |
|---------------|---|---|---|---|
| 1. Prior..... | 0 | 0 | 0 | 0 |
| 2. 2011..... | 0 | 0 | 0 | 0 |
| 3. 2012..... | 0 | 0 | 0 | 0 |
| 4. 2013..... | 0 | 0 | 0 | 0 |
| 5. 2014..... | 0 | 0 | 0 | 0 |
| 6. 2015..... | 0 | 0 | 0 | 0 |

Section G-

| | | | | |
|---------------|---|---|---|---|
| 1. Prior..... | 0 | 0 | 0 | 0 |
| 2. 2011..... | 0 | 0 | 0 | 0 |
| 3. 2012..... | 0 | 0 | 0 | 0 |
| 4. 2013..... | 0 | 0 | 0 | 0 |
| 5. 2014..... | 0 | 0 | 0 | 0 |
| 6. 2015..... | 0 | 0 | 0 | 0 |

SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O – PART 3

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

| Year in Which Losses Were Incurred | Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year | | | | |
|------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2011 | 2 2012 | 3 2013 | 4 2014 | 5 2015 |
| 1. 2011 | 1,770 | 1,381 | 1,180 | XXX | XXX |
| 2. 2012 | XXX | 1,311 | 1,470 | 1,404 | XXX |
| 3. 2013 | XXX | XXX | 1,239 | 1,166 | 1,104 |
| 4. 2014 | XXX | XXX | XXX | 1,006 | 981 |
| 5. 2015 | XXX | XXX | XXX | XXX | 1,224 |

Section B - Other Accident and Health

| | | | | | |
|---------------|-------|-------|-------|-------|-------|
| 1. 2011 | 1,254 | 1,264 | 1,273 | XXX | XXX |
| 2. 2012 | XXX | 1,175 | 1,250 | 1,229 | XXX |
| 3. 2013 | XXX | XXX | 1,687 | 1,464 | 1,284 |
| 4. 2014 | XXX | XXX | XXX | 1,399 | 1,117 |
| 5. 2015 | XXX | XXX | XXX | XXX | 1,366 |

Section C - Credit Accident and Health

| | | | | | |
|---------------|-----|-----|-----|-----|-----|
| 1. 2011 | 0 | 0 | .0 | XXX | XXX |
| 2. 2012 | XXX | 0 | .0 | 0 | XXX |
| 3. 2013 | XXX | XX | .0 | 0 | 0 |
| 4. 2014 | XX | XX | XXX | 0 | 0 |
| 5. 2015 | XXX | XXX | XXX | XXX | |

Section D-

| | | | | | |
|---------------|-----|-----|-----|-----|-----|
| 1. 2011 | 0 | 0 | .0 | XXX | XXX |
| 2. 2012 | XXX | 0 | .0 | 0 | XXX |
| 3. 2013 | XXX | XX | .0 | 0 | 0 |
| 4. 2014 | XX | XX | XXX | 0 | 0 |
| 5. 2015 | XXX | XXX | XXX | XXX | |

Section E-

| | | | | | |
|---------------|-----|-----|-----|-----|-----|
| 1. 2011 | 0 | 0 | .0 | XXX | XXX |
| 2. 2012 | XXX | 0 | .0 | 0 | XXX |
| 3. 2013 | XXX | XX | .0 | 0 | 0 |
| 4. 2014 | XX | XX | XXX | 0 | 0 |
| 5. 2015 | XXX | XXX | XXX | XXX | |

Section F-

| | | | | | |
|---------------|-----|-----|-----|-----|-----|
| 1. 2011 | 0 | 0 | .0 | XXX | XXX |
| 2. 2012 | XXX | 0 | .0 | 0 | XXX |
| 3. 2013 | XXX | XX | .0 | 0 | 0 |
| 4. 2014 | XX | XX | XXX | 0 | 0 |
| 5. 2015 | XXX | XXX | XXX | XXX | |

Section G-

| | | | | | |
|---------------|-----|-----|-----|-----|-----|
| 1. 2011 | 0 | 0 | .0 | XXX | XXX |
| 2. 2012 | XXX | 0 | .0 | 0 | XXX |
| 3. 2013 | XXX | XX | .0 | 0 | 0 |
| 4. 2014 | XX | XX | XXX | 0 | 0 |
| 5. 2015 | XXX | XXX | XXX | XXX | |

SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O – PART 4

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

| Year in Which Losses Were Incurred | Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at the End of Year | | | | |
|------------------------------------|---|-----------|-----------|-----------|-----------|
| | 1 2011 | 2 2012 | 3 2013 | 4 2014 | 5 2015 |
| 1. 2011..... | 0 | 0 | 0 | 0 | 0 |
| 2. 2012..... | XXX | 0 | 0 | 0 | 0 |
| 3. 2013..... | XXX | XXX | 0 | 0 | 0 |
| 4. 2014..... | XXX | XXX | XXX | 0 | 0 |
| 5. 2015..... | XXX | XXX | XXX | XXX | XXX |

Section B - Other Accident and Health

| | | | | |
|--------------|-----|-----|-----|-----|
| 1. 2011..... | 0 | 0 | 0 | 0 |
| 2. 2012..... | XXX | 0 | 0 | 0 |
| 3. 2013..... | XXX | XXX | 0 | 0 |
| 4. 2014..... | XXX | XXX | XXX | 0 |
| 5. 2015..... | XXX | XXX | XXX | XXX |

Section C - Credit Accident and Health

| | | | | |
|--------------|-----|-----|-----|-----|
| 1. 2011..... | 0 | 0 | 0 | 0 |
| 2. 2012..... | XXX | 0 | 0 | 0 |
| 3. 2013..... | XXX | XXX | 0 | 0 |
| 4. 2014..... | XXX | XXX | XXX | 0 |
| 5. 2015..... | XXX | XXX | XXX | XXX |

Section D-

| | | | | |
|--------------|-----|-----|-----|-----|
| 1. 2011..... | 0 | 0 | 0 | 0 |
| 2. 2012..... | XXX | 0 | 0 | 0 |
| 3. 2013..... | XXX | XXX | 0 | 0 |
| 4. 2014..... | XXX | XXX | XXX | 0 |
| 5. 2015..... | XXX | XXX | XXX | XXX |

Section E-

| | | | | |
|--------------|-----|-----|-----|-----|
| 1. 2011..... | 0 | 0 | 0 | 0 |
| 2. 2012..... | XXX | 0 | 0 | 0 |
| 3. 2013..... | XXX | XXX | 0 | 0 |
| 4. 2014..... | XXX | XXX | XXX | 0 |
| 5. 2015..... | XXX | XXX | XXX | XXX |

Section F-

| | | | | |
|--------------|-----|-----|-----|-----|
| 1. 2011..... | 0 | 0 | 0 | 0 |
| 2. 2012..... | XXX | 0 | 0 | 0 |
| 3. 2013..... | XXX | XXX | 0 | 0 |
| 4. 2014..... | XXX | XXX | XXX | 0 |
| 5. 2015..... | XXX | XXX | XXX | XXX |

Section G-

| | | | | |
|--------------|-----|-----|-----|-----|
| 1. 2011..... | 0 | 0 | 0 | 0 |
| 2. 2012..... | XXX | 0 | 0 | 0 |
| 3. 2013..... | XXX | XXX | 0 | 0 |
| 4. 2014..... | XXX | XXX | XXX | 0 |
| 5. 2015..... | XXX | XXX | XXX | XXX |

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

| Line of Business | 1 Methodology | 2 Amount |
|------------------------------------|------------------|-------------|
| 1. Industrial life..... | OTHER..... | .196 |
| 2. Ordinary life..... | OTHER..... | .18,165 |
| 3. Individual annuity..... | OTHER..... | 3,408 |
| 4. Supplementary contracts..... | | |
| 5. Credit life..... | DEVELOPMENT..... | 153 |
| 6. Group life..... | DEVELOPMENT..... | |
| 7. Group annuities..... | DEVELOPMENT..... | 6,693 |
| 8. Group accident and health..... | DEVELOPMENT..... | |
| 9. Credit accident and health..... | DEVELOPMENT..... | 4,125 |
| 10. Other accident and health..... | | |
| 11. Total..... | | 32,741 |

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| Schedule BA – Part 2 | E08 |
| Schedule BA – Part 3 | E09 |
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| Schedule D – Part 1A – Section 2 | SI08 |
| Schedule D – Part 2 – Section 1 | E11 |
| Schedule D – Part 2 – Section 2 | E12 |
| Schedule D – Part 3 | E13 |
| Schedule D – Part 4 | E14 |
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