



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		
Main Administrative Office	6200 SOUTH GILMORE ROAD				(Street and Number)	FAIRFIELD, OH, US 45014-5141		513-870-2000
Mail Address	6200 SOUTH GILMORE ROAD				(Street and Number or P.O. Box)	FAIRFIELD, OH, US 45014-5141		(Area Code) (Telephone Number)
Primary Location of Books and Records	6200 SOUTH GILMORE ROAD				(Street and Number)	FAIRFIELD, OH, US 45014-5141		513-870-2000
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 ss
County 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		

KAREN S. DONNER, NOTARY PUBLIC
OCTOBER 26, 2019



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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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		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	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	16	3,212,416				0		0	16	3,212,416
Settled during current year:										
18.1 By payment in full	16	3,212,416				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						No. of Policies				
20. In force December 31, prior year	6,877	1,582,666,884	0	(a) 0	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	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	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).	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	0	60,276	178,989
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	97,342	100,688	0	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	68,269			0	68,269
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)	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	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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	0	0	63	15,443,917
21. Issued during year	0	0			0	0	0	0	0	0
22. Other changes to in force (Net)	6	5,814,246			0	0	0	0	6	5,814,246
23. In force December 31 of current year	69	21,258,163	0	(a) 0	0	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	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).	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	.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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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 .....									.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	(a)	.0	.0	.0	.0	.0	.0	.0
21. Issued during year .....									.0	.0
22. Other changes to in force (Net) .....									.0	.0
23. In force December 31 of current year	0	0	(a)	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	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).....					
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

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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		XXX	0
4. Other considerations					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	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			0	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	6	198,042				0		0	6	198,042
Settled during current year:										
18.1 By payment in full	6	198,042				0		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	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).....	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	0	1,910	528
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,805	24,899	0	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	210,644
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	6	210,644				0		0	6	210,644
Settled during current year:										
18.1 By payment in full	6	210,644				0		0	6	210,644
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	210,644	0	0	0	0	0	0	6	210,644
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	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						No. of Policies				
20. In force December 31, prior year	2,544	904,490,796	0	(a) 0	1	20,390,862	6	6,000	2,551	924,887,658
21. Issued during year	292	87,679,919			0	0	0	0	292	87,679,919
22. Other changes to in force (Net)	(111)	(40,572,503)			0	98,352	0	0	(111)	(40,474,151)
23. In force December 31 of current year	2,725	951,598,212	0	(a) 0	1	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	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).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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		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		0	3,000	2,505,339
10. Matured endowments	361			1,778	2,138
11. Annuity benefits	1,076,153		0		1,076,153
12. Surrender values and withdrawals for life contracts	347,550			0	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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						No. of Policies				
20. In force December 31, prior year	10,529	1,916,732,210	0	(a) 0	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)	(75,341,954)			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	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	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).	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	0	50,867	256,941
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	19,089	20,664	0	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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									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	(a)	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	(a)	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	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).....					
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 OFColorado

DURING THE YEAR2015

NAIC Group Code00244

LIFE INSURANCE

NAIC Company Code76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	4	74,956				0		0	4	74,956
Settled during current year:										
18.1 By payment in full	4	74,956				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	5	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	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	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).	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	0	1,124
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,337	13,415	0	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	526,575			0	526,575
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)	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	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	2	62,860				0		0	2	62,860
Settled during current year:										
18.1 By payment in full	2	62,860				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						No. of Policies				
20. In force December 31, prior year	678	163,703,220	0	(a) 0	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	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	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)	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	398,028			0	398,028
2. Annuity considerations	43,878				43,878
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					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	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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	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).	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	8,382
10. Matured endowments	0			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	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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	0	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	0	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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						No. of Policies				
20. In force December 31, prior year	9,096	2,028,621,088	0	(a) 0	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	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	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).	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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		XXX	0
4. Other considerations					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	6,539,296
10. Matured endowments	0			547	547
11. Annuity benefits	765,460		0		765,460
12. Surrender values and withdrawals for life contracts	924,673			0	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	69	6,535,296				0	5	4,547	74	6,539,842
Settled during current year:										
18.1 By payment in full	69	6,535,296				0	5	4,547	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	4,547	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	4,547	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						No. of Policies				
20. In force December 31, prior year	21,903	4,022,564,951	0	(a)0	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	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	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).	8,536	8,590		7,521	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	6
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).	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	0	218,204	72,403
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	383,315	387,063	0	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	.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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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 .....									.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	(a)	.0	.0	.0	.0	.0	.0	.0
21. Issued during year .....									.0	.0
22. Other changes to in force (Net) .....									.0	.0
23. In force December 31 of current year	0	0	(a)	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	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).....					
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 Hawaii

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	43,517			0	43,517
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)	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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		0				0		0	0	0
Settled during current year:										
18.1 By payment in full		0				0		0	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	7117,879,454	0(a)	0	0	0	0	0	71	17,879,454
	21. Issued during year	11,000,000			0	0	0	0	1	1,000,000
	22. Other changes to in force (Net)	(4)(1,995,200)			0	0	0	0	(4)	(1,995,200)
	23. In force December 31 of current year	6816,884,254	0(a)	0	0	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	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).	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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	1,000	946	314,012,315
21. Issued during year	132	91,191,024			0	0	0	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	383,724,339	0	(a) 0	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	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).	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	14,947,503
10. Matured endowments	0			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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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						No. of Policies				
20. In force December 31, prior year	27,422	5,587,560,378	0	0	1	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	0	1	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	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).	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	0	50,738	(43,107)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	473,273	492,147	0	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 OFIndiana

DURING THE YEAR2015

NAIC Group Code00244

LIFE INSURANCE

NAIC Company Code76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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		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					
9. Death benefits	8,574,448		50,000	2,000	8,626,448
10. Matured endowments	0			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	1,485,920
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	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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						No. of Policies				
20. In force December 31, prior year	30,766	5,213,358,651	0	(a)0	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	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	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).	1,824	1,824		2,156	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	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).	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	0	81,352	119,079
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	298,437	306,588	0	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	XXX		XXX	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	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	31	5,804,742				0		0	31	5,804,742
Settled during current year:										
18.1 By payment in full	31	5,804,742				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						No. of Policies				
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	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).	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	.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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	13	1,184,123				.0		.0	13	1,184,123
Settled during current year:										
18.1 By payment in full	13	1,184,123				.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	.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	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	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).....	.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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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		0	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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						No. of Policies				
20. In force December 31, prior year	14,996	2,958,171,935	0	(a) 0	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	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	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)	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	0	252,558	255,932
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	252,469	252,025	0	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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	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).	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	140,563			0	140,563
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)	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	57,906
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	0	0
14. All other benefits, except accident and health					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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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						No. of Policies				
20. In force December 31, prior year	128	32,400,384	0	(a) 0	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	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	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).	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	0	6
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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		XXX	0
4. Other considerations					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	1,767	1,587,516
10. Matured endowments	1,000			1,185	2,185
11. Annuity benefits	335,725		0		335,725
12. Surrender values and withdrawals for life contracts	45,117			1,413	46,530
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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						No. of Policies				
20. In force December 31, prior year	3,194	1,156,540,869	0	(a) 0	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	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	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).	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	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	0
14. All other benefits, except accident and health					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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	2	274,540				0		0	2	274,540
Settled during current year:										
18.1 By payment in full	2	274,540				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						No. of Policies				
20. In force December 31, prior year	653	238,809,147	0	(a) 0	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	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	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).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	5,802,291		0	46,237	5,848,528
10. Matured endowments	3,000			1,448	4,448
11. Annuity benefits	4,838,847		6,479		4,845,326
12. Surrender values and withdrawals for life contracts	969,512			15,992	985,504
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
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. Pols. & 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	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	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	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						No. of Policies				
20. In force December 31, prior year	19,289	4,820,395,692	0	(a) 0	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	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	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).	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	0	128,258	288,550
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	457,634	458,707	0	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	10	7,825,919				0		0	10	7,825,919
Settled during current year:										
18.1 By payment in full	10	7,825,919				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						No. of Policies				
20. In force December 31, prior year	12,011	4,357,166,240	0	(a) 0	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	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	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).	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 OFMississippi

DURING THE YEAR2015

NAIC Group Code00244

LIFE INSURANCE

NAIC Company Code76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	0	2,074,765
10. Matured endowments	0			1,185	1,185
11. Annuity benefits	20,824		0		20,824
12. Surrender values and withdrawals for life contracts	10,428			0	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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					No. of Policies					
				(a)						
				(a)						
20. In force December 31, prior year	689	104,125,488	0	0	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	0	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	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).	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	40	2,646,264				0		0	40	2,646,264
Settled during current year:										
18.1 By payment in full	40	2,646,264				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						No. of Policies				
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	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).	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	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	250,000				0		0	1	250,000
Settled during current year:										
18.1 By payment in full	1	250,000				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	198	91,065,534
22. Other changes to in force (Net)	(64)	(14,443,539)			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	0	6
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,033	4,097	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 Nebraska

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	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	0	1,186,775
10. Matured endowments	0			0	0
11. Annuity benefits	377,617		0		377,617
12. Surrender values and withdrawals for life contracts	8,341			0	8,341
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	1,345,233	0	227,500	0	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	8	959,275				227,500		0	8	1,186,775
Settled during current year:										
18.1 By payment in full	8	959,275				227,500		0	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						No. of Policies				
20. In force December 31, prior year	2,213	652,516,378	0	(a) 0	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	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	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).	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	0	30,526	121,363
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,191	14,154	0	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

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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		0	1,000	11,000
10. Matured endowments	0			0	0
11. Annuity benefits	90,368		0		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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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						No. of Policies				
20. In force December 31, prior year	435	134,013,666	0	(a) 0	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	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	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).....	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	0	35
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,975	17,241	0	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	389,515			0	389,515
2. Annuity considerations	80,237				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	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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	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	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	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).	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	0	141
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,346	5,374	0	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
9. Death benefits	523,355		0	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	3	523,355				0		0	3	523,355
Settled during current year:										
18.1 By payment in full	3	523,355				0		0	3	523,355
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	523,355	0	0	0	0	0	0	3	523,355
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	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						No. of Policies				
20. In force December 31, prior year	738	252,468,916	0	(a) 0	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)	(4,814,584)			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	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	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).	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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	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	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	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).	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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		0	1,000	30,510
10. Matured endowments	0			0	0
11. Annuity benefits	122,129		0		122,129
12. Surrender values and withdrawals for life contracts	16,009			0	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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						No. of Policies				
20. In force December 31, prior year	465	143,661,542	0	(a) 0	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	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	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).	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	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	1,039,822
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	56	7,844,312				0		0	56	7,844,312
Settled during current year:										
18.1 By payment in full	56	7,844,312				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	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).	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	0	87,410	19,311
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	258,298	263,302	0	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	4	647,475				0		0	4	647,475
Settled during current year:										
18.1 By payment in full	4	647,475				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	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).	3,725	3,735		9,903	9,903
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)	0	0		0	0
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).	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	0
10. Matured endowments	0		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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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									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	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 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	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).					
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 Ohio

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	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		50,414		6,604,111
12. Surrender values and withdrawals for life contracts	4,931,919			30,614	4,962,533
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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						No. of Policies				
20. In force December 31, prior year	76,924	14,560,770,994	0	0	6	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)			0	6,804,009	(607)	(582,822)	(5,280)	(701,646,473)
23. In force December 31 of current year	77,088	14,833,789,156	0	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	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).	6,840	6,249		1,512,822	1,910,650
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	1,095	1,378		0	105
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).	1,427,651	1,262,384		811,009	725,988
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	1,854	1,845		0	368
25.5 All other (b).	7,942	9,047		7,086	7,780
25.6 Totals (sum of Lines 25.1 to 25.5)	1,437,447	1,273,276	0	818,095	734,148
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,445,382	1,280,902	0	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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	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).	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

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	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	160,000
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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	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	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	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).....	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	0	35
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,840	1,915	0	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	XXX		XXX	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	7,409,051
10. Matured endowments	19,826			2,345	22,171
11. Annuity benefits	5,972,246		0		5,972,246
12. Surrender values and withdrawals for life contracts	1,040,576			8,538	1,049,114
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	156	7,380,443				0	52	50,780	208	7,431,223
Settled during current year:										
18.1 By payment in full	156	7,380,443				0	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						No. of Policies				
20. In force December 31, prior year	30,785	6,045,226,341	0	(a) 0	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	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)	(278,939,538)
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	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).....	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	0	131,844	36,997
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	372,882	384,080	0	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	0
10. Matured endowments	0		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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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									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	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 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	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).					
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	28,935				0		0	1	28,935
Settled during current year:										
18.1 By payment in full	1	28,935				0		0	1	28,935
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	28,935	0	0	0	0	0	0	1	28,935
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	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	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).	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 South Carolina

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	3,951,545			108	3,951,653
2. Annuity considerations	108,821				108,821
3. Deposit-type contract funds	0	XXX		XXX	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	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	22	2,331,789				0		0	22	2,331,789
Settled during current year:										
18.1 By payment in full	22	2,331,789				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	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).	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	0	7,933
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	157,406	157,344	0	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	2	199,772				0		0	2	199,772
Settled during current year:										
18.1 By payment in full	2	199,772				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	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	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	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).	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

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	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	6,126,662
10. Matured endowments	0			912	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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						No. of Policies				
20. In force December 31, prior year	11,923	3,352,967,336	0	(a) 0	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	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	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)	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	0	115,103	(2,395)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	156,800	163,449	0	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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		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	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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	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						No. of Policies				
20. In force December 31, prior year	19,415	1,779,481,043	0	(a) 0	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	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	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).	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	.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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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									.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	(a)	.0	.0	.0	.0	.0	.0	.0
21. Issued during year									.0	.0
22. Other changes to in force (Net)									.0	.0
23. In force December 31 of current year	0	0	(a)	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	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).					
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	.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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	255,654				.0		.0	.1	255,654
Settled during current year:										
18.1 By payment in full .....	.1	255,654				.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	.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	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	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).....	.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	.0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	20,676	20,913	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 Vermont

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	434,598			0	434,598
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)	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	0
10. Matured endowments	0		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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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
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	602	149,978,588	0	(a) 0	0	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	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	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).	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

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	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	1,736,674
10. Matured endowments	0			0	0
11. Annuity benefits	546,696		0		546,696
12. Surrender values and withdrawals for life contracts	372,772			1,473	374,246
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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	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	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						No. of Policies				
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	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).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	147,500				0		0	1	147,500
Settled during current year:										
18.1 By payment in full	1	147,500				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	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).	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	0	1,669	1,735
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,876	11,162	0	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	1,699,909
10. Matured endowments	1,000			6,000	7,000
11. Annuity benefits	1,579,625		0		1,579,625
12. Surrender values and withdrawals for life contracts	71,049			7,358	78,407
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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						No. of Policies				
20. In force December 31, prior year	4,775	557,151,005	0	(a) 0	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	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	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).	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	0	41,200	78,409
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	72,704	74,931	0	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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						No. of Policies				
20. In force December 31, prior year	13,395	3,611,081,255	0	(a) 0	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	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	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).	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	252,863			0	252,863
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)	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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		0				0		0	0	0
Settled during current year:										
18.1 By payment in full		0				0		0	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	202	86,453,753	0	(a)0	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	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).	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & 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	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						No. of Policies				
20. In force December 31, prior year	0	0	0	(a) 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	(a) 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	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).	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. Pols. & 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						No. of Policies				
20. In force December 31, prior year	400,002	85,942,322,008	0	(a)0	9	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	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	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	9	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

	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)
Year of Amortization				
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)			0	(6,087,735)
3. Realized capital gains/(losses) net of taxes-Separate Accounts	518,986		518,986			0	518,986
4. Unrealized capital gains/(losses) net of deferred taxes-General Account			0			0	0
5. Unrealized capital gains/(losses) net of deferred taxes-Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			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	0
14. Voluntary contribution			0			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

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

Line Num- ber	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1+2+3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4x5)	Factor	Amount (Cols. 4x7)	Factor	Amount (Cols. 4x9)
LONG-TERM BONDS												
1		Exempt Obligations	298,510	XXX	XXX	298,510	0.0000	0	0.0000	0	0.0000	0
2	1	Highest Quality	1,319,595,679	XXX	XXX	1,319,595,679	0.0004	527,838	0.0023	3,035,070	0.0030	3,958,787
3	2	High Quality	1,443,912,556	XXX	XXX	1,443,912,556	0.0019	2,743,434	0.0058	8,374,693	0.0090	12,995,213
4	3	Medium Quality	222,886,957	XXX	XXX	222,886,957	0.0093	2,072,849	0.0230	5,126,400	0.0340	7,578,157
5	4	Low Quality	26,307,392	XXX	XXX	26,307,392	0.0213	560,347	0.0530	1,394,292	0.0750	1,973,054
6	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7	6	In or Near Default	4,000,000	XXX	XXX	4,000,000	0.0000	0	0.2000	800,000	0.2000	800,000
8		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX	0	XXX		XXX		XXX	
9		Total Bonds (Sum of Lines 1 through 8)	3,017,001,094	XXX	XXX	3,017,001,094	XXX	5,904,468	XXX	18,730,455	XXX	27,305,211
PREFERRED STOCK												
10	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High Quality	5,046,800	XXX	XXX	5,046,800	0.0019	9,589	0.0058	29,271	0.0090	45,421
12	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total Preferred Stocks (Sum of Lines 10 through 16)	5,046,800	XXX	XXX	5,046,800	XXX	9,589	XXX	29,271	XXX	45,421
SHORT-TERM BONDS												
18		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
20	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total Short-Term Bonds (Sum of Lines 18 through 24)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
DERIVATIVE INSTRUMENTS												
26		Exchange Traded		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		Total (Lines 9 + 17 + 25 + 33)	3,022,047,894	XXX	XXX	3,022,047,894	XXX	5,914,057	XXX	18,759,726	XXX	27,350,632

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

Line Num- ber	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

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

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

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

Line Number	NAIC Designation	Description	1	2	3	4	BASIC CONTRIBUTION		RESERVE OBJECTIVE		MAXIMUM RESERVE	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Col. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	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	134,030
31	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
32	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
33	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
34	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
35	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
36		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
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	134,030
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	0
39		Mortgages - CM2 - High Quality			XXX	0	0.0035	0	0.0100	0	0.0130	0
40		Mortgages - CM3 - Medium Quality			XXX	0	0.0060	0	0.0175	0	0.0225	0
41		Mortgages - CM4 - Low Medium Quality			XXX	0	0.0105	0	0.0300	0	0.0375	0
42		Mortgages - CM5 - Low Quality			XXX	0	0.0160	0	0.0425	0	0.0550	0
43		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
44		Residential Mortgages - All Other		XXX	XXX	0	0.0013	0	0.0030	0	0.0040	0
45		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
Overdue, Not in Process Affiliated:												
46		Farm Mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
47		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
48		Residential Mortgages - All Other			XXX	0	0.0025	0	0.0058	0	0.0090	0
49		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
50		Commercial Mortgages - All Other			XXX	0	0.0420	0	0.0760	0	0.1200	0
In Process of Foreclosure Affiliated:												
51		Farm Mortgages			XXX	0	0.0000	0	0.1700	0	0.1700	0
52		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
53		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0130	0	0.0130	0
54		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
55		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1700	0	0.1700	0
56		Total Affiliated (Sum of Lines 38 through 55)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
57		Unaffiliated - In Good Standing With Covenants			XXX	0	0.0000 (c)	0	0.0000 (c)	0	0.0000 (c)	0
58		Unaffiliated - In Good Standing Defeased With Government Securities			XXX	0	0.0010	0	0.0050	0	0.0065	0
59		Unaffiliated - In Good Standing - Primarily Senior			XXX	0	0.0035	0	0.0100	0	0.0130	0
60		Unaffiliated - In Good Standing All Other			XXX	0	0.0060	0	0.0175	0	0.0225	0
61		Unaffiliated - Overdue, Not in Process			XXX	0	0.0420	0	0.0760	0	0.1200	0
62		Unaffiliated - In Process of Foreclosure			XXX	0	0.0000	0	0.1700	0	0.1700	0
63		Total Unaffiliated (Sum of Lines 57 through 62)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
64		Total with Mortgage Loan Characteristics (Lines 56 + 63)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

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

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

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	2	3	4	5	6	7	8
Contract Numbers	Claim Numbers	State of Residence of Claimant	Year of Claim for Death or Disability	Amount Claimed	Amount Paid During the Year	Amount Resisted Dec. 31 of Current Year	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
6345330L.....		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	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	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	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
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	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	0	0.0	215,817	12.9	0	0.0	0	0.0	0	0.0
7.	Commissions (a)	(158,817)	(7.1)	(44,564)	(8.4)		0.0		0.0	3	1.4	(114,521)	(6.8)		0.0	138	1.4	127	1.4
8.	Other general insurance expenses	1,646,632	74.0	274,532	51.7		0.0	5,892	0.0	88	40.0	1,339,112	80.0		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	75	0.0	1	0.5	148,065	8.8		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	0.0
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
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	0.0
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	0.0

(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	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit A&H (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	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	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	2	3	4
	Medical	Dental	Other	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

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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

[illegible]

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

[illegible]

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

[illegible]

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	10		12	13		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
68276	48-1024691	01/01/1990	EMPLOYERS REASSUR CORP.	KS	CO/I	AXXX				(3,068)				
68276	48-1024691	01/01/1990	EMPLOYERS REASSUR CORP.	KS	CO/I	OL	136,831,446	18,167,394	18,583,019	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	492,689,142	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				

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Reinsurance Ceded To Unauthorized Companies

(a)	Issuing or Confirming Bank Reference Number	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	

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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

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL	4,858,682	408,422	42,022	45,425	0	5,354,552
2. Alaska	AK	68,269	0			0	68,269
3. Arizona	AZ	2,375,582	100,452	12,581	36	0	2,488,652
4. Arkansas	AR	2,803,794	62,587	6,380		0	2,872,761
5. California	CA	7,080,117	706,606	5,921		0	7,792,644
6. Colorado	CO	1,826,331	36,443	11,183		0	1,873,956
7. Connecticut	CT	526,575	0	1,365		0	527,940
8. Delaware	DE	398,028	43,878	2,091	1,977	0	445,973
9. District of Columbia	DC	127,350			3,692	0	131,042
10. Florida	FL	7,112,257	1,027,524	10,721	146,849	0	8,297,351
11. Georgia	GA	13,747,008	38,125	53,164	292,547	0	14,130,844
12. Hawaii	HI	43,517	0			0	43,517
13. Idaho	ID	852,306	656,924	2,514		0	1,511,745
14. Illinois	IL	16,625,854	2,721,863	191,398	191,972	104,000	19,835,088
15. Indiana	IN	16,748,854	1,862,823	200,336	53,304	0	18,865,317
16. Iowa	IA	10,298,681	5,306,871	50,195	62,947	0	15,718,694
17. Kansas	KS	3,765,118	225,397	6,852	14,779	0	4,012,146
18. Kentucky	KY	9,145,159	154,610	71,895	155,523	0	9,527,187
19. Louisiana	LA	685,410	0	1,166		0	686,576
20. Maine	ME	140,563	0			0	140,563
21. Maryland	MD	3,116,913	229,163	34,181	6,143	0	3,386,399
22. Massachusetts	MA	588,079	74,160	1,359	6,818	0	670,416
23. Michigan	MI	13,327,285	2,677,881	267,063	159,052	0	16,431,281
24. Minnesota	MN	10,019,067	4,205,664	48,453	30,737	0	14,303,921
25. Mississippi	MS	411,362	300	1,355		0	413,017
26. Missouri	MO	8,007,793	378,906	42,223	28,741	0	8,457,664
27. Montana	MT	1,407,190	4,755	3,999		0	1,415,944
28. Nebraska	NE	2,003,710	130,598	3,786	940	0	2,139,034
29. Nevada	NV	726,280	2,618	15,894		0	744,791
30. New Hampshire	NH	389,515	80,237	2,898	1,618	0	474,268
31. New Jersey	NJ	651,427	0			0	651,427
32. New Mexico	NM	577,879	228,845		8,518	0	815,242
33. New York	NY	345,220	6,000	1,561		0	352,781
34. North Carolina	NC	12,526,046	862,184	97,378	121,430	0	13,607,039
35. North Dakota	ND	1,622,832	600	4,117		0	1,627,549
36. Ohio	OH	46,241,979	2,295,241	423,505	848,649	0	49,809,374
37. Oklahoma	OK	915,835	72,052	4,043		0	991,929
38. Oregon	OR	872,073	33,000	959		0	906,031
39. Pennsylvania	PA	19,355,548	5,123,926	246,429	96,810	0	24,822,713
40. Rhode Island	RI	61,912	0			0	61,912
41. South Carolina	SC	3,951,653	108,821	22,688	123,490	0	4,206,652
42. South Dakota	SD	1,240,982	327,502	1,215		0	1,569,699
43. Tennessee	TN	9,024,276	2,612,643	92,140	52,950	25,000	11,807,008
44. Texas	TX	7,889,954	103,856	14,303	13,294	0	8,021,407
45. Utah	UT	1,425,275	291,567	20,676		0	1,737,518
46. Vermont	VT	434,598	0	3,289		0	437,886
47. Virginia	VA	4,325,146	264,390	48,680	37,324	100,000	4,775,540
48. Washington	WA	2,086,483	308,494	8,471		0	2,403,448
49. West Virginia	WV	2,477,004	131,939	34,560	10,879	0	2,654,381
50. Wisconsin	WI	9,064,756	1,058,552	92,490	142,507	0	10,358,305
51. Wyoming	WY	252,863	0	3,019		0	255,881
52. American Samoa	AS	0	0			0	0
53. Guam	GU	0	0			0	0
54. Puerto Rico	PR	1,715	0			0	1,715
55. US Virgin Islands	VI	0	0			0	0
56. Northern Mariana Islands	MP	0	0			0	0
57. Canada	CAN	20,617	0			0	20,617
58. Aggregate Other Alien	OT	217	0			0	217
59. Totals		264,592,936	34,966,420	2,210,518	2,658,949	229,000	304,657,824

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PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation
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Explanation

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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.

MARCH FILING Responses

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.....

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.
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21.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22.

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43.

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:

12. 
7 6 2 3 6 2 0 1 5 4 2 0 0 0 0 0 0

14. 
7 6 2 3 6 2 0 1 5 4 9 0 0 0 0 0 0

18. 
7 6 2 3 6 2 0 1 5 4 4 3 0 0 0 0 0


















19. 
7 6 2 3 6 2 0 1 5 4 4 4 0 0 0 0 0

20. 
7 6 2 3 6 2 0 1 5 4 4 5 0 0 0 0 0

21. 
7 6 2 3 6 2 0 1 5 4 4 6 0 0 0 0 0

22. 
7 6 2 3 6 2 0 1 5 4 4 7 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

23.	 7 6 2 3 6 2 0 1 5 4 4 8 0 0 0 0 0
24.	 7 6 2 3 6 2 0 1 5 4 4 9 0 0 0 0 0
26.	 7 6 2 3 6 2 0 1 5 4 5 1 0 0 0 0 0
27.	 7 6 2 3 6 2 0 1 5 4 5 2 0 0 0 0 0
28.	 7 6 2 3 6 2 0 1 5 4 5 3 0 0 0 0 0
29.	 7 6 2 3 6 2 0 1 5 4 3 6 0 0 0 0 0
30.	 7 6 2 3 6 2 0 1 5 4 3 7 0 0 0 0 0
31.	 7 6 2 3 6 2 0 1 5 4 3 8 0 0 0 0 0
32.	 7 6 2 3 6 2 0 1 5 4 3 9 0 0 0 0 0
33.	 7 6 2 3 6 2 0 1 5 4 5 4 0 0 0 0 0
34.	 7 6 2 3 6 2 0 1 5 4 9 5 0 0 0 0 0
36.	 7 6 2 3 6 2 0 1 5 3 6 5 0 0 0 0 0
37.	 7 6 2 3 6 2 0 1 5 2 2 4 0 0 0 0 0
38.	 7 6 2 3 6 2 0 1 5 2 2 5 0 0 0 0 0
39.	 7 6 2 3 6 2 0 1 5 2 2 6 0 0 0 0 0
43.	 7 6 2 3 6 2 0 1 5 2 3 0 5 9 0 0 0
49.	 7 6 2 3 6 2 0 1 5 4 3 5 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

OVERFLOW PAGE FOR WRITE-INS

L002 Additional Aggregate Lines for Page 02 Line 25.
*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	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	2
	Current Year	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



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

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details _____
2. 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 _____
- 2.1 Address: P.O. BOX 145496 CINCINNATI, OH 45250-5496 _____
- 2.2 Contact Person and Phone Number: ANN BINZER 513-870-2282 _____
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B). _____
- 3.1 Address: P.O. BOX 145496 CINCINNATI, OH 45250-5496 _____
- 3.2 Contact Person and Phone Number: ANN BINZER 513-870-2282 _____
4. Explain any policies identified above as policy type "O" _____



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

0299999 TOTAL EXPERIENCE ON GROUP POLICIES

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details _____
2. 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 _____
- 2.1 Address: P.O. BOX 145496 CINCINNATI, OH 45250-5496 _____
- 2.2 Contact Person and Phone Number: ANN BINZER 513-870-2282 _____
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B). _____
- 3.1 Address: P.O. BOX 145496 CINCINNATI, OH 45250-5496 _____
- 3.2 Contact Person and Phone Number: ANN BINZER 513-870-2282 _____
4. Explain any policies identified above as policy type "O" _____



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. If response in Column 1 is no, give full and complete details

GENERAL INTERROGATORIES

2. 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:
- 2.1 Address: P.O. BOX 145496 CINCINNATI, OH 45250-5496
- 2.2 Contact Person and Phone Number: ANN BINZER 513-870-2282
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
- 3.1 Address:
- 3.2 Contact Person and Phone Number: ANN BINZER 513-870-2282
4. 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



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

[illegible]

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
-
2. 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
- 2.1 Address: P.O. BOX 145496 CINCINNATI, OH 45250-5496
- 2.2 Contact Person and Phone Number: ANN BINZER 513-870-2282
-
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
- 3.1 Address: P.O. BOX 145496 CINCINNATI, OH 45250-5496
- 3.2 Contact Person and Phone Number: ANN BINZER 513-870-2282
-
4. Explain any policies identified above as policy type "O"

360.WA



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)
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

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			.0	.0	
4. 2013			.0	.0	
5. 2014			.xxx	.0	
6. 2015			.xxx	.xxx	

Section D -

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

Section E -

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

Section F-

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

Section G-

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

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

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	
2. 2011.....	.0	.0	.0	.0	
3. 2012.....	XXX	.0	.0	.0	
4. 2013.....	XXX	XXX	.0	.0	
5. 2014.....	XXX	XXX	XXX	.0	
6. 2015.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

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

Section C - Credit Accident and Health

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

Section D-

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

Section E-

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

Section F-

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

Section G-

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

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	XXX	0	0	0
4. 2014	XXX	XXX	XXX	0	0
5. 2015	XXX	XXX	XXX	XXX	0

Section D-

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

Section E-

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

Section F-

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

Section G-

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

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	
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 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		
6. Group life	DEVELOPMENT .....	.153
7. Group annuities		
8. Group accident and health	DEVELOPMENT .....	.6,693
9. Credit accident and health		
10. Other accident and health	DEVELOPMENT4,125
11. Total		32,741

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