



LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2015

OF THE CONDITION AND AFFAIRS OF THE

Cincinnati Equitable Life Insurance Company

NAIC Group Code	0838	NAIC Company Code	88064	Employer's ID Number	35-1452221
	(Current)		(Prior)		
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio	
Country of Domicile	United States of America				
Incorporated/Organized	10/19/1977		Commenced Business	07/11/1978	
Statutory Home Office	525 Vine Street, Suite 1925		Cincinnati , OH, US 45202		
	(Street and Number)		(City or Town, State, Country and Zip Code)		
Main Administrative Office	525 Vine Street, Suite 1925				
	(Street and Number)				
	Cincinnati , OH, US 45202		513-621-1826		
	(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)		
Mail Address	P.O. BOX 3428		Cincinnati , OH, US 45202-3428		
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	525 Vine Street, Suite 1925				
	(Street and Number)				
	Cincinnati , OH, US 45202		513-621-1826		
	(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)		
Internet Website Address	www.cineqlife.com				
Statutory Statement Contact	Gregory Allen Baker		513-621-1826		
	(Name)		(Area Code) (Telephone Number)		
	gbaker@cineqlife.com		513-621-4531		
	(E-mail Address)		(FAX Number)		

OFFICERS

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

OTHER

DIRECTORS OR TRUSTEES		
Peter A. Alpaugh	Andrea A. Kessel	Gregory A. Baker
James W. Ketring	Drew F. Knowles	

State of Ohio SS: County of Hamilton

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

Peter Alpaugh Chairman of the Board	Linda Bales Secretary	Gregory Baker Treasurer
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Subscribed and sworn to before me this 22nd day of February

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.....

Richard Hansman, Jr.

November 8, 2019



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	8,982,727				8,982,727
2. Annuity considerations	191,465				191,465
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	9,174,192	0	0	0	9,174,192
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,422,287				3,422,287
10. Matured endowments					0
11. Annuity benefits	286,781				286,781
12. Surrender values and withdrawals for life contracts	14,575				14,575
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	3,723,643	0	0	0	3,723,643
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 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	11	89,604	0	0	0	0	0	0	11	89,604
17. Incurred during current year Settled during current year:	514	3,422,287							514	3,422,287
18.1 By payment in full	519	3,428,308							519	3,428,308
18.2 By payment on compromised claims	2	1,571							2	1,571
18.3 Totals paid	521	3,429,879	0	0	0	0	0	0	521	3,429,879
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	521	3,429,879	0	0	0	0	0	0	521	3,429,879
19. Unpaid Dec. 31, current year (16+17-18.6)	4	82,012	0	0	0	0	0	0	4	82,012
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4,082	24,514,083	0 (a)	0	0	0	0	0	4,082	24,514,083
21. Issued during year	1,727	11,117,908							1,727	11,117,908
22. Other changes to in force (Net)	(594)	(3,991,035)							(594)	(3,991,035)
23. In force December 31 of current year	5,215	31,640,956	0 (a)	0	0	0	0	0	5,215	31,640,956

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

(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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	11,759,112				11,759,112
2. Annuity considerations	5,450				5,450
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	11,764,562	0	0	0	11,764,562
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums	92				92
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)	92	0	0	0	92
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 plus 7.4)	92	0	0	0	92
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,454,018				4,454,018
10. Matured endowments					0
11. Annuity benefits	12,419				12,419
12. Surrender values and withdrawals for life contracts	559				559
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	4,466,996	0	0	0	4,466,996
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 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	25	165,692	0	0	0	0	0	0	25	165,692
17. Incurred during current year	739	4,454,018							739	4,454,018
Settled during current year:										
18.1 By payment in full	737	4,462,136							737	4,462,136
18.2 By payment on compromised claims	3	1,322							3	1,322
18.3 Totals paid	740	4,463,458	0	0	0	0	0	0	740	4,463,458
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	740	4,463,458	0	0	0	0	0	0	740	4,463,458
19. Unpaid Dec. 31, current year (16+17-18.6)	24	156,252	0	0	0	0	0	0	24	156,252
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	6,090	39,024,986	0 (a)	0	0	0	0	0	6,090	39,024,986
21. Issued during year	2,114	14,047,929							2,114	14,047,929
22. Other changes to in force (Net)	(881)	(5,606,033)							(881)	(5,606,033)
23. In force December 31 of current year	7,323	47,466,882	0 (a)	0	0	0	0	0	7,323	47,466,882

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

ACCIDENT AND HEALTH INSURANCE

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

(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 Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2015

NAIC Group Code 0838

LIFE INSURANCE

NAIC Company Code 88064

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	5,332,453				5,332,453
2. Annuity considerations	4,635				4,635
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	5,337,088	0	0	0	5,337,088
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,327,663				2,327,663
10. Matured endowments					0
11. Annuity benefits	328				328
12. Surrender values and withdrawals for life contracts	667				667
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	2,328,658	0	0	0	2,328,658
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 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	6	65,407	0	0	0	0	0	0	6	65,407
17. Incurred during current year Settled during current year:	420	2,327,663							420	2,327,663
18.1 By payment in full	415	2,336,541							415	2,336,541
18.2 By payment on compromised claims									0	0
18.3 Totals paid	415	2,336,541	0	0	0	0	0	0	415	2,336,541
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	415	2,336,541	0	0	0	0	0	0	415	2,336,541
19. Unpaid Dec. 31, current year (16+17-18.6)	11	56,529	0	0	0	0	0	0	11	56,529
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4,220	24,180,070	0 (a)	0	0	0	0	0	4,220	24,180,070
21. Issued during year	1,085	6,882,804							1,085	6,882,804
22. Other changes to in force (Net)	(494)	(2,997,150)							(494)	(2,997,150)
23. In force December 31 of current year	4,811	28,065,724	0 (a)	0	0	0	0	0	4,811	28,065,724

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

(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 Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2015

NAIC Group Code 0838

LIFE INSURANCE

NAIC Company Code 88064

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	165				165
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	165	0	0	0	165
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					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 Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 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
17. Incurred during current year Settled during current year:									0	0
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			(a)						0	0
21. Issued during year	2	15,000							2	15,000
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	2	15,000	0	(a) 0	0	0	0	0	2	15,000

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

(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 Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2015

NAIC Group Code 0838

LIFE INSURANCE

NAIC Company Code 88064

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	7,951,162				7,951,162
2. Annuity considerations	1,618				1,618
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	7,952,780	0	0	0	7,952,780
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,910				1,910
6.2 Applied to pay renewal premiums	928				928
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)	2,838	0	0	0	2,838
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 plus 7.4)	2,838	0	0	0	2,838
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,759,743				3,759,743
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	18,146				18,146
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	385				385
15. Totals	3,778,274	0	0	0	3,778,274
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 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	15	77,642	0	0	0	0	0	0	15	77,642
17. Incurred during current year Settled during current year:	721	3,759,743							721	3,759,743
18.1 By payment in full	721	3,760,343							721	3,760,343
18.2 By payment on compromised claims	3	831							3	831
18.3 Totals paid	724	3,761,174	0	0	0	0	0	0	724	3,761,174
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	724	3,761,174	0	0	0	0	0	0	724	3,761,174
19. Unpaid Dec. 31, current year (16+17-18.6)	12	76,211	0	0	0	0	0	0	12	76,211
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	5,627	28,072,859	0 (a)	0	0	0	0	0	5,627	28,072,859
21. Issued during year	2,019	9,975,010							2,019	9,975,010
22. Other changes to in force (Net)	(862)	(4,709,112)							(862)	(4,709,112)
23. In force December 31 of current year	6,784	33,338,757	0 (a)	0	0	0	0	0	6,784	33,338,757

(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)	58,942	60,035	0	34,698	31,321
25.6 Totals (sum of Lines 25.1 to 25.5)	58,942	60,035	0	34,698	31,321
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	58,942	60,035	0	34,698	31,321

(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 Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2015

NAIC Group Code 0838

LIFE INSURANCE

NAIC Company Code 88064

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	834,545				834,545
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	834,545	0	0	0	834,545
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	117,594				117,594
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	667				667
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	118,261	0	0	0	118,261
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 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	117,594							22	117,594
Settled during current year:										
18.1 By payment in full	22	117,594							22	117,594
18.2 By payment on compromised claims									0	0
18.3 Totals paid	22	117,594	0	0	0	0	0	0	22	117,594
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	22	117,594	0	0	0	0	0	0	22	117,594
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	142	890,452	0 (a)	0	0	0	0	0	142	890,452
21. Issued during year	168	1,224,679							168	1,224,679
22. Other changes to in force (Net)	(48)	(312,097)							(48)	(312,097)
23. In force December 31 of current year	262	1,803,034	0 (a)	0	0	0	0	0	262	1,803,034

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

(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 Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2015

NAIC Group Code 0838

LIFE INSURANCE

NAIC Company Code 88064

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	34,860,164	0	0	0	34,860,164
2. Annuity considerations	203,168	0	0	0	203,168
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)	35,063,332	0	0	0	35,063,332
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,910	0	0	0	1,910
6.2 Applied to pay renewal premiums	1,020	0	0	0	1,020
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)	2,930	0	0	0	2,930
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 plus 7.4)	2,930	0	0	0	2,930
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	14,081,305	0	0	0	14,081,305
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	299,528	0	0	0	299,528
12. Surrender values and withdrawals for life contracts	34,614	0	0	0	34,614
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	385	0	0	0	385
15. Totals	14,415,832	0	0	0	14,415,832
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 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	57	398,345	0	0	0	0	0	0	57	398,345
17. Incurred during current year Settled during current year:	2,416	14,081,305	0	0	0	0	0	0	2,416	14,081,305
18.1 By payment in full	2,414	14,104,922	0	0	0	0	0	0	2,414	14,104,922
18.2 By payment on compromised claims	8	3,724	0	0	0	0	0	0	8	3,724
18.3 Totals paid	2,422	14,108,646	0	0	0	0	0	0	2,422	14,108,646
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	2,422	14,108,646	0	0	0	0	0	0	2,422	14,108,646
19. Unpaid Dec. 31, current year (16+17-18.6)	51	371,004	0	0	0	0	0	0	51	371,004
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	20,161	116,682,450	0	(a) 0	0	0	0	0	20,161	116,682,450
21. Issued during year	7,115	43,263,330	0	0	0	0	0	0	7,115	43,263,330
22. Other changes to in force (Net)	(2,879)	(17,615,427)	0	0	0	0	0	0	(2,879)	(17,615,427)
23. In force December 31 of current year	24,397	142,330,353	0	(a) 0	0	0	0	0	24,397	142,330,353

(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 Other Individual Policies:	0	0	0	0	0
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)	58,942	60,035	0	34,698	31,321
25.6 Totals (sum of Lines 25.1 to 25.5)	58,942	60,035	0	34,698	31,321
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	58,942	60,035	0	34,698	31,321

(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 Equitable Life Insurance Company

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE		1
		Amount
1. Reserve as of December 31, Prior Year		495,635
2. Current year's realized pre-tax capital gains/(losses) of \$183,960 transferred into the reserve net of taxes of \$64,385		119,575
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)		615,210
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)		135,254
6. Reserve as of December 31, current year (Line 4 minus Line 5)		479,956

AMORTIZATION				
	1	2	3	4
Year of Amortization	Reserve as of December 31, Prior Year	Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2015	140,183	(4,929)	0	135,254
2. 2016	114,571	16,299	0	130,869
3. 2017	84,427	16,063	0	100,490
4. 2018	55,050	14,267	0	69,317
5. 2019	30,835	12,473	0	43,308
6. 2020	20,080	10,656	0	30,735
7. 2021	16,347	8,820	0	25,167
8. 2022	12,632	7,282	0	19,914
9. 2023	9,475	5,618	0	15,093
10. 2024	7,028	3,846	0	10,874
11. 2025	5,590	2,024	0	7,614
12. 2026	4,735	1,160	0	5,895
13. 2027	3,738	1,131	0	4,869
14. 2028	2,912	1,169	0	4,080
15. 2029	2,177	1,170	0	3,347
16. 2030	1,683	1,168	0	2,850
17. 2031	1,111	1,239	0	2,350
18. 2032	473	1,306	0	1,779
19. 2033	(276)	1,413	0	1,137
20. 2034	(1,083)	1,521	0	439
21. 2035	(1,687)	1,591	0	(96)
22. 2036	(2,088)	1,684	0	(404)
23. 2037	(2,398)	1,758	0	(640)
24. 2038	(2,528)	1,796	0	(732)
25. 2039	(2,416)	1,908	0	(508)
26. 2040	(1,994)	1,945	0	(48)
27. 2041	(1,501)	1,833	0	332
28. 2042	(995)	1,459	0	464
29. 2043	(392)	1,048	0	656
30. 2044	(54)	636	0	582
31. 2045 and Later	0	224	0	224
32. Total (Lines 1 to 31)	495,635	119,575	0	615,210

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	326,776	0	326,776	248,377	47,749	296,126	622,902
2. Realized capital gains/(losses) net of taxes - General Account	498	0	498	92,433	0	92,433	92,931
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account	(34)	0	(34)	(617,192)	0	(617,192)	(617,226)
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	100,183	0	100,183	0	0	0	100,183
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	427,423	0	427,423	(276,382)	47,749	(228,633)	198,790
9. Maximum reserve	498,770	0	498,770	1,621,423	0	1,621,423	2,120,194
10. Reserve objective	348,254	0	348,254	1,621,423	0	1,621,423	1,969,677
11. 20% of (Line 10 - Line 8)	(15,834)	0	(15,834)	379,561	(9,550)	370,011	354,177
12. Balance before transfers (Lines 8 + 11)	411,589	0	411,589	103,179	38,199	141,378	552,967
13. Transfers			0			0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero	0	0	0	0	(38,199)	(38,199)	(38,199)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	411,589	0	411,589	103,179	0	103,179	514,768

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

Line Num- ber	NAIC Desig- nation	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.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt Obligations	5,269,458	XXX	XXX	5,269,458	0.0000	0	0.0000	0	0.0000	0
2.	1	Highest Quality	60,224,106	XXX	XXX	60,224,106	0.0004	24,090	0.0023	138,515	0.0030	180,672
3.	2	High Quality	18,560,709	XXX	XXX	18,560,709	0.0019	35,265	0.0058	107,652	0.0090	167,046
4.	3	Medium Quality	3,039,958	XXX	XXX	3,039,958	0.0093	28,272	0.0230	69,919	0.0340	103,359
5.	4	Low Quality	100,000	XXX	XXX	100,000	0.0213	2,130	0.0530	5,300	0.0750	7,500
6.	5	Lower Quality	87,064	XXX	XXX	87,064	0.0432	3,761	0.1100	9,577	0.1700	14,801
7.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8.		Total Unrated Multi-class Securities Acquired by Conversion ..		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Bonds (Sum of Lines 1 through 8)	87,281,295	XXX	XXX	87,281,295	XXX	93,518	XXX	330,964	XXX	473,378
PREFERRED STOCK												
10.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11.	2	High Quality	103,920	XXX	XXX	103,920	0.0019	197	0.0058	603	0.0090	935
12.	3	Medium Quality	672,737	XXX	XXX	672,737	0.0093	6,256	0.0230	15,473	0.0340	22,873
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)	776,657	XXX	XXX	776,657	XXX	6,454	XXX	16,076	XXX	23,808
SHORT - TERM BONDS												
18.		Exempt Obligations	1,541,543	XXX	XXX	1,541,543	0.0000	0	0.0000	0	0.0000	0
19.	1	Highest Quality	527,937	XXX	XXX	527,937	0.0004	211	0.0023	1,214	0.0030	1,584
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)	2,069,480	XXX	XXX	2,069,480	XXX	211	XXX	1,214	XXX	1,584
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)	90,127,432	XXX	XXX	90,127,432	XXX	100,183	XXX	348,254	XXX	498,770

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

Line Num- ber	NAIC Desig- nation	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.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		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 Num- ber	NAIC Desig- nation	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.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
COMMON STOCK												
1.		Unaffiliated - Public	5,436,634	XXX	XXX	5,436,634	0.0000	0	0.2000 (a)	1,087,327	0.2000 (a)	1,087,327
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	XXX		XXX		XXX	
6.		Fixed Income - Highest Quality				0	XXX		XXX		XXX	
7.		Fixed Income - High Quality				0	XXX		XXX		XXX	
8.		Fixed Income - Medium Quality				0	XXX		XXX		XXX	
9.		Fixed Income - Low Quality				0	XXX		XXX		XXX	
10.		Fixed Income - Lower Quality				0	XXX		XXX		XXX	
11.		Fixed Income - In/Near Default				0	XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public	0	0	0	0	0.0000	0	0.2000 (a)	0	0.2000 (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 and Procedures Manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
16.		Affiliated - All Other	3,338,104	XXX	XXX	3,338,104	0.0000	0	0.1600	534,097	0.1600	534,097
17.		Total Common Stock (Sum of Lines 1 through 16)	8,774,738	0	0	8,774,738	XXX	0	XXX	1,621,423	XXX	1,621,423
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 Num- ber	NAIC Desig- nation	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.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		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
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)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		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	(c)	0	(c)	0	(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	0.0010	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 Num- ber	NAIC Desig- nation	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.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	.0	XXX	XXX	.0	0.0000	.0	0.2000 (a)	.0	0.2000 (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)	0	0	0	0	XXX	0	XXX	0	XXX	0

(a) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).
(b) Determined using the same factors and breakdowns used for directly owned real estate.
(c) This will be the factor associated with the risk category determined in the company generated worksheet.

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

ASSET VALUATION RESERVE (Continued)

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS REPLICATIONS (SYNTHETIC) ASSETS

1 RSAT Number	2 Type	3 CUSIP	4 Description of Asset(s)	5 NAIC Designation or Other Description of Asset	6 Value of Asset	7 AVR Basic Contribution	8 AVR Reserve Objective	9 AVR Maximum Reserve
NONE								
0599999 - Total								

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

SCHEDULE F

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

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable 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	58,942	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	58,942	XXX
2. Premiums earned	60,035	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	60,035	XXX
3. Incurred claims	31,321	52.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	31,321	52.2
4. Cost containment expenses	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	31,321	52.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	31,321	52.2
6. Increase in contract reserves	336	0.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	336	0.6
7. Commissions (a)	8,841	14.7		0.0		0.0		0.0		0.0		0.0		0.0		0.0	8,841	14.7
8. Other general insurance expenses	3,600	6.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0	3,600	6.0
9. Taxes, licenses and fees	300	0.5		0.0		0.0		0.0		0.0		0.0		0.0		0.0	300	0.5
10. Total other expenses incurred	12,741	21.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	12,741	21.2
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	15,637	26.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	15,637	26.0
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	15,637	26.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	15,637	26.0
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 thru 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 Equitable 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 Accident and Health (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	0								
2. Advance premiums	3,280								3,280
3. Reserve for rate credits	0								
4. Total premium reserves, current year	3,280	0	0	0	0	0	0	0	3,280
5. Total premium reserves, prior year	4,373	0	0	0	0	0	0	0	4,373
6. Increase in total premium reserves	(1,093)	0	0	0	0	0	0	0	(1,093)
B. Contract Reserves:									
1. Additional reserves (a)	11,626								11,626
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	11,626	0	0	0	0	0	0	0	11,626
4. Total contract reserves, prior year	11,290	0	0	0	0	0	0	0	11,290
5. Increase in contract reserves	336	0	0	0	0	0	0	0	336
C. Claim Reserves and Liabilities:									
1. Total current year	9,733	0	0	0	0	0	0	0	9,733
2. Total prior year	13,110	0	0	0	0	0	0	0	13,110
3. Increase	(3,377)	0	0	0	0	0	0	0	(3,377)

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	8,550								8,550
1.2 On claims incurred during current year	26,148								26,148
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	0								
2.2 On claims incurred during current year	9,733								9,733
3. Test:									
3.1 Lines 1.1 and 2.1	8,550	0	0	0	0	0	0	0	8,550
3.2 Claim reserves and liabilities, December 31, prior year	13,110	0	0	0	0	0	0	0	13,110
3.3 Line 3.1 minus Line 3.2	(4,560)	0	0	0	0	0	0	0	(4,560)

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									

(a) Includes \$ premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims			31,321	31,321
2. Beginning Claim Reserves and Liabilities			13,110	13,110
3. Ending Claim Reserves and Liabilities			9,733	9,733
4. Claims Paid	0	0	34,698	34,698
B. Assumed Reinsurance:				
5. Incurred Claims.....				0
6. Beginning Claim Reserves and Liabilities				0
7. Ending Claim Reserves and Liabilities				0
8. Claims Paid	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred Claims.....				0
10. Beginning Claim Reserves and Liabilities				0
11. Ending Claim Reserves and Liabilities				0
12. Claims Paid	0	0	0	0
D. Net:				
13. Incurred Claims.....	0	0	31,321	31,321
14. Beginning Claim Reserves and Liabilities	0	0	13,110	13,110
15. Ending Claim Reserves and Liabilities	0	0	9,733	9,733
16. Claims Paid	0	0	34,698	34,698
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses			31,321	31,321
18. Beginning Reserves and Liabilities			13,110	13,110
19. Ending Reserves and Liabilities			9,733	9,733
20. Paid Claims and Cost Containment Expenses	0	0	34,698	34,698

Schedule S - Part 1 - Section 1
N O N E

Schedule S - Part 1 - Section 2
N O N E

Schedule S - Part 2
N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable 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 Domi- ciliary Juris- diction	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			
															Current Year
0399999. Total General Account - Authorized U.S. Affiliates								0	0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates								0	0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates								0	0	0	0	0	0	0	0
76236	31-1213778	07/01/1982	Cincinnati Life Insurance Company	OH	YRT/I	OL	133,463	2,608	2,475	4,017					
82627	06-0839705	03/01/1981	Swiss Re Life	NY	YRT/I	OL	8,825	567	723	(412)					
82627	06-0839705	03/01/1981	Swiss Re Life	NJ	ADB/I	OL		16	21						
0899999. General Account - Authorized U.S. Non-Affiliates								142,288	3,191	3,219	3,605	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates								142,288	3,191	3,219	3,605	0	0	0	0
1199999. Total General Account Authorized								142,288	3,191	3,219	3,605	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates								0	0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates								0	0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates								0	0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates								0	0	0	0	0	0	0	0
2299999. Total General Account Unauthorized								0	0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates								0	0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates								0	0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates								0	0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates								0	0	0	0	0	0	0	0
3399999. Total General Account Certified								0	0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified								142,288	3,191	3,219	3,605	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates								0	0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates								0	0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates								0	0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates								0	0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized								0	0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates								0	0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates								0	0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates								0	0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates								0	0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized								0	0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates								0	0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates								0	0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates								0	0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates								0	0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified								0	0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified								0	0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)								142,288	3,191	3,219	3,605	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)								0	0	0	0	0	0	0	0
9999999 - Totals								142,288	3,191	3,219	3,605	0	0	0	0

Schedule S - Part 3 - Section 2
N O N E

Schedule S - Part 4
N O N E

Schedule S - Part 4 - Bank Footnote
N O N E

Schedule S - Part 5
N O N E

Schedule S - Part 5 - Bank Footnote
N O N E

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	4	6	5	5	5
2. Commissions and reinsurance expense allowances	0	0	0	0	0
3. Contract claims	5	0	0	0	0
4. Surrender benefits and withdrawals for life contracts					
5. Dividends to policyholders					
6. Reserve adjustments on reinsurance ceded	0	0	0	0	0
7. Increase in aggregate reserve for life and accident and health contracts					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	0	0	0	0	0
9. Aggregate reserves for life and accident and health contracts	3	3	3	3	3
10. Liability for deposit-type contracts					
11. Contract claims unpaid	0	0	0	0	0
12. Amounts recoverable on reinsurance	0	0	0	0	0
13. Experience rating refunds due or unpaid				0	0
14. Policyholders' dividends (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset	0	0	0	0	0
17. Offset for reinsurance with Certified Reinsurers				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)	0	0	0	0	0
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	XXX
23. Funds deposited by and withheld from (F)			0	0	XXX
24. Letters of credit (L)			0	0	XXX
25. Trust agreements (T)			0	0	XXX
26. Other (O)			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)	99,459,210		99,459,210
2. Reinsurance (Line 16)	0	0	0
3. Premiums and considerations (Line 15)	962,282	0	962,282
4. Net credit for ceded reinsurance	XXX	3,207	3,207
5. All other admitted assets (balance)	3,779,285		3,779,285
6. Total assets excluding Separate Accounts (Line 26)	104,200,777	3,207	104,203,984
7. Separate Account assets (Line 27)	0		0
8. Total assets (Line 28)	104,200,777	3,207	104,203,984
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	93,385,742	3,207	93,388,949
10. Liability for deposit-type contracts (Line 3)	281,174		281,174
11. Claim reserves (Line 4)	429,460	0	429,460
12. Policyholder dividends/reserves (Lines 5 through 7)	4,820		4,820
13. Premium & annuity considerations received in advance (Line 8)	425,704		425,704
14. Other contract liabilities (Line 9)	479,956		479,956
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
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
19. All other liabilities (balance)	1,129,663		1,129,663
20. Total liabilities excluding Separate Accounts (Line 26)	96,136,519	3,207	96,139,726
21. Separate Account liabilities (Line 27)			0
22. Total liabilities (Line 28)	96,136,519	3,207	96,139,726
23. Capital & surplus (Line 38)	8,064,258	XXX	8,064,258
24. Total liabilities, capital & surplus (Line 39)	104,200,777	3,207	104,203,984
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	3,207		
26. Claim reserves	0		
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	0		
32. Other ceded reinsurance recoverables	0		
33. Total ceded reinsurance recoverables	3,207		
34. Premiums and considerations	0		
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	0		
41. Total net credit for ceded reinsurance	3,207		

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	.0	.0			0	.0
2.	Alaska	AK	.0	.0			0	.0
3.	Arizona	AZ	.0	.0			0	.0
4.	Arkansas	AR	.0	.0			0	.0
5.	California	CA	.0	.0			0	.0
6.	Colorado	CO	.0	.0			0	.0
7.	Connecticut	CT	.0	.0			0	.0
8.	Delaware	DE	.0	.0			0	.0
9.	District of Columbia	DC	.0	.0			0	.0
10.	Florida	FL	.0	.0			0	.0
11.	Georgia	GA	8,982,727	191,465			0	9,174,192
12.	Hawaii	HI	.0	.0			0	.0
13.	Idaho	ID	.0	.0			0	.0
14.	Illinois	IL	.0	.0			0	.0
15.	Indiana	IN	11,759,112	5,450			0	11,764,562
16.	Iowa	IA	.0	.0			0	.0
17.	Kansas	KS	.0	.0			0	.0
18.	Kentucky	KY	5,332,453	4,635			0	5,337,088
19.	Louisiana	LA	.0	.0			0	.0
20.	Maine	ME	.0	.0			0	.0
21.	Maryland	MD	.0	.0			0	.0
22.	Massachusetts	MA	.0	.0			0	.0
23.	Michigan	MI	.0	.0			0	.0
24.	Minnesota	MN	.0	.0			0	.0
25.	Mississippi	MS	165	.0			0	165
26.	Missouri	MO	.0	.0			0	.0
27.	Montana	MT	.0	.0			0	.0
28.	Nebraska	NE	.0	.0			0	.0
29.	Nevada	NV	.0	.0			0	.0
30.	New Hampshire	NH	.0	.0			0	.0
31.	New Jersey	NJ	.0	.0			0	.0
32.	New Mexico	NM	.0	.0			0	.0
33.	New York	NY	.0	.0			0	.0
34.	North Carolina	NC	.0	.0			0	.0
35.	North Dakota	ND	.0	.0			0	.0
36.	Ohio	OH	7,951,162	1,618			0	7,952,780
37.	Oklahoma	OK	.0	.0			0	.0
38.	Oregon	OR	.0	.0			0	.0
39.	Pennsylvania	PA	.0	.0			0	.0
40.	Rhode Island	RI	.0	.0			0	.0
41.	South Carolina	SC	.0	.0			0	.0
42.	South Dakota	SD	.0	.0			0	.0
43.	Tennessee	TN	834,545	.0			0	834,545
44.	Texas	TX	.0	.0			0	.0
45.	Utah	UT	.0	.0			0	.0
46.	Vermont	VT	.0	.0			0	.0
47.	Virginia	VA	.0	.0			0	.0
48.	Washington	WA	.0	.0			0	.0
49.	West Virginia	WV	.0	.0			0	.0
50.	Wisconsin	WI	.0	.0			0	.0
51.	Wyoming	WY	.0	.0			0	.0
52.	American Samoa	AS	.0	.0			0	.0
53.	Guam	GU	.0	.0			0	.0
54.	Puerto Rico	PR	.0	.0			0	.0
55.	U.S. Virgin Islands	VI	.0	.0			0	.0
56.	Northern Mariana Islands	MP	.0	.0			0	.0
57.	Canada	CAN	.0	.0			0	.0
58.	Aggregate Other Alien	OT	.0	.0			0	.0
59.	Total		34,860,164	203,168	0	0	0	35,063,332

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation

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

SCHEDULE Y

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

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4. Will an actuarial opinion be filed by March 1?	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7. Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1?	YES
8. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
JUNE FILING	
9. Will an audited financial report be filed by June 1?	YES
10. Will Accountant's 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?	NO
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?	NO
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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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
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 Worker's 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?	NO
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?	NO
48.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
49.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile 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?	NO
AUGUST FILING		
51.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
Explanations:		
12.	Not Required	
14.	Not Required	
17.	Not Required	
18.	Not Required	
19.	Not Required	
20.	Not Required	
21.	Not Required	
22.	Not Required	
23.	Not Required	
24.	Not Required	
25.	Not Required	
26.	Not Required	
27.	Not Required	
28.	Not Required	
29.	Not Required	
30.	Not Required	
31.	Not Required	
32.	Not Required	
33.	Not Required	
34.	Not Required	
36.	Not Required	
37.	Not Required	
38.	Not Required	
39.	Not Required	
43.	Not Required	
46.	Not Required	
47.	Not Required	
48.	Not Required	
49.	Not Required	
50.	Not Required	
51.	Not Required	
Bar Codes:		
12.	SIS Stockholder Information Supplement [Document Identifier 420]	
14.	Trusted Surplus Statement [Document Identifier 490]	
17.	Actuarial Opinion on X-Factors [Document Identifier 442]	
18.	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]	
19.	Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]	
20.	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]	
21.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]	

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22.	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]	 880642015447000000
23.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]	 880642015448000000
24.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]	 880642015449000000
25.	C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]	 880642015450000000
26.	C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]	 880642015451000000
27.	Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]	 880642015452000000
28.	Modified Guaranteed Annuity Model Regulation [Document Identifier 453]	 880642015453000000
29.	Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII [Document Identifier 436]	 880642015436000000
30.	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII [Document Identifier 437]	 880642015437000000
31.	Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII [Document Identifier 438]	 880642015438000000
32.	Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII [Document Identifier 439]	 880642015439000000
33.	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 [Document Identifier 454]	 880642015454000000
34.	Workers' Compensation Carve-Out Supplement [Document Identifier 495]	 880642015495000000
36.	Medicare Part D Coverage Supplement [Document Identifier 365]	 880642015365000000
37.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 880642015224000000
38.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 880642015225000000
39.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 880642015226000000
43.	Credit Insurance Experience Exhibit [Document Identifier 230]	 880642015230000000
46.	Analysis of Increase in Annuity Reserves During the Year [Document Identifier 515]	 880642015515000000
47.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 880642015216000000
48.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 880642015217000000
49.	Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]	 880642015435000000
50.	Supplemental XXX/AXXX Reinsurance Exhibit [Document Identifier 345]	 880642015345000000
51.	Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	 880642015223000000

OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable 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 0838..... NAIC Company Code 88064.....
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202.....
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2012				Policies Issued in 2013; 2014; 2015			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	AP355BAUC	B	NO	0030000	10/01/1996	12/31/2004	12/31/2004	12/31/2004	Medicare Supplement	59,578	31,321	52.6	24			0.0	
0199999. Total Experience on Individual Policies										59,578	31,321	52.6	24	0	0	0.0	0

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: ,
2.2 Contact Person and Phone Number:
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:
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE O SUPPLEMENT

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

Of The Cincinnati Equitable Life Insurance Company
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202
NAIC Group Code 0838 NAIC Company Code 88064 Employer's Identification Number (FEIN) 35-1452221

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2011	2 2012	3 2013	4 2014	5 2015(a)
1. Prior	(2)	(2)	(2)	(2)	(2)
2. 2011		0			
3. 2012	XXX	0			
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior	(6)	(6)	(6)	(99)	(99)
2. 2011	109	107	107	107	107
3. 2012	XXX	60	58	58	58
4. 2013	XXX	XXX	60	71	71
5. 2014	XXX	XXX	XXX	43	51
6. 2015	XXX	XXX	XXX	XXX	26

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

(a) See paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement of ins

Supplement Schedule O - Part 2 Section A
N O N E

Supplement Schedule O - Part 2 Section B
N O N E

Supplement Schedule O - Part 2 Section C
N O N E

Supplement Schedule O - Part 2 Section D
N O N E

Supplement Schedule O - Part 2 Section E
N O N E

Supplement Schedule O - Part 2 Section F
N O N E

Supplement Schedule O - Part 2 Section G
N O N E

SUPPLEMENT FOR THE YEAR 2015 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Years 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				XXX	XXX
2.	2012	XXX				XXX
3.	2013	XXX	XXX			
4.	2014	XXX	XXX	XXX		
5.	2015	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1.	2011	109	107	107	XXX	XXX
2.	2012	XXX	60	58	58	XXX
3.	2013	XXX	XXX	60	59	59
4.	2014	XXX	XXX	XXX	56	51
5.	2015	XXX	XXX	XXX	XXX	36

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Years 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 End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. 2011	NONE				
2. 2012					
3. 2013					
4. 2014					
5. 2015					

Section B - Other Accident and Health

1. 2011	109	107	107	107	107
2. 2012	XXX	.60	.58	.58	.58
3. 2013	XXX	XXX	.60	.59	.59
4. 2014	XXX	XXX	XXX	.56	.51
5. 2015	XXX	XXX	XXX	XXX	36

Section C - Credit Accident and Health

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

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

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

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

1. 2011					
2. 2012	XXX				
3. 2013	XXX	XX			
4. 2014	XXX	XX	XXX		
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			
2. Ordinary Life		Other	371
3. Individual Annuity		Other	48
4. Supplementary Contracts			
5. Credit Life			
6. Group Life			
7. Group Annuities			
8. Group Accident and Health			
9. Credit Accident and Health			
10. Other Accident and Health		Developed	10
11. Total			429

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Increase in Reserves During The Year	7
Analysis of Operations By Lines of Business	6
Asset Valuation Reserve Default Component	30
Asset Valuation Reserve Equity	32
Asset Valuation Reserve Replications (Synthetic) Assets	35
Asset Valuation Reserve	29
Assets	2
Cash Flow	5
Exhibit 1 - Part 1 - Premiums and Annuity Considerations for Life and Accident and Health Contracts	9
Exhibit 1 - Part 2 - Dividends and Coupons Applied, Reinsurance Commissions and Expense	10
Exhibit 2 - General Expenses	11
Exhibit 3 - Taxes, Licenses and Fees (Excluding Federal Income Taxes)	11
Exhibit 4 - Dividends or Refunds	11
Exhibit 5 - Aggregate Reserve for Life Contracts	12
Exhibit 5 - Interrogatories	13
Exhibit 5A - Changes in Bases of Valuation During The Year	13
Exhibit 6 - Aggregate Reserves for Accident and Health Contracts	14
Exhibit 7 - Deposit-Type Contracts	15
Exhibit 8 - Claims for Life and Accident and Health Contracts - Part 1	16
Exhibit 8 - Claims for Life and Accident and Health Contracts - Part 2	17
Exhibit of Capital Gains (Losses)	8
Exhibit of Life Insurance	25
Exhibit of Net Investment Income	8
Exhibit of Nonadmitted Assets	18
Exhibit of Number of Policies, Contracts, Certificates, Income Payable and Account Values	27
Five-Year Historical Data	22
Form for Calculating the Interest Maintenance Reserve (IMR)	28
General Interrogatories	20
Jurat Page	1
Liabilities, Surplus and Other Funds	3
Life Insurance (State Page)	24
Notes To Financial Statements	19
Overflow Page For Write-ins	55
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10

ANNUAL STATEMENT BLANK (Continued)

Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23
Schedule DB - Verification	SI14
Schedule DL - Part 1	E24
Schedule DL - Part 2	E25
Schedule E - Part 1 - Cash	E26
Schedule E - Part 2 - Cash Equivalents	E27
Schedule E - Part 3 - Special Deposits	E28
Schedule E - Verification Between Years	SI15
Schedule F	36
Schedule H - Accident and Health Exhibit - Part 1	37
Schedule H - Part 2, Part 3 and Part 4	38
Schedule H - Part 5 - Health Claims	39
Schedule S - Part 1 - Section 1	40
Schedule S - Part 1 - Section 2	41
Schedule S - Part 2	42
Schedule S - Part 3 - Section 1	43
Schedule S - Part 3 - Section 2	44
Schedule S - Part 4	45
Schedule S - Part 5	46
Schedule S - Part 6	47
Schedule S - Part 7	48
Schedule T - Part 2 Interstate Compact	50
Schedule T - Premiums and Annuity Considerations	49
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	51
Schedule Y - Part 1A - Detail of Insurance Holding Company System	52
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	53
Summary Investment Schedule	SI01
Summary of Operations	4
Supplemental Exhibits and Schedules Interrogatories	54