



LIFE AND ACCIDENT AND HEALTH COMPANIES — ASSOCIATION EDITION

ANNUAL STATEMENT
For the Year Ended December 31, 2016
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		(City or Town, State, Country and Zip Code)
Primary Location of Books and Records	6200 SOUTH GILMORE ROAD				(Street and Number)	FAIRFIELD, OH, US 45014-5141		513-870-2000
Internet Web Site Address	WWW.CINFIN.COM							
Statutory Statement Contact	JOSEPH DAVID WURZELBACHER				(Name)	513-870-2000-4902		
	JOE_WURZELBACHER@CINFIN.COM				(E-Mail Address)	513-603-5500		
						513-603-5500		
						(FAX Number)		

OFFICERS

Name	Title	Name	Title
STEVEN JUSTUS JOHNSTON #	CEO & PRESIDENT	MICHAEL JAMES SEWELL	CFO & SENIOR VICE PRESIDENT
TODD HANCOCK PENDERY	TREASURER & VICE PRESIDENT	ROGER ANDREW BROWN #	COO & SENIOR VICE PRESIDENT

OTHER OFFICERS

KENNETH WILLIAM STECHER	CHAIRMAN OF THE BOARD	JACOB FERDINAND SCHERER JR.	EXECUTIVE VICE PRESIDENT
TERESA CURRIN CRACAS	SENIOR VICE PRESIDENT	THERESA ANN HOFFER #	SENIOR VICE PRESIDENT
MARTIN FRANCIS HOLLENBECK	SENIOR VICE PRESIDENT	JOHN SCOTT KELLINGTON	SENIOR VICE PRESIDENT
LISA ANNE LOVE	SENIOR VICE PRESIDENT	GLENN DOUGLAS NICHOLSON	SENIOR VICE PRESIDENT
TIMOTHY LEE TIMMEL	SENIOR 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
	JACOB FERDINAND SCHERER		
	JR		
DAVID PUTNAM OSBORN	KENNETH WILLIAM STECHER	JOHN JEFFERSON SCHIFF JR	THOMAS REID SCHIFF
MICHAEL JAMES SEWELL		TIMOTHY LEE TIMMEL	LARRY RUSSELL WEBB #

State of OHIO
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 CEO & PRESIDENT	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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2016

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	4,906,017			287	4,906,304
2. Annuity considerations	887,389				887,389
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	5,793,407	0	0	287	5,793,693
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	1,307,398		0	0	1,307,398
10. Matured endowments	0			0	0
11. Annuity benefits	508,729		0		508,729
12. Surrender values and withdrawals for life contracts	219,099			625	219,724
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	2,035,226	0	0	625	2,035,851
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	1,307,398				0		0	22	1,307,398
Settled during current year:										
18.1 By payment in full	22	1,307,398				0		0	22	1,307,398
18.2 By payment on compromised claims									0	0
18.3 Totals paid	22	1,307,398	0	0	0	0	0	0	22	1,307,398
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	22	1,307,398	0	0	0	0	0	0	22	1,307,398
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	6,933	1,618,070,585	0	(a) 0	0	0	45	64,093	6,978	1,618,134,677
21. Issued during year	707	161,035,490			0	0	0	0	707	161,035,490
22. Other changes to in force (Net)	(427)	(80,058,560)			0	0	8	6,908	(419)	(80,051,653)
23. In force December 31 of current year	7,213	1,699,047,514	0	(a) 0	0	0	53	71,000	7,266	1,699,118,514

(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	120		0	13
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1 Non-cancelable (b).	177	177		0	0
25.2 Guaranteed renewable (b).	86,711	90,776		7,487	(18,729)
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	13	17		0	6
25.5 All other (b).	572	775		583	692
25.6 Totals (sum of Lines 25.1 to 25.5)	87,473	91,744	0	8,070	(18,031)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	87,545	91,865	0	8,070	(18,018)

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2016

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	46,764			0	46,764
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)	46,764	0	0	0	46,764
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	0		0		0
12. Surrender values and withdrawals for life contracts	4,301			0	4,301
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	104,301	0	0	0	104,301
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	100,000				0		0	2	100,000
Settled during current year:										
18.1 By payment in full	2	100,000				0		0	2	100,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	100,000	0	0	0	0	0	0	2	100,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	100,000	0	0	0	0	0	0	2	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	69	21,258,163	0	(a) 0	0	0	0	0	69	21,258,163
21. Issued during year	7	2,850,000			0	0	0	0	7	2,850,000
22. Other changes to in force (Net)	(6)	1,095,592			0	0	0	0	(6)	1,095,592
23. In force December 31 of current year	70	25,203,755	0	(a) 0	0	0	0	0	70	25,203,755

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2016

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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2016

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	2,610,167			30	2,610,196
2. Annuity considerations	42,307				42,307
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,652,474	0	0	30	2,652,503
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	2,260,084		0	0	2,260,084
10. Matured endowments	0			0	0
11. Annuity benefits	492,332		549		492,881
12. Surrender values and withdrawals for life contracts	90,234			1,165	91,400
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	2,842,650	0	549	1,165	2,844,365
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	2,260,084				0		0	14	2,260,084
Settled during current year:										
18.1 By payment in full	14	2,260,084				0		0	14	2,260,084
18.2 By payment on compromised claims									0	0
18.3 Totals paid	14	2,260,084	0	0	0	0	0	0	14	2,260,084
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	14	2,260,084	0	0	0	0	0	0	14	2,260,084
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	2,436	914,413,173	0	(a) 0	0	0	9	6,500	2,445	914,419,673
21. Issued during year	268	107,542,608			0	0	0	0	268	107,542,608
22. Other changes to in force (Net)	(125)	(56,237,972)			0	0	9	7,500	(116)	(56,230,472)
23. In force December 31 of current year	2,579	965,717,809	0	(a) 0	0	0	18	14,000	2,597	965,731,809

(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	149		0	6
25.2 Guaranteed renewable (b).....	22,130	24,289		0	502
25.3 Non-renewable for stated reasons only (b).....	0	0		0	0
25.4 Other accident only	6	9		0	6
25.5 All other (b).....	831	1,347		1,074	1,097
25.6 Totals (sum of Lines 25.1 to 25.5)	23,063	25,794	0	1,074	1,612
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	23,063	25,794	0	1,074	1,612

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2016

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	2,688,023			103	2,688,126
2. Annuity considerations	145,249				145,249
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,833,272	0	0	103	2,833,375
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	304,823		0	0	304,823
10. Matured endowments	0			0	0
11. Annuity benefits	78,607		0		78,607
12. Surrender values and withdrawals for life contracts	32,986			676	33,662
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	416,415	0	0	676	417,092
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	304,823				0		0	8	304,823
Settled during current year:										
18.1 By payment in full	8	304,823				0		0	8	304,823
18.2 By payment on compromised claims									0	0
18.3 Totals paid	8	304,823	0	0	0	0	0	0	8	304,823
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	8	304,823	0	0	0	0	0	0	8	304,823
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	2,725	951,598,212	0	(a) 0	1	20,489,214	6	6,000	2,732	972,093,426
21. Issued during year	202	78,794,660			0	0	0	0	202	78,794,660
22. Other changes to in force (Net)	(129)	(41,382,705)			0	81,611	0	1,000	(129)	(41,300,094)
23. In force December 31 of current year	2,798	989,010,167	0	(a) 0	1	20,570,825	6	7,000	2,805	1,009,587,992

(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).....	163	175		0	13
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).....	7,070	7,212		0	19
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	58		0	13
25.6 Totals (sum of Lines 25.1 to 25.5)	7,107	7,270	0	0	39
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,270	7,445	0	0	52

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2016

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	7,286,192			676	7,286,869
2. Annuity considerations	195,353				195,353
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	7,481,546	0	0	676	7,482,222
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	1,511,319		0	11,685	1,523,004
10. Matured endowments	(361)			375	14
11. Annuity benefits	603,800		0		603,800
12. Surrender values and withdrawals for life contracts	310,568			0	310,568
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	2,425,327	0	0	12,060	2,437,387
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	18	1,510,959				0	13	12,060	31	1,523,019
Settled during current year:										
18.1 By payment in full	18	1,510,959				0	13	12,060	31	1,523,019
18.2 By payment on compromised claims									0	0
18.3 Totals paid	18	1,510,959	0	0	0	0	13	12,060	31	1,523,019
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	18	1,510,959	0	0	0	0	13	12,060	31	1,523,019
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	10,539	2,061,458,175	0	(a) 0	0	0	279	263,901	10,818	2,061,722,076
21. Issued during year	836	262,735,195			0	0	0	0	836	262,735,195
22. Other changes to in force (Net)	(669)	(80,938,833)			0	0	2	940	(667)	(80,937,893)
23. In force December 31 of current year	10,706	2,243,254,537	0	(a) 0	0	0	281	264,841	10,987	2,243,519,378

(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).	16,779	18,712		36,908	(96,128)
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	62	125		0	13
25.5 All other (b).	42	64		0	13
25.6 Totals (sum of Lines 25.1 to 25.5)	16,883	18,901	0	36,908	(96,102)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,883	18,901	0	36,908	(96,102)

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2016

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	31,154			0	31,154
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)	31,154	0	0	0	31,154
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	(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2016

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	2,079,625			0	2,079,625
2. Annuity considerations	263,936				263,936
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,343,561	0	0	0	2,343,561
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	185,500		0	0	185,500
10. Matured endowments	3,000			0	3,000
11. Annuity benefits	509,104		0		509,104
12. Surrender values and withdrawals for life contracts	170,342			0	170,342
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	867,945	0	0	0	867,945
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	188,500				0		0	6	188,500
Settled during current year:										
18.1 By payment in full	6	188,500				0		0	6	188,500
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	188,500	0	0	0	0	0	0	6	188,500
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	188,500	0	0	0	0	0	0	6	188,500
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	1,842	647,410,193	0	(a)0	0	0	5	8,000	1,847	647,418,193
21. Issued during year	320	138,945,410			0	0	0	0	320	138,945,410
22. Other changes to in force (Net)	(48)	4,350,851			0	0	1	1,000	(47)	4,351,851
23. In force December 31 of current year	2,114	790,706,453	0	(a)0	0	0	6	9,000	2,120	790,715,453

(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).	10,642	10,353		29,561	137,073
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)	10,642	10,353	0	29,561	137,073
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,642	10,353	0	29,561	137,073

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2016

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	648,651			0	648,651
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)	648,651	0	0	0	648,651
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	12,140		0	0	12,140
10. Matured endowments	0			0	0
11. Annuity benefits	0		0		0
12. Surrender values and withdrawals for life contracts	47,892			0	47,892
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	60,032	0	0	0	60,032
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	12,140				0		0	2	12,140
Settled during current year:										
18.1 By payment in full	2	12,140				0		0	2	12,140
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	12,140	0	0	0	0	0	0	2	12,140
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	12,140	0	0	0	0	0	0	2	12,140
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	710	189,257,246	0	(a) 0	0	0	2	1,593	712	189,258,838
21. Issued during year	124	47,019,345			0	0	0	0	124	47,019,345
22. Other changes to in force (Net)	(26)	(1,443,466)			0	0	(1)	(1,000)	(27)	(1,444,466)
23. In force December 31 of current year	808	234,833,125	0	(a) 0	0	0	1	593	809	234,833,718

(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).	2,204	2,230		0	0
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	270	345		0	6
25.5 All other (b).	57	117		0	6
25.6 Totals (sum of Lines 25.1 to 25.5)	2,531	2,692	0	0	19
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,531	2,692	0	0	19

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2016

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	439,234			0	439,234
2. Annuity considerations	52,600				52,600
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	491,834	0	0	0	491,834
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	300,692		0		300,692
12. Surrender values and withdrawals for life contracts	1,068			0	1,068
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	301,760	0	0	0	301,760
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	474	143,285,644	0	(a) 0	0	0	5	3,685	479	143,289,329
21. Issued during year	41	39,842,804			0	0	0	0	41	39,842,804
22. Other changes to in force (Net)	(5)	272,720			0	0	(1)	(1,500)	(6)	271,220
23. In force December 31 of current year	510	183,401,168	0	(a) 0	0	0	4	2,185	514	183,403,353

(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).....	2,585	2,796		0	(245,802)
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)	2,585	2,796	0	0	(245,802)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,585	2,796	0	0	(245,802)

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2016

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	131,906			2,091	133,997
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)	131,906	0	0	2,091	133,997
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	8,550		0	8,500	17,050
10. Matured endowments	0			0	0
11. Annuity benefits	0		0		0
12. Surrender values and withdrawals for life contracts	0			1,168	1,168
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	8,550	0	0	9,668	18,218
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	8,550				0	8	8,500	11	17,050
Settled during current year:										
18.1 By payment in full	3	8,550				0	8	8,500	11	17,050
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	8,550	0	0	0	0	8	8,500	11	17,050
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	8,550	0	0	0	0	8	8,500	11	17,050
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	161	59,337,010	0	(a) 0	0	0	300	336,560	461	59,673,570
21. Issued during year	2	2,250,000			0	0	0	0	2	2,250,000
22. Other changes to in force (Net)	1	(3,517,077)			0	0	(23)	(25,500)	(22)	(3,542,577)
23. In force December 31 of current year	164	58,069,933	0	(a) 0	0	0	277	311,060	441	58,380,993

(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)	3,791	3,834		0	501
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)	3,791	3,834	0	0	501
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,791	3,834	0	0	501

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2016

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	7,513,328			252	7,513,580
2. Annuity considerations	844,077				844,077
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	8,357,405	0	0	252	8,357,657
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	2,942,147		10,000	2,000	2,954,147
10. Matured endowments	0			500	500
11. Annuity benefits	2,316,047		0		2,316,047
12. Surrender values and withdrawals for life contracts	1,451,822			0	1,451,822
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	6,710,016	0	10,000	2,500	6,722,516
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	2,942,147			1	10,000	2	2,500	59	2,954,647
Settled during current year:										
18.1 By payment in full	56	2,942,147			1	10,000	2	2,500	59	2,954,647
18.2 By payment on compromised claims									0	0
18.3 Totals paid	56	2,942,147	0	0	1	10,000	2	2,500	59	2,954,647
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	56	2,942,147	0	0	1	10,000	2	2,500	59	2,954,647
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	9,141	2,099,248,963	0	(a) 0	0	0	27	32,435	9,168	2,099,281,398
21. Issued during year	590	135,114,251			0	0	0	0	590	135,114,251
22. Other changes to in force (Net)	(339)	(45,356,171)			0	0	31	28,843	(308)	(45,327,329)
23. In force December 31 of current year	9,392	2,189,007,043	0	(a) 0	0	0	58	61,278	9,450	2,189,068,321

(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).	733	1,054		1,000	1,078
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	19
25.2 Guaranteed renewable (b).	157,578	161,041		121,513	184,553
25.3 Non-renewable for stated reasons only (b).	0	0		0	13
25.4 Other accident only	10	19		0	6
25.5 All other (b).	804	1,645		441	465
25.6 Totals (sum of Lines 25.1 to 25.5)	158,392	162,705	0	121,954	185,056
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	159,125	163,759	0	122,954	186,134

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2016

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	14,104,942			793	14,105,735
2. Annuity considerations	144,781				144,781
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	14,249,723	0	0	793	14,250,515
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	9,320,089		0	0	9,320,089
10. Matured endowments	5,000			1,185	6,185
11. Annuity benefits	430,797		0		430,797
12. Surrender values and withdrawals for life contracts	848,547			1,599	850,146
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	10,604,433	0	0	2,784	10,607,217
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	102	9,325,089				0	1	1,185	103	9,326,274
Settled during current year:										
18.1 By payment in full	102	9,325,089				0	1	1,185	103	9,326,274
18.2 By payment on compromised claims									0	0
18.3 Totals paid	102	9,325,089	0	0	0	0	1	1,185	103	9,326,274
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	102	9,325,089	0	0	0	0	1	1,185	103	9,326,274
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	21,882	4,115,316,521	0	(a)0	0	0	95	84,093	21,977	4,115,400,613
21. Issued during year	2,306	367,464,758			0	0	0	0	2,306	367,464,758
22. Other changes to in force (Net)	(1,669)	(193,572,261)			0	0	17	15,072	(1,652)	(193,557,189)
23. In force December 31 of current year	22,519	4,289,209,018	0	(a)0	0	0	112	99,165	22,631	4,289,308,183

(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).	5,439	5,452		194	41,852
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	45	68		0	6
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	13
25.2 Guaranteed renewable (b).	352,335	363,644		261,656	637,796
25.3 Non-renewable for stated reasons only (b).	0	0		0	6
25.4 Other accident only	760	796		0	19
25.5 All other (b).	843	1,044		662	713
25.6 Totals (sum of Lines 25.1 to 25.5)	353,938	365,485	0	262,318	638,548
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	359,421	371,004	0	262,512	680,406

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2016

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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2016

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	47,819			0	47,819
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)	47,819	0	0	0	47,819
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	4,700			0	4,700
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	4,700	0	0	0	4,700
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	6816,884,254	0(a)	0	0	0	0	0	68	16,884,254
	21. Issued during year	101,625,000			0	0	0	0	10	1,625,000
	22. Other changes to in force (Net)	6843,503			0	0	1	500	7	844,003
	23. In force December 31 of current year	8419,352,757	0(a)	0	0	0	1	500	85	19,353,257

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2016

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	921,074			0	921,074
2. Annuity considerations	210,734				210,734
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,131,808	0	0	0	1,131,808
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	262,000		0	0	262,000
10. Matured endowments	0			0	0
11. Annuity benefits	89,865		0		89,865
12. Surrender values and withdrawals for life contracts	8,014			0	8,014
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	359,879	0	0	0	359,879
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	262,000				0		0	3	262,000
Settled during current year:										
18.1 By payment in full	3	262,000				0		0	3	262,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	262,000	0	0	0	0	0	0	3	262,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	262,000	0	0	0	0	0	0	3	262,000
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	1,040	383,724,339	0	(a) 0	0	0	1	1,000	1,041	383,725,339
21. Issued during year	90	38,235,017			0	0	0	0	90	38,235,017
22. Other changes to in force (Net)	(40)	(6,395,354)			0	0	0	0	(40)	(6,395,354)
23. In force December 31 of current year	1,090	415,564,002	0	(a) 0	0	0	1	1,000	1,091	415,565,002

(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).	2,680	2,710		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)	2,680	2,710	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,680	2,710	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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2016

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	17,370,590			235	17,370,825
2. Annuity considerations	3,490,006				3,490,006
3. Deposit-type contract funds	773,406	XXX		XXX	773,406
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	21,634,001	0	0	235	21,634,236
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	10,018,835		0	0	10,018,835
10. Matured endowments	0			0	0
11. Annuity benefits	6,630,980		0		6,630,980
12. Surrender values and withdrawals for life contracts	2,168,843			275	2,169,119
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	18,818,658	0	0	275	18,818,933
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	113	10,018,835			0	0	0	0	113	10,018,835
Settled during current year:										
18.1 By payment in full	113	10,018,835			0	0	0	0	113	10,018,835
18.2 By payment on compromised claims									0	0
18.3 Totals paid	113	10,018,835	0	0	0	0	0	0	113	10,018,835
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	113	10,018,835	0	0	0	0	0	0	113	10,018,835
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	27,325	5,717,242,622	0	0	1	20,000	17	17,093	27,343	5,717,279,715
21. Issued during year	1,923	418,431,481			0	0	0	0	1,923	418,431,481
22. Other changes to in force (Net)	(2,047)	(332,042,633)			0	0	3	3,000	(2,044)	(332,039,633)
23. In force December 31 of current year	27,201	5,803,631,470	0	0	1	20,000	20	20,093	27,222	5,803,671,562

(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	2,677		0	168
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).	460,731	505,825		83,007	163,988
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	46	66		0	19
25.5 All other (b).	588	1,042		317	339
25.6 Totals (sum of Lines 25.1 to 25.5)	461,364	506,933	0	83,323	164,346
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	466,137	513,427	0	83,323	214,514

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OFIndiana

DURING THE YEAR2016

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	17,107,177			2,633	17,109,810
2. Annuity considerations	2,959,898				2,959,898
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	20,067,075	0	0	2,633	20,069,708
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	14,809,750		295,000	5,000	15,109,750
10. Matured endowments	1,000			0	1,000
11. Annuity benefits	4,532,047		5,465		4,537,512
12. Surrender values and withdrawals for life contracts	1,695,807			3,139	1,698,946
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	21,038,604	0	300,465	8,139	21,347,208
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	161	14,810,750			3	295,000	5	5,000	169	15,110,750
Settled during current year:										
18.1 By payment in full	161	14,810,750			3	295,000	5	5,000	169	15,110,750
18.2 By payment on compromised claims									0	0
18.3 Totals paid	161	14,810,750	0	0	3	295,000	5	5,000	169	15,110,750
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	161	14,810,750	0	0	3	295,000	5	5,000	169	15,110,750
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)						
20. In force December 31, prior year	30,666	5,284,357,880	0	0	0	40,000	235	300,207	30,901	5,284,698,087
21. Issued during year	2,929	398,143,325			0	0	0	0	2,929	398,143,325
22. Other changes to in force (Net)	(2,986)	(323,825,156)			0	(30,000)	(7)	(9,250)	(2,993)	(323,864,406)
23. In force December 31 of current year	30,609	5,358,676,049	0	0	0	10,000	228	290,957	30,837	5,358,977,006

(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).	263,283	273,598		57,111	19,898
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	111	178		0	13
25.5 All other (b).	278	349		0	39
25.6 Totals (sum of Lines 25.1 to 25.5)	263,672	274,126	0	57,111	19,950
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	263,672	274,126	0	57,111	19,950

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2016

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	10,883,431			9	10,883,441
2. Annuity considerations	4,448,785				4,448,785
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	15,332,216	0	0	9	15,332,225
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	3,312,436		0	0	3,312,436
10. Matured endowments	0			0	0
11. Annuity benefits	15,945,542		0		15,945,542
12. Surrender values and withdrawals for life contracts	106,151			0	106,151
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	19,364,129	0	0	0	19,364,129
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	33	3,312,436				0		0	33	3,312,436
Settled during current year:										
18.1 By payment in full	33	3,312,436				0		0	33	3,312,436
18.2 By payment on compromised claims									0	0
18.3 Totals paid	33	3,312,436	0	0	0	0	0	0	33	3,312,436
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	33	3,312,436	0	0	0	0	0	0	33	3,312,436
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	14,516	3,652,534,764	0	(a) 0	0	10,000	5	4,000	14,521	3,652,548,764
21. Issued during year	1,259	372,029,468			0	0	0	0	1,259	372,029,468
22. Other changes to in force (Net)	(786)	(178,506,700)			0	(10,000)	0	0	(786)	(178,516,700)
23. In force December 31 of current year	14,989	3,846,057,533	0	(a) 0	0	0	5	4,000	14,994	3,846,061,533

(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)	117,919	122,158		78,379	70,561
25.3 Non-renewable for stated reasons only (b)	0	0		0	0
25.4 Other accident only	10,872	15,478		1,720	2,101
25.5 All other (b)	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	128,792	137,636	0	80,099	72,661
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	128,792	137,636	0	80,099	72,661

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2016

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	4,237,300			0	4,237,300
2. Annuity considerations	1,215,849				1,215,849
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	5,453,149	0	0	0	5,453,149
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	1,803,669		0	0	1,803,669
10. Matured endowments	0			0	0
11. Annuity benefits	541,759		0		541,759
12. Surrender values and withdrawals for life contracts	49,131			520	49,650
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	2,394,559	0	0	520	2,395,078
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	1,803,669				0		0	10	1,803,669
Settled during current year:										
18.1 By payment in full	10	1,803,669				0		0	10	1,803,669
18.2 By payment on compromised claims									0	0
18.3 Totals paid	10	1,803,669	0	0	0	0	0	0	10	1,803,669
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	10	1,803,669	0	0	0	0	0	0	10	1,803,669
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	4,239	1,460,582,623	0	(a)0	0	0	0	0	4,239	1,460,582,623
21. Issued during year	416	159,073,458			0	0	0	0	416	159,073,458
22. Other changes to in force (Net)	(249)	(44,033,195)			0	0	1	1,000	(248)	(44,032,195)
23. In force December 31 of current year	4,406	1,575,622,886	0	(a)0	0	0	1	1,000	4,407	1,575,623,886

(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)	24,071	26,128		0	1,177
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)	24,071	26,128	0	0	1,177
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	24,071	26,128	0	0	1,177

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2016

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	9,677,164			1,279	9,678,443
2. Annuity considerations	239,312				239,312
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	9,916,476	0	0	1,279	9,917,755
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	10,931,673		0	13,532	10,945,204
10. Matured endowments	0			0	0
11. Annuity benefits	315,629		0		315,629
12. Surrender values and withdrawals for life contracts	451,796			4,243	456,039
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	11,699,098	0	0	17,775	11,716,873
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	92	10,931,673				0	15	13,532	107	10,945,204
Settled during current year:										
18.1 By payment in full	92	10,931,673				0	15	13,532	107	10,945,204
18.2 By payment on compromised claims									0	0
18.3 Totals paid	92	10,931,673	0	0	0	0	15	13,532	107	10,945,204
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	92	10,931,673	0	0	0	0	15	13,532	107	10,945,204
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	15,441	3,061,996,328	0	(a) 0	0	0	254	298,029	15,695	3,062,294,356
21. Issued during year	1,961	312,522,121			0	0	0	0	1,961	312,522,121
22. Other changes to in force (Net)	(1,278)	(164,660,373)			0	0	(21)	(60,088)	(1,299)	(164,720,461)
23. In force December 31 of current year	16,124	3,209,858,076	0	(a) 0	0	0	233	237,941	16,357	3,210,096,017

(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).	530	893		0	65
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).	236,121	246,125		208,789	(248,433)
25.3 Non-renewable for stated reasons only (b).	0	0		0	1,968
25.4 Other accident only	451	834		0	39
25.5 All other (b).	2,077	3,016		1,994	2,498
25.6 Totals (sum of Lines 25.1 to 25.5)	238,648	249,974	0	210,782	(243,928)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	239,178	250,868	0	210,782	(243,863)

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2016

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	883,766			0	883,766
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)	883,766	0	0	0	883,766
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	342,443		0	0	342,443
10. Matured endowments	0			0	0
11. Annuity benefits	0		0		0
12. Surrender values and withdrawals for life contracts	17,486			0	17,486
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	359,930	0	0	0	359,930
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	5	342,443				0		0	5	342,443
Settled during current year:										
18.1 By payment in full	5	342,443				0		0	5	342,443
18.2 By payment on compromised claims									0	0
18.3 Totals paid	5	342,443	0	0	0	0	0	0	5	342,443
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	5	342,443	0	0	0	0	0	0	5	342,443
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	964	154,857,054	0	(a) 0	0	0	1	500	965	154,857,554
21. Issued during year	193	37,623,572			0	0	0	0	193	37,623,572
22. Other changes to in force (Net)	(97)	(6,378,869)			0	0	3	2,500	(94)	(6,376,369)
23. In force December 31 of current year	1,060	186,101,756	0	(a) 0	0	0	4	3,000	1,064	186,104,756

(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	13
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	13		0	13
25.5 All other (b).	33	59		375	392
25.6 Totals (sum of Lines 25.1 to 25.5)	1,206	1,251	0	375	418
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,206	1,251	0	375	418

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2016

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	218,265			0	218,265
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)	218,265	0	0	0	218,265
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	65,000		0	0	65,000
10. Matured endowments	0			0	0
11. Annuity benefits	4,579		0		4,579
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	69,579	0	0	0	69,579
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	65,000				0		0	2	65,000
Settled during current year:										
18.1 By payment in full	2	65,000				0		0	2	65,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	65,000	0	0	0	0	0	0	2	65,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	65,000	0	0	0	0	0	0	2	65,000
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	141	37,082,478	0	(a) 0	0	0	0	0	141	37,082,478
21. Issued during year	24	5,467,992			0	0	0	0	24	5,467,992
22. Other changes to in force (Net)	61	982,169			0	0	0	0	61	982,169
23. In force December 31 of current year	226	43,532,639	0	(a) 0	0	0	0	0	226	43,532,639

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2016

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	3,420,935			339	3,421,274
2. Annuity considerations	498,696				498,696
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	3,919,631	0	0	339	3,919,970
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	536,842		0	1,000	537,842
10. Matured endowments	0			1,185	1,185
11. Annuity benefits	403,087		0		403,087
12. Surrender values and withdrawals for life contracts	70,652			1,845	72,496
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	1,010,581	0	0	4,030	1,014,611
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	7	536,842				0	3	2,185	10	539,027
Settled during current year:										
18.1 By payment in full	7	536,842				0	3	2,185	10	539,027
18.2 By payment on compromised claims									0	0
18.3 Totals paid	7	536,842	0	0	0	0	3	2,185	10	539,027
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	7	536,842	0	0	0	0	3	2,185	10	539,027
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	3,342	1,211,294,432	0	(a) 0	0	0	119	112,685	3,461	1,211,407,117
21. Issued during year	322	111,843,422			0	0	0	0	322	111,843,422
22. Other changes to in force (Net)	(165)	(49,631,337)			0	0	17	17,515	(148)	(49,613,822)
23. In force December 31 of current year	3,499	1,273,506,517	0	(a) 0	0	0	136	130,200	3,635	1,273,636,717

(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)	52,060	54,284		54,234	65,890
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)	52	52		0	6
25.6 Totals (sum of Lines 25.1 to 25.5)	52,112	54,337	0	54,234	65,896
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	52,112	54,337	0	54,234	65,896

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2016

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	701,575			(34)	701,541
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)	701,575	0	0	(34)	701,541
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	1,035,000		0	1,600	1,036,600
10. Matured endowments	0			593	593
11. Annuity benefits	0		0		0
12. Surrender values and withdrawals for life contracts	36,453			0	36,453
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	1,071,453	0	0	2,193	1,073,645
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	1,035,000				0	2	2,193	5	1,037,193
Settled during current year:										
18.1 By payment in full	3	1,035,000				0	2	2,193	5	1,037,193
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	1,035,000	0	0	0	0	2	2,193	5	1,037,193
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	1,035,000	0	0	0	0	2	2,193	5	1,037,193
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	727	239,569,436	0	(a) 0	0	0	13	12,470	740	239,581,906
21. Issued during year	97	48,799,712			0	0	0	0	97	48,799,712
22. Other changes to in force (Net)	(19)	466,681			0	0	1	1,900	(18)	468,581
23. In force December 31 of current year	805	288,835,829	0	(a) 0	0	0	14	14,370	819	288,850,199

(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).	14,137	14,153		0	12,899
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	18	31		0	6
25.5 All other (b).	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	14,156	14,184	0	0	12,905
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,156	14,184	0	0	12,905

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2016

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	13,754,081			9,649	13,763,730
2. Annuity considerations	3,524,687				3,524,687
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	17,278,768	0	0	9,649	17,288,417
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	3,293,125		0	71,250	3,364,375
10. Matured endowments	6,060			1,319	7,379
11. Annuity benefits	4,165,929		6,987		4,172,916
12. Surrender values and withdrawals for life contracts	1,055,024			27,689	1,082,713
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	8,520,138	0	6,987	100,257	8,627,383
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	88	3,299,185				0	76	72,569	164	3,371,754
Settled during current year:										
18.1 By payment in full	88	3,299,185				0	76	72,569	164	3,371,754
18.2 By payment on compromised claims									0	0
18.3 Totals paid	88	3,299,185	0	0	0	0	76	72,569	164	3,371,754
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	88	3,299,185	0	0	0	0	76	72,569	164	3,371,754
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	19,441	4,970,166,330	0	(a)0	0	0	2,272	2,635,522	21,713	4,972,801,852
21. Issued during year	1,480	419,658,122			0	0	0	0	1,480	419,658,122
22. Other changes to in force (Net)	(1,218)	(244,629,060)			0	0	(106)	(126,677)	(1,324)	(244,755,736)
23. In force December 31 of current year	19,703	5,145,195,392	0	(a)0	0	0	2,166	2,508,845	21,869	5,147,704,237

(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).	122	123		0	13
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	71
25.2 Guaranteed renewable (b).	418,301	444,820		120,074	100,538
25.3 Non-renewable for stated reasons only (b).	0	0		0	13
25.4 Other accident only	52	(24)		0	26
25.5 All other (b).	642	651		60	177
25.6 Totals (sum of Lines 25.1 to 25.5)	418,995	445,447	0	120,134	100,825
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	419,117	445,570	0	120,134	100,838

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2016

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	10,044,628			0	10,044,628
2. Annuity considerations	5,465,696				5,465,696
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	15,510,324	0	0	0	15,510,324
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	6,747,193		0	1,250	6,748,443
10. Matured endowments	0			0	0
11. Annuity benefits	6,254,446		0		6,254,446
12. Surrender values and withdrawals for life contracts	433,585			0	433,585
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	13,435,224	0	0	1,250	13,436,474
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	30	6,747,193				0	2	1,250	32	6,748,443
Settled during current year:										
18.1 By payment in full	30	6,747,193				0	2	1,250	32	6,748,443
18.2 By payment on compromised claims									0	0
18.3 Totals paid	30	6,747,193	0	0	0	0	2	1,250	32	6,748,443
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	30	6,747,193	0	0	0	0	2	1,250	32	6,748,443
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	12,180	4,481,957,047	0	(a) 0	0	0	8	6,000	12,188	4,481,963,047
21. Issued during year	686	303,710,412			0	0	0	0	686	303,710,412
22. Other changes to in force (Net)	(669)	(227,391,269)			0	0	(2)	(1,500)	(671)	(227,392,769)
23. In force December 31 of current year	12,197	4,558,276,190	0	(a) 0	0	0	6	4,500	12,203	4,558,280,690

(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		28,829	421,986
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	156	218		0	13
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).	77,325	79,620		36,600	23,625
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	17		0	6
25.6 Totals (sum of Lines 25.1 to 25.5)	77,336	79,637	0	36,600	23,632
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	91,024	93,424	0	65,429	445,631

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2016

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	513,153			200	513,352
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)	513,453	0	0	200	513,652
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	94,588		0	2,000	96,588
10. Matured endowments	0			0	0
11. Annuity benefits	6,994		0		6,994
12. Surrender values and withdrawals for life contracts	34,254			0	34,254
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	135,835	0	0	2,000	137,835
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	94,588				0	1	2,000	7	96,588
Settled during current year:										
18.1 By payment in full	6	94,588				0	1	2,000	7	96,588
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	94,588	0	0	0	0	1	2,000	7	96,588
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	94,588	0	0	0	0	1	2,000	7	96,588
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	696	120,671,265	0	(a) 0	0	0	6	7,093	702	120,678,357
21. Issued during year	119	33,419,359			0	0	0	0	119	33,419,359
22. Other changes to in force (Net)	(54)	(9,085,767)			0	0	2	1,000	(52)	(9,084,767)
23. In force December 31 of current year	761	145,004,857	0	(a) 0	0	0	8	8,093	769	145,012,949

(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)	1,389	1,411		0	39
25.3 Non-renewable for stated reasons only (b)	0	0		0	0
25.4 Other accident only	13	25		0	6
25.5 All other (b)	168	209		0	26
25.6 Totals (sum of Lines 25.1 to 25.5)	1,569	1,645	0	0	71
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,569	1,645	0	0	71

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2016

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	8,528,596			0	8,528,596
2. Annuity considerations	1,220,107				1,220,107
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	9,748,703	0	0	0	9,748,703
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	9,835,424		178,000	0	10,013,424
10. Matured endowments	0			0	0
11. Annuity benefits	2,673,123		0		2,673,123
12. Surrender values and withdrawals for life contracts	524,830			710	525,540
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	13,033,377	0	178,000	710	13,212,087
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	60	9,835,424			2	178,000		0	62	10,013,424
Settled during current year:										
18.1 By payment in full	60	9,835,424			2	178,000		0	62	10,013,424
18.2 By payment on compromised claims									0	0
18.3 Totals paid	60	9,835,424	0	0	2	178,000	0	0	62	10,013,424
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	60	9,835,424	0	0	2	178,000	0	0	62	10,013,424
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	10,718	2,707,175,393	0	(a)0	0	0	3	2,500	10,721	2,707,177,893
21. Issued during year	769	290,637,977			0	0	0	0	769	290,637,977
22. Other changes to in force (Net)	(604)	(132,412,261)			0	0	4	4,000	(600)	(132,408,261)
23. In force December 31 of current year	10,883	2,865,401,109	0	(a)0	0	0	7	6,500	10,890	2,865,407,609

(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).	69,375	73,486		949	2,182
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).	84	123		0	26
25.6 Totals (sum of Lines 25.1 to 25.5)	69,459	73,609	0	949	2,208
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	69,459	73,609	0	949	2,208

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2016

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	1,623,655			0	1,623,655
2. Annuity considerations	680				680
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,624,335	0	0	0	1,624,335
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	411,614		0	0	411,614
10. Matured endowments	0			0	0
11. Annuity benefits	28,508		0		28,508
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	440,122	0	0	0	440,122
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	411,614				0		0	3	411,614
Settled during current year:										
18.1 By payment in full	3	411,614				0		0	3	411,614
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	411,614	0	0	0	0	0	0	3	411,614
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	411,614	0	0	0	0	0	0	3	411,614
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	1,315	515,222,695	0	(a) 0	0	0	0	0	1,315	515,222,695
21. Issued during year	260	116,788,502			0	0	0	0	260	116,788,502
22. Other changes to in force (Net)	(66)	(30,978,269)			0	0	0	0	(66)	(30,978,269)
23. In force December 31 of current year	1,509	601,032,928	0	(a) 0	0	0	0	0	1,509	601,032,928

(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).	3,999	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	61		0	6
25.6 Totals (sum of Lines 25.1 to 25.5)	4,033	4,106	0	0	6
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,033	4,106	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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2016

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	2,114,329			0	2,114,329
2. Annuity considerations	96,108				96,108
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,210,437	0	0	0	2,210,437
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	425,334		0	0	425,334
10. Matured endowments	0			0	0
11. Annuity benefits	435,654		0		435,654
12. Surrender values and withdrawals for life contracts	25,186			0	25,186
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	886,173	0	0	0	886,173
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	5	425,334				0		0	5	425,334
Settled during current year:										
18.1 By payment in full	5	425,334				0		0	5	425,334
18.2 By payment on compromised claims									0	0
18.3 Totals paid	5	425,334	0	0	0	0	0	0	5	425,334
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	5	425,334	0	0	0	0	0	0	5	425,334
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	2,344	706,183,992	0	(a) 0	0	0	0	0	2,344	706,183,992
21. Issued during year	259	95,850,039			0	0	0	0	259	95,850,039
22. Other changes to in force (Net)	(96)	(35,876,791)			0	0	0	0	(96)	(35,876,791)
23. In force December 31 of current year	2,507	766,157,240	0	(a) 0	0	0	0	0	2,507	766,157,240

(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).	8,119	11,260		10,902	(82,590)
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	1,019	1,352		940	982
25.5 All other (b).	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	9,139	12,613	0	11,842	(81,608)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,139	12,613	0	11,842	(81,608)

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2016

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	505,177			280	505,457
2. Annuity considerations	239,489				239,489
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	744,666	0	0	280	744,946
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	1,075,000		0	0	1,075,000
10. Matured endowments	0			0	0
11. Annuity benefits	47,307		0		47,307
12. Surrender values and withdrawals for life contracts	6,212			852	7,064
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	1,128,519	0	0	852	1,129,371
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	1,075,000				0	0	0	2	1,075,000
Settled during current year:										
18.1 By payment in full	2	1,075,000				0	0	0	2	1,075,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	1,075,000	0	0	0	0	0	0	2	1,075,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	1,075,000	0	0	0	0	0	0	2	1,075,000
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	441	141,974,423	0	(a) 0	0	0	13	13,593	454	141,988,016
21. Issued during year	23	12,060,000			0	0	0	0	23	12,060,000
22. Other changes to in force (Net)	(6)	(1,894,932)			0	0	3	7,500	(3)	(1,887,432)
23. In force December 31 of current year	458	152,139,491	0	(a) 0	0	0	16	21,093	474	152,160,583

(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).	14,626	14,785		0	19
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)	14,706	14,866	0	0	26
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,706	14,866	0	0	26

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2016

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	434,571			0	434,571
2. Annuity considerations	5,500				5,500
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	440,071	0	0	0	440,071
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	1,000,000		0	0	1,000,000
10. Matured endowments	0			0	0
11. Annuity benefits	1,721		0		1,721
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	1,001,721	0	0	0	1,001,721
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	1,000,000				0		0	1	1,000,000
Settled during current year:										
18.1 By payment in full	1	1,000,000				0		0	1	1,000,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	1,000,000	0	0	0	0	0	0	1	1,000,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	1,000,000	0	0	0	0	0	0	1	1,000,000
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	413	121,669,207	0	(a) 0	0	0	0	0	413	121,669,207
21. Issued during year	64	26,165,010			0	0	0	0	64	26,165,010
22. Other changes to in force (Net)	(10)	(5,945,133)			0	0	0	0	(10)	(5,945,133)
23. In force December 31 of current year	467	141,889,084	0	(a) 0	0	0	0	0	467	141,889,084

(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).	4,900	4,988		0	170
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)	4,900	4,988	0	0	170
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,900	4,988	0	0	170

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2016

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	784,034			8	784,042
2. Annuity considerations	20,000				20,000
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	804,034	0	0	8	804,042
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	2,528,977		0	0	2,528,977
10. Matured endowments	0			0	0
11. Annuity benefits	15,000		0		15,000
12. Surrender values and withdrawals for life contracts	60,802			0	60,802
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	2,604,779	0	0	0	2,604,779
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	2,528,977				0		0	4	2,528,977
Settled during current year:										
18.1 By payment in full	4	2,528,977				0		0	4	2,528,977
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	2,528,977	0	0	0	0	0	0	4	2,528,977
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	2,528,977	0	0	0	0	0	0	4	2,528,977
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	751	265,414,332	0	(a) 0	0	0	14	20,593	765	265,434,924
21. Issued during year	72	53,709,005			0	0	0	0	72	53,709,005
22. Other changes to in force (Net)	(15)	(3,928,852)			0	0	5	4,593	(10)	(3,924,259)
23. In force December 31 of current year	808	315,194,485	0	(a) 0	0	0	19	25,185	827	315,219,670

(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	43		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).	75	81		0	97
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)	75	81	0	0	97
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	107	124	0	0	104

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2016

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	497,317			0	497,317
2. Annuity considerations	778,850				778,850
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,276,167	0	0	0	1,276,167
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	254,790		0	0	254,790
10. Matured endowments	0			0	0
11. Annuity benefits	425,843		0		425,843
12. Surrender values and withdrawals for life contracts	334			0	334
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	680,967	0	0	0	680,967
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	254,790				0		0	2	254,790
Settled during current year:										
18.1 By payment in full	2	254,790				0		0	2	254,790
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	254,790	0	0	0	0	0	0	2	254,790
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	254,790	0	0	0	0	0	0	2	254,790
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	456	103,188,073	0	(a) 0	0	0	3	3,593	459	103,191,666
21. Issued during year	26	17,185,000			0	0	0	0	26	17,185,000
22. Other changes to in force (Net)	(29)	(10,859,488)			0	0	3	2,500	(26)	(10,856,988)
23. In force December 31 of current year	453	109,513,585	0	(a) 0	0	0	6	6,093	459	109,519,678

(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).	9,034	9,133		155	402
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)	9,034	9,133	0	155	402
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,034	9,133	0	155	402

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2016

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	362,595			0	362,595
2. Annuity considerations	8,100				8,100
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	370,695	0	0	0	370,695
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	32,535		0	2,093	34,628
10. Matured endowments	0			0	0
11. Annuity benefits	8,089		0		8,089
12. Surrender values and withdrawals for life contracts	31,414			0	31,414
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	72,039	0	0	2,093	74,131
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	32,535				0	3	2,093	11	34,628
Settled during current year:										
18.1 By payment in full	8	32,535				0	3	2,093	11	34,628
18.2 By payment on compromised claims									0	0
18.3 Totals paid	8	32,535	0	0	0	0	3	2,093	11	34,628
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	8	32,535	0	0	0	0	3	2,093	11	34,628
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	463	153,289,219	0	(a)0	0	0	38	31,350	501	153,320,569
21. Issued during year	0	0			0	0	0	0	0	0
22. Other changes to in force (Net)	(7)	6,940,812			0	0	(4)	(3,185)	(11)	6,937,627
23. In force December 31 of current year	456	160,230,031	0	(a)0	0	0	34	28,165	490	160,258,196

(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).	2,529	2,710		117,763	87,455
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)	2,529	2,710	0	117,763	87,455
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,529	2,710	0	117,763	87,455

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2016

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	13,134,897			940	13,135,838
2. Annuity considerations	98,211				98,211
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	13,233,108	0	0	940	13,234,048
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	3,407,247		128,500	2,000	3,537,747
10. Matured endowments	15,000			0	15,000
11. Annuity benefits	603,931		1,246		605,177
12. Surrender values and withdrawals for life contracts	704,492			1,735	706,227
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	4,730,670	0	129,746	3,735	4,864,151
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	106	3,422,247			1	128,500	2	2,000	109	3,552,747
Settled during current year:										
18.1 By payment in full	106	3,422,247			1	128,500	2	2,000	109	3,552,747
18.2 By payment on compromised claims									0	0
18.3 Totals paid	106	3,422,247	0	0	1	128,500	2	2,000	109	3,552,747
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	106	3,422,247	0	0	1	128,500	2	2,000	109	3,552,747
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	18,101	3,842,412,372	0	(a) 0	0	0	46	53,541	18,147	3,842,465,913
21. Issued during year	1,526	308,285,344			0	0	0	0	1,526	308,285,344
22. Other changes to in force (Net)	(1,446)	(179,739,774)			0	0	25	20,935	(1,421)	(179,718,839)
23. In force December 31 of current year	18,181	3,970,957,943	0	(a) 0	0	0	71	74,476	18,252	3,971,032,418

(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).	15	26		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).	258,374	258,688		76,543	(83,340)
25.3 Non-renewable for stated reasons only (b).	0	0		0	6
25.4 Other accident only	348	345		0	84
25.5 All other (b).	928	1,428		60	197
25.6 Totals (sum of Lines 25.1 to 25.5)	259,650	260,460	0	76,603	(83,053)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	259,665	260,486	0	76,603	(83,047)

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2016

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	1,482,279			0	1,482,279
2. Annuity considerations	624,170				624,170
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,106,450	0	0	0	2,106,450
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	1,250,000		0	0	1,250,000
10. Matured endowments	0			0	0
11. Annuity benefits	205,214		0		205,214
12. Surrender values and withdrawals for life contracts	19,813			0	19,813
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	1,475,027	0	0	0	1,475,027
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	1,250,000				0		0	4	1,250,000
Settled during current year:										
18.1 By payment in full	4	1,250,000				0		0	4	1,250,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	1,250,000	0	0	0	0	0	0	4	1,250,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	1,250,000	0	0	0	0	0	0	4	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	1,600	646,104,790	0	(a) 0	0	0	1	500	1,601	646,105,290
21. Issued during year	125	63,372,013			0	0	0	0	125	63,372,013
22. Other changes to in force (Net)	(65)	(35,876,597)			0	0	(1)	(500)	(66)	(35,877,097)
23. In force December 31 of current year	1,660	673,600,206	0	(a) 0	0	0	0	0	1,660	673,600,206

(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		19,505	138,489
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	19,505	138,489

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2016

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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2016

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	47,210,228		115,672	26,861	47,352,761
2. Annuity considerations	4,194,172				4,194,172
3. Deposit-type contract funds	37,626	XXX		XXX	37,626
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	51,442,026	0	115,672	26,861	51,584,559
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	22,368,468		6,753,239	277,555	29,399,262
10. Matured endowments	16,589			12,888	29,476
11. Annuity benefits	6,144,618		84,694		6,229,312
12. Surrender values and withdrawals for life contracts	6,061,481			37,186	6,098,667
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	34,591,156	0	6,837,934	327,629	41,756,719
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	456	22,385,057			6	6,753,239	313	290,443	775	29,428,739
Settled during current year:										
18.1 By payment in full	456	22,385,057			6	6,753,239	313	290,443	775	29,428,739
18.2 By payment on compromised claims									0	0
18.3 Totals paid	456	22,385,057	0	0	6	6,753,239	313	290,443	775	29,428,739
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	456	22,385,057	0	0	6	6,753,239	313	290,443	775	29,428,739
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	77,088	14,833,789,156	0	0	6	2,090,000,331	14,714	14,269,555	91,808	16,938,059,043
21. Issued during year	4,245	1,111,219,307			0	28,265,500	0	0	4,245	1,139,484,807
22. Other changes to in force (Net)	(4,646)	(814,214,964)			0	14,293,174	(998)	(939,445)	(5,644)	(800,861,236)
23. In force December 31 of current year	76,687	15,130,793,499	0	0	6	2,132,559,005	13,716	13,330,110	90,409	17,276,682,614

(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	7,643		1,702,267	1,208,762
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).	924	1,225		0	110
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	13
25.2 Guaranteed renewable (b).	1,298,038	1,115,458		949,414	1,433,671
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	1,728	1,792		500	877
25.5 All other (b).	6,441	7,410		1,066	1,691
25.6 Totals (sum of Lines 25.1 to 25.5)	1,306,207	1,124,659	0	950,980	1,436,252
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,313,971	1,133,527	0	2,653,247	2,645,124

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2016

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	1,008,310			0	1,008,310
2. Annuity considerations	24,000				24,000
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,032,310	0	0	0	1,032,310
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	329,569		0	0	329,569
10. Matured endowments	0			0	0
11. Annuity benefits	222,860		0		222,860
12. Surrender values and withdrawals for life contracts	37,986			0	37,986
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	590,415	0	0	0	590,415
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	13	329,569				0		0	13	329,569
Settled during current year:										
18.1 By payment in full	13	329,569				0		0	13	329,569
18.2 By payment on compromised claims									0	0
18.3 Totals paid	13	329,569	0	0	0	0	0	0	13	329,569
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	13	329,569	0	0	0	0	0	0	13	329,569
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	1,534	230,984,312	0	(a) 0	0	0	1	1,000	1,535	230,985,312
21. Issued during year	261	60,242,106			0	0	0	0	261	60,242,106
22. Other changes to in force (Net)	(146)	(7,709,226)			0	0	1	1,000	(145)	(7,708,226)
23. In force December 31 of current year	1,649	283,517,192	0	(a) 0	0	0	2	2,000	1,651	283,519,192

(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	13
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	13
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,043	4,089	0	0	13

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2016

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	1,244,327			0	1,244,327
2. Annuity considerations	26,715				26,715
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,271,042	0	0	0	1,271,042
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	10,563		0	0	10,563
10. Matured endowments	0			0	0
11. Annuity benefits	29,652		0		29,652
12. Surrender values and withdrawals for life contracts	706			0	706
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	40,921	0	0	0	40,921
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	10,563				0		0	1	10,563
Settled during current year:										
18.1 By payment in full	1	10,563				0		0	1	10,563
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	10,563	0	0	0	0	0	0	1	10,563
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	10,563	0	0	0	0	0	0	1	10,563
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	1,253	424,312,885	0	(a) 0	0	0	1	4,000	1,254	424,316,885
21. Issued during year	236	133,025,024			0	0	0	0	236	133,025,024
22. Other changes to in force (Net)	(98)	(23,961,161)			0	0	0	0	(98)	(23,961,161)
23. In force December 31 of current year	1,391	533,376,748	0	(a) 0	0	0	1	4,000	1,392	533,380,748

(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).....	1,484	1,584		0	6
25.3 Non-renewable for stated reasons only (b).....	0	0		0	0
25.4 Other accident only	54	82		0	13
25.5 All other (b).....	50	79		0	13
25.6 Totals (sum of Lines 25.1 to 25.5)	1,588	1,745	0	0	32
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,588	1,745	0	0	32

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2016

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	20,071,271			9,845	20,081,116
2. Annuity considerations	6,114,163				6,114,163
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	26,185,434	0	0	9,845	26,195,279
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	10,726,706		0	103,519	10,830,224
10. Matured endowments	11,544			3,555	15,099
11. Annuity benefits	5,506,460		0		5,506,460
12. Surrender values and withdrawals for life contracts	667,824			27,998	695,822
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	16,912,534	0	0	135,072	17,047,606
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	188	10,738,250				0	119	107,074	307	10,845,324
Settled during current year:										
18.1 By payment in full	188	10,738,250				0	119	107,074	307	10,845,324
18.2 By payment on compromised claims									0	0
18.3 Totals paid	188	10,738,250	0	0	0	0	119	107,074	307	10,845,324
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	188	10,738,250	0	0	0	0	119	107,074	307	10,845,324
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	31,101	6,238,432,035	0	(a)0	0	0	2,427	2,359,096	33,528	6,240,791,132
21. Issued during year	1,966	481,989,314			0	0	0	0	1,966	481,989,314
22. Other changes to in force (Net)	(1,528)	(237,454,137)			0	0	(170)	(174,993)	(1,698)	(237,629,130)
23. In force December 31 of current year	31,539	6,482,967,212	0	(a)0	0	0	2,257	2,184,103	33,796	6,485,151,316

(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).	279	368		0	52
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).	344,112	353,981		127,494	369,600
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	117	121		0	39
25.5 All other (b).	1,184	1,174		40	235
25.6 Totals (sum of Lines 25.1 to 25.5)	345,413	355,276	0	127,534	369,873
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	345,691	355,644	0	127,534	369,925

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2016

NAIC Group Code 00244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,682			0	2,682
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)	2,682	0	0	0	2,682
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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).					
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b).					
24.4 Medicare Title XVIII exempt from state taxes or fees.					
Other Individual Policies:					
25.1 Non-cancelable (b).					
25.2 Guaranteed renewable (b).					
25.3 Non-renewable for stated reasons only (b).					
25.4 Other accident only					
25.5 All other (b).					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2016

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	77,506			0	77,506
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)	77,506	0	0	0	77,506
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	125,000		0	0	125,000
10. Matured endowments	0			0	0
11. Annuity benefits	0		0		0
12. Surrender values and withdrawals for life contracts	2,596			0	2,596
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	127,596	0	0	0	127,596
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	125,000				0		0	1	125,000
Settled during current year:										
18.1 By payment in full	1	125,000				0		0	1	125,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	125,000	0	0	0	0	0	0	1	125,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	125,000	0	0	0	0	0	0	1	125,000
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	82	30,143,434	0	(a) 0	1	27,500	1	1,000	84	30,171,934
21. Issued during year	11	4,640,000			0	0	0	0	11	4,640,000
22. Other changes to in force (Net)	(2)	2,055,000			0	0	0	0	(2)	2,055,000
23. In force December 31 of current year	91	36,838,434	0	(a) 0	1	27,500	1	1,000	93	36,866,934

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	0	0		0	0
24.1 Federal Employees Health Benefits Plan premium (b).....					
24.2 Credit (Group and Individual)					
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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2016

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	4,216,691			145	4,216,835
2. Annuity considerations	22,875				22,875
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	4,239,566	0	0	145	4,239,710
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	5,207,686		0	0	5,207,686
10. Matured endowments	0			0	0
11. Annuity benefits	816,004		0		816,004
12. Surrender values and withdrawals for life contracts	291,667			408	292,075
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	6,315,357	0	0	408	6,315,765
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	5,207,686				0		0	35	5,207,686
Settled during current year:										
18.1 By payment in full	35	5,207,686				0		0	35	5,207,686
18.2 By payment on compromised claims									0	0
18.3 Totals paid	35	5,207,686	0	0	0	0	0	0	35	5,207,686
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	35	5,207,686	0	0	0	0	0	0	35	5,207,686
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	6,429	1,136,560,162	0	(a) 0	0	0	18	15,093	6,447	1,136,575,255
21. Issued during year	621	88,879,280			0	0	0	0	621	88,879,280
22. Other changes to in force (Net)	(420)	(45,532,645)			0	0	10	7,250	(410)	(45,525,395)
23. In force December 31 of current year	6,630	1,179,906,797	0	(a) 0	0	0	28	22,343	6,658	1,179,929,139

(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	13
25.2 Guaranteed renewable (b)	121,658	126,151		38,937	45,956
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)	265	389		0	65
25.6 Totals (sum of Lines 25.1 to 25.5)	121,923	126,539	0	38,937	46,033
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	121,923	126,539	0	38,937	46,033

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2016

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	1,409,272			0	1,409,272
2. Annuity considerations	486,032				486,032
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,895,304	0	0	0	1,895,304
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	637,078		0	0	637,078
10. Matured endowments	0			0	0
11. Annuity benefits	167,212		0		167,212
12. Surrender values and withdrawals for life contracts	15,844			0	15,844
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	820,134	0	0	0	820,134
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	637,078				0		0	4	637,078
Settled during current year:										
18.1 By payment in full	4	637,078				0		0	4	637,078
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	637,078	0	0	0	0	0	0	4	637,078
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	637,078	0	0	0	0	0	0	4	637,078
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	1,503	512,288,243	0	(a) 0	0	0	0	0	1,503	512,288,243
21. Issued during year	124	53,007,486			0	0	0	0	124	53,007,486
22. Other changes to in force (Net)	(67)	(25,280,632)			0	0	0	0	(67)	(25,280,632)
23. In force December 31 of current year	1,560	540,015,097	0	(a) 0	0	0	0	0	1,560	540,015,097

(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		1,947	26,385
24.1 Federal Employees Health Benefits Plan premium (b).					
24.2 Credit (Group and Individual)					0
24.3 Collectively renewable policies (b).	0	0		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).	0	0		0	0
25.2 Guaranteed renewable (b).	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	131		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	2,370	0	1,947	26,392

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2016

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	9,865,188			1,506	9,866,694
2. Annuity considerations	4,746,387				4,746,387
3. Deposit-type contract funds	150,000	XXX		XXX	150,000
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	14,761,575	0	0	1,506	14,763,081
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	5,498,155		0	9,000	5,507,155
10. Matured endowments	0			0	0
11. Annuity benefits	746,557		0		746,557
12. Surrender values and withdrawals for life contracts	539,772			903	540,675
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	6,784,485	0	0	9,903	6,794,388
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	60	5,498,155				0	6	9,000	66	5,507,155
Settled during current year:										
18.1 By payment in full	60	5,498,155				0	6	9,000	66	5,507,155
18.2 By payment on compromised claims									0	0
18.3 Totals paid	60	5,498,155	0	0	0	0	6	9,000	66	5,507,155
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	60	5,498,155	0	0	0	0	6	9,000	66	5,507,155
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	12,299	3,499,232,940	0	(a) 0	0	0	155	233,786	12,454	3,499,466,726
21. Issued during year	1,684	350,433,320			0	0	0	0	1,684	350,433,320
22. Other changes to in force (Net)	(1,115)	(216,267,104)			0	0	1	(9,976)	(1,114)	(216,277,080)
23. In force December 31 of current year	12,868	3,633,399,156	0	(a) 0	0	0	156	223,810	13,024	3,633,622,966

(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).....	1,414	1,419		0	65
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).....	147,872	155,571		42,428	52,918
25.3 Non-renewable for stated reasons only (b)	0	0		0	421
25.4 Other accident only	204	301		0	52
25.5 All other (b).....	1,318	2,265		3,088	3,421
25.6 Totals (sum of Lines 25.1 to 25.5)	149,394	158,137	0	45,517	56,812
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	150,808	159,556	0	45,517	56,877

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2016

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	8,819,948			588	8,820,536
2. Annuity considerations	782,651				782,651
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	9,602,599	0	0	588	9,603,187
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	6,136,715		0	4,250	6,140,965
10. Matured endowments	1,000			1,000	2,000
11. Annuity benefits	1,322,560		0		1,322,560
12. Surrender values and withdrawals for life contracts	712,895			0	712,895
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	8,173,170	0	0	5,250	8,178,420
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	177	6,137,715				0	5	5,250	182	6,142,965
Settled during current year:										
18.1 By payment in full	177	6,137,715				0	5	5,250	182	6,142,965
18.2 By payment on compromised claims									0	0
18.3 Totals paid	177	6,137,715	0	0	0	0	5	5,250	182	6,142,965
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	177	6,137,715	0	0	0	0	5	5,250	182	6,142,965
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	19,866	1,969,455,799	0	(a) 0	0	0	40	42,343	19,906	1,969,498,141
21. Issued during year	2,881	354,566,688			0	0	0	0	2,881	354,566,688
22. Other changes to in force (Net)	(2,207)	(99,378,381)			0	0	10	9,343	(2,197)	(99,369,038)
23. In force December 31 of current year	20,540	2,224,644,106	0	(a) 0	0	0	50	51,685	20,590	2,224,695,791

(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).	104	207		0	13
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)	34,224	43,580		87,443	77,503
25.3 Non-renewable for stated reasons only (b)	0	0		0	6
25.4 Other accident only	47	102		0	13
25.5 All other (b)	84	116		0	13
25.6 Totals (sum of Lines 25.1 to 25.5)	34,355	43,797	0	87,443	77,535
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	34,459	44,004	0	87,443	77,548

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

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

DURING THE YEAR 2016

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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2016

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	1,931,530			0	1,931,530
2. Annuity considerations	86,300				86,300
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,017,830	0	0	0	2,017,830
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	428,075		0	0	428,075
10. Matured endowments	0			0	0
11. Annuity benefits	1,137,004		0		1,137,004
12. Surrender values and withdrawals for life contracts	33,328			0	33,328
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	1,598,408	0	0	0	1,598,408
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	428,075				0		0	3	428,075
Settled during current year:										
18.1 By payment in full	3	428,075				0		0	3	428,075
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	428,075	0	0	0	0	0	0	3	428,075
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	428,075	0	0	0	0	0	0	3	428,075
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	1,481	679,939,753	0	(a) 0	0	0	0	0	1,481	679,939,753
21. Issued during year	191	115,398,680			0	0	0	0	191	115,398,680
22. Other changes to in force (Net)	(24)	(20,596,849)			0	0	0	0	(24)	(20,596,849)
23. In force December 31 of current year	1,648	774,741,584	0	(a) 0	0	0	0	0	1,648	774,741,584

(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).....	22,106	22,359		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)	22,106	22,359	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	22,106	22,359	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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2016

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	458,386			0	458,386
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)	458,386	0	0	0	458,386
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	0		0		0
12. Surrender values and withdrawals for life contracts	4,123			0	4,123
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	254,123	0	0	0	254,123
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	250,000				0		0	2	250,000
Settled during current year:										
18.1 By payment in full	2	250,000				0		0	2	250,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	250,000	0	0	0	0	0	0	2	250,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	250,000	0	0	0	0	0	0	2	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	646	176,016,051	0	(a) 0	0	0	0	0	646	176,016,051
21. Issued during year	53	23,320,000			0	0	0	0	53	23,320,000
22. Other changes to in force (Net)	(42)	(11,879,134)			0	0	0	0	(42)	(11,879,134)
23. In force December 31 of current year	657	187,456,917	0	(a) 0	0	0	0	0	657	187,456,917

(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)	2,658	2,722		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)	2,658	2,722	0	0	6
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,658	2,722	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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2016

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	4,605,929			2,099	4,608,028
2. Annuity considerations	219,563				219,563
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	4,825,492	0	0	2,099	4,827,591
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	2,080,995		0	3,500	2,084,495
10. Matured endowments	3,850			0	3,850
11. Annuity benefits	878,419		0		878,419
12. Surrender values and withdrawals for life contracts	278,231			142	278,373
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	3,241,495	0	0	3,642	3,245,137
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	27	2,084,845				0	4	3,500	31	2,088,345
Settled during current year:										
18.1 By payment in full	27	2,084,845				0	4	3,500	31	2,088,345
18.2 By payment on compromised claims									0	0
18.3 Totals paid	27	2,084,845	0	0	0	0	4	3,500	31	2,088,345
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	27	2,084,845	0	0	0	0	4	3,500	31	2,088,345
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	6,991	1,508,738,479	0	(a) 0	0	0	149	214,926	7,140	1,508,953,405
21. Issued during year	404	112,085,877			0	0	0	0	404	112,085,877
22. Other changes to in force (Net)	(405)	(66,694,900)			0	0	8	4,526	(397)	(66,690,374)
23. In force December 31 of current year	6,990	1,554,129,456	0	(a) 0	0	0	157	219,452	7,147	1,554,348,908

(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	288		0	19
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).....	116,206	118,444		133,379	(417,079)
25.3 Non-renewable for stated reasons only (b)	0	0		0	6
25.4 Other accident only	20	39		0	6
25.5 All other (b).....	160	208		0	58
25.6 Totals (sum of Lines 25.1 to 25.5)	116,385	118,692	0	133,379	(417,007)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	116,588	118,980	0	133,379	(416,988)

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2016

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	2,456,691			0	2,456,691
2. Annuity considerations	130,973				130,973
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,587,664	0	0	0	2,587,664
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	1,152,841		0	1,000	1,153,841
10. Matured endowments	0			0	0
11. Annuity benefits	364,466		0		364,466
12. Surrender values and withdrawals for life contracts	14,534			0	14,534
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	1,531,842	0	0	1,000	1,532,842
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	5	1,152,841				0	2	1,000	7	1,153,841
Settled during current year:										
18.1 By payment in full	5	1,152,841				0	2	1,000	7	1,153,841
18.2 By payment on compromised claims									0	0
18.3 Totals paid	5	1,152,841	0	0	0	0	2	1,000	7	1,153,841
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	5	1,152,841	0	0	0	0	2	1,000	7	1,153,841
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	2,023	915,939,420	0	(a) 0	0	0	6	3,500	2,029	915,942,920
21. Issued during year	314	147,866,427			0	0	0	0	314	147,866,427
22. Other changes to in force (Net)	(115)	(54,110,485)			0	0	(3)	(1,500)	(118)	(54,111,985)
23. In force December 31 of current year	2,222	1,009,695,362	0	(a) 0	0	0	3	2,000	2,225	1,009,697,362

(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).	13,350	12,994		0	2,441
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	56	92		0	19
25.5 All other (b).	833	843		223	232
25.6 Totals (sum of Lines 25.1 to 25.5)	14,239	13,930	0	223	2,692
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,239	13,930	0	223	2,692

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2016

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	2,480,643			7,335	2,487,978
2. Annuity considerations	357,985				357,985
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,838,629	0	0	7,335	2,845,964
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	6,816,652		0	54,770	6,871,422
10. Matured endowments	5,307			3,053	8,359
11. Annuity benefits	783,460		0		783,460
12. Surrender values and withdrawals for life contracts	200,176			9,065	209,241
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	7,805,595	0	0	66,888	7,872,482
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	66	6,821,959				0	65	57,823	131	6,879,781
Settled during current year:										
18.1 By payment in full	66	6,821,959				0	65	57,823	131	6,879,781
18.2 By payment on compromised claims									0	0
18.3 Totals paid	66	6,821,959	0	0	0	0	65	57,823	131	6,879,781
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	66	6,821,959	0	0	0	0	65	57,823	131	6,879,781
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	4,686	545,183,247	0	(a) 0	0	0	1,122	1,064,308	5,808	546,247,555
21. Issued during year	256	51,601,327			0	0	0	0	256	51,601,327
22. Other changes to in force (Net)	(321)	(33,499,416)			0	0	(132)	(126,269)	(453)	(33,625,684)
23. In force December 31 of current year	4,621	563,285,159	0	(a) 0	0	0	990	938,039	5,611	564,223,198

(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).	15,049	19,993		5,560	7,017
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)	49,774	51,987		24,400	(8,537)
25.3 Non-renewable for stated reasons only (b)	0	0		0	0
25.4 Other accident only	450	510		0	136
25.5 All other (b)	629	287		0	130
25.6 Totals (sum of Lines 25.1 to 25.5)	50,852	52,784	0	24,400	(8,271)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	65,901	72,777	0	29,960	(1,254)

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2016

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	9,461,839			0	9,461,839
2. Annuity considerations	2,257,225				2,257,225
3. Deposit-type contract funds	0	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	11,719,064	0	0	0	11,719,064
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	3,521,997		0	0	3,521,997
10. Matured endowments	54,272			0	54,272
11. Annuity benefits	2,112,888		0		2,112,888
12. Surrender values and withdrawals for life contracts	483,360			0	483,360
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	6,172,517	0	0	0	6,172,517
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	28	3,576,269				0	0	0	28	3,576,269
Settled during current year:										
18.1 By payment in full	28	3,576,269				0	0	0	28	3,576,269
18.2 By payment on compromised claims									0	0
18.3 Totals paid	28	3,576,269	0	0	0	0	0	0	28	3,576,269
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	28	3,576,269	0	0	0	0	0	0	28	3,576,269
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	13,495	3,693,854,133	0	(a)0	0	0	1	500	13,496	3,693,854,633
21. Issued during year	835	276,209,453			0	0	0	0	835	276,209,453
22. Other changes to in force (Net)	(745)	(152,958,677)			0	0	2	1,500	(743)	(152,957,177)
23. In force December 31 of current year	13,585	3,817,104,909	0	(a)0	0	0	3	2,000	13,588	3,817,106,909

(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).	253,615	263,741		86,743	(13,354)
25.3 Non-renewable for stated reasons only (b).	0	0		0	0
25.4 Other accident only	697	1,081		0	58
25.5 All other (b).	330	588		0	117
25.6 Totals (sum of Lines 25.1 to 25.5)	254,642	265,410	0	86,743	(13,179)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	254,642	265,410	0	86,743	(13,179)

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2016

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	257,396			0	257,396
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)	257,396	0	0	0	257,396
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	25,544		0	0	25,544
10. Matured endowments	0			0	0
11. Annuity benefits	0		0		0
12. Surrender values and withdrawals for life contracts	738			0	738
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	26,282	0	0	0	26,282
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	25,544				0		0	1	25,544
Settled during current year:										
18.1 By payment in full	1	25,544				0		0	1	25,544
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	25,544	0	0	0	0	0	0	1	25,544
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	25,544	0	0	0	0	0	0	1	25,544
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	261	106,518,754	0	(a) 0	0	0	0	0	261	106,518,754
21. Issued during year	32	21,435,004			0	0	0	0	32	21,435,004
22. Other changes to in force (Net)	(24)	(14,460,548)			0	0	1	1,185	(23)	(14,459,363)
23. In force December 31 of current year	269	113,493,210	0	(a) 0	0	0	1	1,185	270	113,494,395

(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Grand Aliens

DURING THE YEAR 2016

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	4,553	0	0	0	4,553
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)	4,553	0	0	0	4,553
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	(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	(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 2016 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2016

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	277,316,800	.0	115,672	68,148	277,500,621
2. Annuity considerations	47,169,909	.0	.0	.0	47,169,909
3. Deposit-type contract funds	961,032	XXX	.0	XXX	961,032
4. Other considerations	.0	.0	.0	.0	.0
5. Totals (Sum of Lines 1 to 4)	325,447,741	0	115,672	68,148	325,631,561
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	156,741,568	.0	7,364,739	575,503	164,681,810
10. Matured endowments	122,262	.0	.0	25,651	147,913
11. Annuity benefits	68,807,518	.0	98,941	.0	68,906,459
12. Surrender values and withdrawals for life contracts	20,027,100	.0	.0	121,943	20,149,044
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	245,698,448	0	7,463,681	723,097	253,885,226
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	2,048	156,863,830	.0	.0	13	7,364,739	647	601,154	2,708	164,829,723
Settled during current year:										
18.1 By payment in full	2,048	156,863,830	.0	.0	13	7,364,739	647	601,154	2,708	164,829,723
18.2 By payment on compromised claims	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.3 Totals paid	2,048	156,863,830	.0	.0	13	7,364,739	647	601,154	2,708	164,829,723
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	2,048	156,863,830	.0	.0	13	7,364,739	647	601,154	2,708	164,829,723
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	405,038	89,317,598,037	.0	.0	9	2,110,587,045	22,457	22,536,230	427,504	91,450,721,312
21. Issued during year	34,150	8,374,149,165	.0	.0	.0	28,265,500	.0	.0	34,150	8,402,414,665
22. Other changes to in force (Net)	(27,232)	(4,333,589,786)	.0	.0	.0	14,334,785	(1,300)	(1,328,374)	(28,532)	(4,320,583,375)
23. In force December 31 of current year	411,956	93,358,157,416	0	0	9	2,153,187,330	21,157	21,207,856	433,122	95,532,552,602

(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).	33,852	35,226	.0	1,752,743	1,887,475
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).	21,303	28,895	.0	6,560	8,658
24.4 Medicare Title XVIII exempt from state taxes or fees	.0	.0	.0	.0	.0
Other Individual Policies:					
25.1 Non-cancelable (b).	274	326	.0	.0	175
25.2 Guaranteed renewable (b).	5,119,531	5,117,183	.0	2,791,870	2,277,491
25.3 Non-renewable for stated reasons only (b).	.0	.0	.0	.0	2,448
25.4 Other accident only	17,537	23,859	.0	3,160	4,568
25.5 All other (b).	19,452	25,499	.0	9,983	12,692
25.6 Totals (sum of Lines 25.1 to 25.5)	5,156,794	5,166,867	.0	2,805,012	2,297,374
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,211,949	5,230,988	0	4,564,315	4,193,506

(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	9,747,024
2. Current year's realized pre-tax capital gains/(losses) of \$6,592,168 transferred into the reserve net of taxes of \$ 2,093,712	4,498,456
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)	14,245,480
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	5,863,024
6. Reserve as of December 31, current year (Line 4 minus Line 5)	8,382,456

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. 2016	3,923,357	1,939,667	0	5,863,024
2. 2017	2,756,434	1,206,026	0	3,962,461
3. 2018	1,900,527	492,592	0	2,393,118
4. 2019	1,056,090	369,547	0	1,425,637
5. 2020	456,578	243,205	0	699,783
6. 2021	239,305	111,778	0	351,083
7. 2022	200,764	39,853	0	240,617
8. 2023	175,234	32,387	0	207,622
9. 2024	145,019	24,231	0	169,250
10. 2025	113,080	15,818	0	128,898
11. 2026	35,470	6,721	0	42,191
12. 2027	(44,018)	2,370	0	(41,648)
13. 2028	(70,081)	2,284	0	(67,796)
14. 2029	(91,848)	2,243	0	(89,605)
15. 2030	(109,890)	2,165	0	(107,725)
16. 2031	(123,651)	2,154	0	(121,497)
17. 2032	(122,145)	1,903	0	(120,242)
18. 2033	(136,831)	1,517	0	(135,314)
19. 2034	(157,243)	1,100	0	(156,143)
20. 2035	(149,916)	654	0	(149,261)
21. 2036	(119,476)	238	0	(119,238)
22. 2037	(86,803)	0	0	(86,803)
23. 2038	(49,556)	0	0	(49,556)
24. 2039	(9,834)	0	0	(9,834)
25. 2040	9,003	0	0	9,003
26. 2041	5,734	0	0	5,734
27. 2042	1,720	0	0	1,720
28. 2043	0	0	0	0
29. 2044	0	0	0	0
30. 2045	0	0	0	0
31. 2046 and Later	0	0	0	0
32. Total (Lines 1 to 31)	9,747,024	4,498,456	0	14,245,480

ANNUAL STATEMENT FOR THE YEAR 2016 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	18,615,343	0	18,615,343	0	134,030	134,030	18,749,372
2. Realized capital gains/(losses) net of taxes-General Account	4,850,341		4,850,341	5,234		5,234	4,855,575
3. Realized capital gains/(losses) net of taxes-Separate Accounts	189,455		189,455			0	189,455
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	6,449,033	0	6,449,033	0	17,825	17,825	6,466,858
8. Accumulated balances (Lines 1 through 5 - 6 + 7).....	30,104,172	0	30,104,172	5,234	151,855	157,089	30,261,261
9. Maximum reserve	31,027,549	0	31,027,549	0	1,737,731	1,737,731	32,765,280
10. Reserve objective.....	21,345,857	0	21,345,857	0	1,706,548	1,706,548	23,052,406
11. 20% of (Line 10 - Line 8)	(1,751,663)	0	(1,751,663)	(1,047)	310,939	309,892	(1,441,771)
12. Balance before transfers (Lines 8 + 11)	28,352,509	0	28,352,509	4,187	462,794	466,981	28,819,490
13. Transfers			0			0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	28,352,509	0	28,352,509	4,187	462,794	466,981	28,819,490

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	248,838	XXX	XXX	248,838	0.0000	0	0.0000	0	0.0000	0
2	1	Highest Quality	1,333,588,824	XXX	XXX	1,333,588,824	0.0004	533,436	0.0023	3,067,254	0.0030	4,000,766
3	2	High Quality	1,623,743,374	XXX	XXX	1,623,743,374	0.0019	3,085,112	0.0058	9,417,712	0.0090	14,613,690
4	3	Medium Quality	155,239,252	XXX	XXX	155,239,252	0.0093	1,443,725	0.0230	3,570,503	0.0340	5,278,135
5	4	Low Quality	33,276,569	XXX	XXX	33,276,569	0.0213	708,791	0.0530	1,763,658	0.0750	2,495,743
6	5	Lower Quality	1,619,167	XXX	XXX	1,619,167	0.0432	69,948	0.1100	178,108	0.1700	275,258
7	6	In or Near Default	3,769,231	XXX	XXX	3,769,231	0.0000	0	0.2000	753,846	0.2000	753,846
8		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX	0	XXX		XXX		XXX	
9		Total Long-Term Bonds (Sum of Lines 1 through 8)	3,151,485,255	XXX	XXX	3,151,485,255	XXX	5,841,012	XXX	18,751,081	XXX	27,417,439
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)	3,156,532,055	XXX	XXX	3,156,532,055	XXX	5,850,601	XXX	18,780,353	XXX	27,462,860

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	44,517,443	XXX	XXX	44,517,443	0.0004	17,807	0.0023	102,390	0.0030	133,552
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)	44,517,443	XXX	XXX	44,517,443	XXX	17,807	XXX	102,390	XXX	133,552
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	21,388,310			21,388,310	0.0000	0	0.0750	1,604,123	0.0750	1,604,123
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)	21,388,310	0	0	21,388,310	XXX	0	XXX	1,604,123	XXX	1,604,123
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	2,924			2,924	0.0063	18	0.0120	35	0.0190	56
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)	2,924	0	0	2,924	XXX	18	XXX	35	XXX	56
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)	65,908,677	0	0	65,908,677	XXX	17,825	XXX	1,706,548	XXX	1,737,731

(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							
6276199L		GA	2013	1,000,000	651,736		SETTLEMENT REACHED
6345330L		KY	2014	300,000	146,394		SETTLEMENT REACHED
6413671L		OH	2015	25,000	30,000		SETTLEMENT REACHED
0199999 - Disposed Death Claims - Ordinary				1,325,000	828,129	0	XXX
0599999 - Subtotals - Disposed - Death Claims				1,325,000	828,129	0	XXX
2699999 - Subtotals - Claims Disposed of During Current Year				1,325,000	828,129	0	XXX
Resisted Death Claims - Ordinary							
6318159L		TN	2013	100,000		100,000	MATERIAL MISREPRESENTATION
6330178L		WV	2015	120,000		120,000	MATERIAL MISREPRESENTATION
6371584L		WV	2015	75,000		75,000	MATERIAL MISREPRESENTATION
6473877S		GA	2016	10,000		10,000	MATERIAL MISREPRESENTATION
6462762L		IL	2016	250,000		250,000	MATERIAL MISREPRESENTATION
2799999 - Resisted Death Claims - Ordinary				555,000	0	555,000	XXX
3199999 - Subtotals - Resisted - Death Claims				555,000	0	555,000	XXX
5299999 - Subtotals - Claims Resisted During Current Year				555,000	0	555,000	XXX
5399999 Totals				1,880,000	828,129	555,000	XXX

ANNUAL STATEMENT FOR THE YEAR 2016 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	2,454,669	XXX	811,477	XXX		XXX		XXX	168	XXX	1,625,467	XXX		XXX	9,630	XXX	7,927	XXX
2.	Premiums earned	2,409,951	XXX	810,980	XXX		XXX		XXX	164	XXX	1,581,770	XXX		XXX	9,330	XXX	7,707	XXX
3.	Incurred claims	1,582,312	65.7	969,964	119.6		0.0		0.0		0.0	608,718	38.5	(207)	0.0	871	9.3	2,966	38.5
4.	Cost containment expenses	7,325	0.3	7,325	0.9		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)	1,589,637	66.0	977,289	120.5	0	0.0	0	0.0	0	0.0	608,718	38.5	(207)	0.0	871	9.3	2,966	38.5
6.	Increase in contract reserves	109,031	4.5	0	0.0	0	0.0	0	0.0	0	0.0	109,031	6.9	0	0.0	0	0.0	0	0.0
7.	Commissions (a)	(147,072)	(6.1)	(47,968)	(5.9)		0.0		0.0	2	1.2	(99,312)	(6.3)		0.0	113	1.2	93	1.2
8.	Other general insurance expenses	1,701,512	70.6	318,545	39.3		0.0	5,529	0.0	71	43.3	1,350,496	85.4		0.0	8,202	87.9	18,669	242.2
9.	Taxes, licenses and fees	198,572	8.2	49,951	6.2		0.0	59	0.0	1	0.6	148,459	9.4		0.0	48	0.5	54	0.7
10.	Total other expenses incurred	1,753,012	72.7	320,528	39.5	0	0.0	5,588	0.0	74	45.1	1,399,643	88.5	0	0.0	8,363	89.6	18,816	244.1
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	(1,041,729)	(43.2)	(486,837)	(60.0)	0	0.0	(5,588)	0.0	90	54.9	(535,622)	(33.9)	207	0.0	96	1.0	(14,075)	(182.6)
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	(1,041,729)	(43.2)	(486,837)	(60.0)	0	0.0	(5,588)	0.0	90	54.9	(535,622)	(33.9)	207	0.0	96	1.0	(14,075)	(182.6)
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 2016 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	317,603	768			5	316,342		268	220
2. Advance premiums	83,527	606			6	82,336		318	261
3. Reserve for rate credits	0								
4. Total premium reserves, current year	401,130	1,374	0	0	11	398,678	0	586	481
5. Total premium reserves, prior year	356,412	878	0	0	6	354,981	0	285	262
6. Increase in total premium reserves	44,718	496	0	0	5	43,697	0	301	219
B. Contract Reserves:									
1. Additional reserves (a)	7,130,091					7,130,091			
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	7,130,091	0	0	0	0	7,130,091	0	0	0
4. Total contract reserves, prior year	7,021,060	0	0	0	0	7,021,060	0	0	0
5. Increase in contract reserves	109,031	0	0	0	0	109,031	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year	10,498,194	6,580,317				3,914,226		884	2,767
2. Total prior year	10,818,427	6,693,445	0	0	0	4,118,311	1,020	1,659	3,992
3. Increase	(320,233)	(113,128)	0	0	0	(204,085)	(1,020)	(775)	(1,225)

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	1,170,032	896,786				267,931	813	1,322	3,180
1.2 On claims incurred during current year	732,511	186,306				544,871		323	1,011
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	8,792,584	5,655,889				3,136,146		133	416
2.2 On claims incurred during current year	1,705,612	924,428				778,080		752	2,352
3. Test:									
3.1 Lines 1.1 and 2.1	9,962,616	6,552,675	0	0	0	3,404,077	813	1,455	3,596
3.2 Claim reserves and liabilities, December 31 prior year	10,818,426	6,693,445	0	0	0	4,118,310	1,020	1,659	3,992
3.3 Line 3.1 minus Line 3.2	(855,810)	(140,770)	0	0	0	(714,233)	(207)	(204)	(396)

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	4,524,651	959,366		332	4	3,564,373		273	303
2. Premiums earned	4,558,027	959,366		332	4	3,597,749		273	303
3. Incurred claims	2,611,196	917,512				1,692,008		406	1,270
4. Commissions	713,015	47,968				665,047			

(a) Includes \$ premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims.....	3,564,480		629,026	4,193,506
2. Beginning Claim Reserves and Liabilities.....	20,736,348	0	3,659,356	24,395,704
3. Ending Claim Reserves and Liabilities	20,421,160		3,603,734	24,024,895
4. Claims Paid	3,879,668	0	684,647	4,564,315
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.....	2,219,516		391,679	2,611,195
10. Beginning Claim Reserves and Liabilities.....	11,622,524	0	2,051,034	13,673,557
11. Ending Claim Reserves and Liabilities.....	11,620,342		2,050,649	13,670,991
12. Claims Paid	2,221,697	0	392,064	2,613,762
D. Net:				
13. Incurred Claims.....	1,344,964	0	237,347	1,582,311
14. Beginning Claim Reserves and Liabilities.....	9,113,824	0	1,608,322	10,722,146
15. Ending Claim Reserves and Liabilities.....	8,800,818	0	1,553,086	10,353,903
16. Claims Paid.....	1,657,971	0	292,583	1,950,554
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses.....	1,352,289		237,347	1,589,635
18. Beginning Reserves and Liabilities.....	9,113,824	0	1,608,322	10,722,146
19. Ending Reserves and Liabilities.....	8,800,818		1,553,086	10,353,903
20. Paid Claims and Cost Containment Expenses	1,665,295	0	292,583	1,957,878

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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 2016 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 2016 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 2016 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	OL	129,427,930	18,334,819	18,167,394	447,188				
68276	48-1024691	01/01/1990	EMPLOYERS REASSUR CORP.	KS	YRT/I	AXXX	2,010,825	18,732	23,523	17,518				
68276	48-1024691	01/01/1990	EMPLOYERS REASSUR CORP.	KS	YRT/I	XXXL	827,111	5,372	5,752	7,810				
68276	48-1024691	01/01/1990	EMPLOYERS REASSUR CORP.	KS	YRT/I	OL	1,658,290	7,795	7,199	12,983				
68276	48-1024691	01/01/1990	EMPLOYERS REASSUR CORP.	KS	DIS/I	OL		47,526	51,166	12,216				
86258	13-2572994	08/01/2001	GENERAL RE LIFE CORP.	CT	CO/I	XXXL	57,686,486	3,038,516	2,859,042	94,624				
86258	13-2572994	01/01/1967	GENERAL RE LIFE CORP.	CT	YRT/I	AXXX	98,719	118	111	168				
86258	13-2572994	01/01/1967	GENERAL RE LIFE CORP.	CT	YRT/I	XXXL	187,501	394	642	598				
86258	13-2572994	01/01/1967	GENERAL RE LIFE CORP.	CT	YRT/I	OL			12,907	(8,581)				
86258	13-2572994	01/01/1967	GENERAL RE LIFE CORP.	CT	DIS/I	OL		22,112	21,181	865				
97071	13-3126819	03/01/1981	SCOR GLOBAL LIFE USA REINS CO.	DE	CO/I	OL	2,436,291	25,559	27,104	42,479				
97071	13-3126819	08/13/1969	SCOR GLOBAL LIFE USA REINS CO.	DE	YRT/I	OL	74,338	2,302	2,216	3,168				
97071	13-3126819	08/13/1969	SCOR GLOBAL LIFE USA REINS CO.	DE	YRT/I	XXXL	23,595	39	34					
97071	13-3126819	07/30/1986	SCOR GLOBAL LIFE USA REINS CO.	DE	ACO/I	OL		245,298	236,991					
97071	13-3126819	08/13/1969	SCOR GLOBAL LIFE USA REINS CO.	DE	DIS/I	OL			389,066					
97071	13-3126819	08/13/1969	SCOR GLOBAL LIFE USA REINS CO.	DE	OTH/G	OL	250,389	28,646	26,660	329,917				
88340	59-2859797	04/01/2002	HANNOVER LIFE REASSUR CO OF AMER.	FL	CO/I	XXXL	477,334,362	14,196,821	14,490,172	792,570				
88340	59-2859797	04/01/2002	HANNOVER LIFE REASSUR CO OF AMER.	FL	YRT/I	AXXX	3,273,146	15,564	14,462	24,933				
88340	59-2859797	04/01/2002	HANNOVER LIFE REASSUR CO OF AMER.	FL	YRT/I	XXXL	2,896,992,699	2,523,318	1,902,627	1,912,060				
88340	59-2859797	04/01/2002	HANNOVER LIFE REASSUR CO OF AMER.	FL	YRT/I	OL	13,951,085	16,320	15,030	26,481				
88340	59-2859797	04/01/2002	HANNOVER LIFE REASSUR CO OF AMER.	FL	DIS/I	OL		68,519	69,319	17,170				
65056	38-1659835	01/01/1999	JACKSON NATL LIFE INS CO.	MI	CO/I	OL	8,245,714	5,251,706	5,628,796	74,705				
65676	35-0472300	09/15/1997	LINCOLN NATL LIFE INS CO.	IN	CO/I	XXXL	1,541,909,557	19,573,369	20,198,513	2,315,548				
65676	35-0472300	09/15/1997	LINCOLN NATL LIFE INS CO.	IN	CO/I	OL	2,042,360,091	8,328,829	7,892,523	2,161,359				
65676	35-0472300	09/15/1997	LINCOLN NATL LIFE INS CO.	IN	YRT/I	AXXX	18,025,855	145,665	216,879	997,365				
65676	35-0472300	09/15/1997	LINCOLN NATL LIFE INS CO.	IN	YRT/I	XXXL	20,774,836	141,822	171,463	(596,370)				
65676	35-0472300	09/15/1997	LINCOLN NATL LIFE INS CO.	IN	YRT/I	OL	142,341,250	367,544	382,862	608,169				
65676	35-0472300	09/15/1997	LINCOLN NATL LIFE INS CO.	IN	DIS/I	OL		1,367,277	1,388,175	81,150				
66346	58-0828824	02/01/1988	MUNICH AMER REASSUR CO.	GA	CO/I	XXXL	58,166,489	3,040,083	2,860,474	95,358				
66346	58-0828824	02/01/1988	MUNICH AMER REASSUR CO.	GA	CO/I	OL	3,638,673	27,753	24,791	22,083				
66346	58-0828824	10/01/1994	MUNICH AMER REASSUR CO.	GA	YRT/I	AXXX	122,648,674	319,346	270,032	314,188				
66346	58-0828824	10/01/1994	MUNICH AMER REASSUR CO.	GA	YRT/I	XXXL	2,275,304,790	4,155,380	3,777,437	4,201,866				
66346	58-0828824	10/01/1994	MUNICH AMER REASSUR CO.	GA	YRT/I	OL	21,310,091	54,714	46,274	74,690				
66346	58-0828824	02/01/1988	MUNICH AMER REASSUR CO.	GA	DIS/I	OL		64,941	63,032	9,689				
66346	58-0828824	02/01/1988	MUNICH AMER REASSUR CO.	GA	ADB/I	OL				172,305				
67466	95-1079000	04/01/2002	PACIFIC LIFE INS CO.	NE	CO/I	XXXL	1,673,758,598	48,985,338	48,617,092	2,748,690				
67466	95-1079000	04/01/2002	PACIFIC LIFE INS CO.	NE	YRT/I	AXXX	3,582,378	35,634	32,891	25,722				
67466	95-1079000	04/01/2002	PACIFIC LIFE INS CO.	NE	YRT/I	XXXL	4,000,140	32,305	32,480	26,238				
67466	95-1079000	04/01/2002	PACIFIC LIFE INS CO.	NE	YRT/I	OL	6,334,582	36,062	32,431	39,045				
67466	95-1079000	04/01/2002	PACIFIC LIFE INS CO.	NE	DIS/I	OL		206,014	204,735	17,951				
93572	43-1235868	09/01/1995	RGA REINS CO.	MO	YRT/I	AXXX	154,187,170	548,677	472,374	571,208				
93572	43-1235868	09/01/1995	RGA REINS CO.	MO	YRT/I	XXXL	7,979,739,936	13,115,852	12,568,422	12,628,139				
93572	43-1235868	09/01/1995	RGA REINS CO.	MO	YRT/I	OL	68,660,334	171,443	153,498	325,456				
93572	43-1235868	09/01/1995	RGA REINS CO.	MO	DIS/I	OL		78,901	80,063	38,541				
93572	43-1235868	02/01/2004	RGA REINS CO.	MO	OTH/G	OL	196,279,000			490,998				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER INS CO.	CO	CO/I	AXXX		223,113	291,245	151,726				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER INS CO.	CO	CO/I	XXXL	3,112,513,747	95,085,626	94,856,422	4,958,632				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER INS CO.	CO	CO/I	OL	74,114,699	383,909	365,203	139,020				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER INS CO.	CO	YRT/I	AXXX	32,808,566	142,774	151,748	73,623				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER INS CO.	CO	YRT/I	XXXL	76,194,230	527,079	526,208	292,615				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER INS CO.	CO	YRT/I	OL	99,781,938	568,609	566,186	787,897				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER INS CO.	CO	DIS/I	OL		464,229	475,496	44,322				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER INS CO.	CO	OTH/G	OL	6,732,296	9,743	9,954	21,259				
71706	57-0290111	07/01/1970	STANDARD LIFE & CAS INS CO.	UT	CO/I	OL	1,453,576	879,784	895,432	17,861				
82627	06-0839705	05/01/1981	SWISS RE LIFE & HLTH AMER INC.	MO	CO/I	XXXL	5,050,882,705	124,096,814	125,509,751	8,321,767				
82627	06-0839705	05/01/1981	SWISS RE LIFE & HLTH AMER INC.	MO	CO/I	OL	2,049,076,008	23,063,101	27,551,860	1,286,822				
82627	06-0839705	08/01/1978	SWISS RE LIFE & HLTH AMER INC.	MO	YRT/I	AXXX	43,817,702	319,978	381,468	1,466,177				
82627	06-0839705	08/01/1978	SWISS RE LIFE & HLTH AMER INC.	MO	YRT/I	XXXL	5,830,487,944	7,071,670	6,017,075	5,372,155				
82627	06-0839705	08/01/1978	SWISS RE LIFE & HLTH AMER INC.	MO	YRT/I	OL	50,865,758	359,513	388,751	93,113				
82627	06-0839705	08/01/1978	SWISS RE LIFE & HLTH AMER INC.	MO	DIS/I	OL		1,696,089	1,716,453	124,492				

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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.		22,619

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SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business (000 OMITTED)					
	1 2016	2 2015	3 2014	4 2013	5 2012
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	62,622	62,425	61,282	59,235	56,960
2. Commissions and reinsurance expense allowances	5,133	5,704	5,966	6,224	6,567
3. Contract claims	58,040	54,652	64,119	54,621	37,623
4. Surrender benefits and withdrawals for life contracts	3,889	646	2,604	112	411
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	(1,570)	7,270	10,634	17,530	18,909
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	15,404	16,667	16,456	15,708	15,476
9. Aggregate reserves for life and accident and health contracts	443,065	444,635	439,364	428,730	411,127
10. Liability for deposit-type contracts		0	0	0	0
11. Contract claims unpaid	8,131	12,203	11,390	6,884	6,710
12. Amounts recoverable on reinsurance	6,967	5,741	5,316	347	1,514
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	1,300	1,589	1,689	1,683	1,828
16. Unauthorized reinsurance offset	0	0	0	0	0
17. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
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)	23	21	19	17	15
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	0
23. Funds deposited by and withheld from (F)	0	0	0	0	0
24. Letters of credit (L)	0	0	0	0	0
25. Trust agreements (T)	0	0	0	0	0
26. Other (O)	0	0	0	0	0

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)	3,308,569,678		3,308,569,678
2. Reinsurance (Line 16)	8,266,927	(8,266,927)	0
3. Premiums and considerations (Line 15)	129,358,780	15,404,057	144,762,837
4. Net credit for ceded reinsurance	XXX	444,059,344	444,059,344
5. All other admitted assets (balance)	70,821,599		70,821,599
6. Total assets excluding Separate Accounts (Line 26)	3,517,016,983	451,196,474	3,968,213,458
7. Separate Account assets (Line 27)	749,433,861		749,433,861
8. Total assets (Line 28)	4,266,450,845	451,196,474	4,717,647,319
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	3,030,649,058	443,065,016	3,473,714,074
10. Liability for deposit-type contracts (Line 3)	171,079,323		171,079,323
11. Claim reserves (Line 4)	18,788,123	8,131,458	26,919,581
12. Policyholder dividends/reserves (Lines 5 through 7)	74		74
13. Premium & annuity considerations received in advance (Line 8)	1,408,786		1,408,786
14. Other contract liabilities (Line 9)	23,786,514		23,786,514
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)	70,977,048		70,977,048
20. Total liabilities excluding Separate Accounts (Line 26)	3,316,688,926	451,196,474	3,767,885,401
21. Separate Account liabilities (Line 27)	749,433,861		749,433,861
22. Total liabilities (Line 28)	4,066,122,787	451,196,474	4,517,319,262
23. Capital & surplus (Line 38)	200,328,058	XXX	200,328,058
24. Total liabilities, capital & surplus (Line 39)	4,266,450,845	451,196,474	4,717,647,320
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	443,065,016		
26. Claim reserves	8,131,458		
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	8,266,927		
32. Other ceded reinsurance recoverables	0		
33. Total ceded reinsurance recoverables	459,463,401		
34. Premiums and considerations	15,404,057		
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	15,404,057		
41. Total net credit for ceded reinsurance	444,059,344		

ANNUAL STATEMENT FOR THE YEAR 2016 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	4,906,304	887,389	35,457	44,237	0	5,873,388
2. Alaska	AK	46,764	0	0	0	0	46,764
3. Arizona	AZ	2,610,196	42,307	12,794	6,035	0	2,671,332
4. Arkansas	AR	2,688,126	145,249	6,708	0	0	2,840,083
5. California	CA	7,286,869	195,353	6,650	0	0	7,488,872
6. Colorado	CO	2,079,625	263,936	7,953	535	0	2,352,049
7. Connecticut	CT	648,651	0	2,204	0	0	650,855
8. Delaware	DE	439,234	52,600	2,091	494	0	494,419
9. District of Columbia	DC	133,997	0	0	3,692	0	137,689
10. Florida	FL	7,513,580	844,077	9,141	139,924	0	8,506,722
11. Georgia	GA	14,105,735	144,781	54,423	276,387	0	14,581,325
12. Hawaii	HI	47,819	0	0	0	0	47,819
13. Idaho	ID	921,074	210,734	2,680	0	0	1,134,487
14. Illinois	IL	17,370,825	3,490,006	198,730	178,958	773,406	22,011,924
15. Indiana	IN	17,109,810	2,959,898	171,805	54,091	0	20,295,604
16. Iowa	IA	10,883,441	4,448,785	47,857	61,449	0	15,441,532
17. Kansas	KS	4,237,300	1,215,849	4,156	13,862	0	5,471,167
18. Kentucky	KY	9,678,443	239,312	70,881	144,237	0	10,132,873
19. Louisiana	LA	883,766	0	1,166	0	0	884,932
20. Maine	ME	218,265	0	0	0	0	218,265
21. Maryland	MD	3,421,274	498,696	33,598	9,175	0	3,962,742
22. Massachusetts	MA	701,541	0	501	13,636	0	715,678
23. Michigan	MI	13,763,730	3,524,687	263,545	128,452	0	17,680,414
24. Minnesota	MN	10,044,628	5,465,696	49,740	23,467	0	15,583,531
25. Mississippi	MS	513,352	300	1,355	0	0	515,008
26. Missouri	MO	8,528,596	1,220,107	39,658	25,697	0	9,814,057
27. Montana	MT	1,623,655	680	3,999	0	0	1,628,334
28. Nebraska	NE	2,114,329	96,108	3,786	0	0	2,214,223
29. Nevada	NV	505,457	239,489	13,877	0	0	758,823
30. New Hampshire	NH	434,571	5,500	2,452	1,618	0	444,142
31. New Jersey	NJ	784,042	20,000	0	0	0	804,042
32. New Mexico	NM	497,317	778,850	284	8,518	0	1,284,968
33. New York	NY	362,595	8,100	1,561	0	0	372,255
34. North Carolina	NC	13,135,838	98,211	95,895	134,036	0	13,463,979
35. North Dakota	ND	1,482,279	624,170	4,117	0	0	2,110,567
36. Ohio	OH	47,352,761	4,194,172	406,513	750,356	37,626	52,741,428
37. Oklahoma	OK	1,008,310	24,000	4,043	0	0	1,036,352
38. Oregon	OR	1,244,327	26,715	719	0	0	1,271,761
39. Pennsylvania	PA	20,081,116	6,114,163	230,211	91,867	0	26,517,358
40. Rhode Island	RI	77,506	0	0	0	0	77,506
41. South Carolina	SC	4,216,835	22,875	23,111	87,955	0	4,350,775
42. South Dakota	SD	1,409,272	486,032	1,215	0	0	1,896,519
43. Tennessee	TN	9,866,694	4,746,387	94,889	45,830	150,000	14,903,800
44. Texas	TX	8,820,536	782,651	22,889	8,593	0	9,634,668
45. Utah	UT	1,931,530	86,300	22,106	0	0	2,039,936
46. Vermont	VT	458,386	0	2,261	0	0	460,647
47. Virginia	VA	4,608,028	219,563	66,303	37,602	0	4,931,497
48. Washington	WA	2,456,691	130,973	8,747	3,355	0	2,599,765
49. West Virginia	WV	2,487,978	357,985	32,469	9,168	0	2,887,601
50. Wisconsin	WI	9,461,839	2,257,225	91,882	137,147	0	11,948,093
51. Wyoming	WY	257,396	0	3,019	0	0	260,414
52. American Samoa	AS	0	0	0	0	0	0
53. Guam	GU	0	0	0	0	0	0
54. Puerto Rico	PR	2,682	0	0	0	0	2,682
55. US Virgin Islands	VI	0	0	0	0	0	0
56. Northern Mariana Islands	MP	0	0	0	0	0	0
57. Canada	CAN	31,154	0	0	0	0	31,154
58. Aggregate Other Alien	OT	4,553	0	0	0	0	4,553
59. Totals		277,500,621	47,169,909	2,159,444	2,440,371	961,032	330,231,377

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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 FILINGResponses

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 the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) 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 ofNO.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

domicile and electronically with the NAIC by March 1?

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 by April 30?

.....NO.....
50.

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

.....YES.....

AUGUST FILING

51.

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

.....YES.....

Explanation:

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22.

23.

24.

26.

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38.

39.

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 6 4 2 0 0 0 0 0 0

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

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


















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

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

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

23.	 7 6 2 3 6 2 0 1 6 4 4 8 0 0 0 0 0
24.	 7 6 2 3 6 2 0 1 6 4 4 9 0 0 0 0 0
26.	 7 6 2 3 6 2 0 1 6 4 5 1 0 0 0 0 0
27.	 7 6 2 3 6 2 0 1 6 4 5 2 0 0 0 0 0
28.	 7 6 2 3 6 2 0 1 6 4 5 3 0 0 0 0 0
29.	 7 6 2 3 6 2 0 1 6 4 3 6 0 0 0 0 0
30.	 7 6 2 3 6 2 0 1 6 4 3 7 0 0 0 0 0
31.	 7 6 2 3 6 2 0 1 6 4 3 8 0 0 0 0 0
32.	 7 6 2 3 6 2 0 1 6 4 3 9 0 0 0 0 0
33.	 7 6 2 3 6 2 0 1 6 4 5 4 0 0 0 0 0
34.	 7 6 2 3 6 2 0 1 6 4 9 5 0 0 0 0 0
36.	 7 6 2 3 6 2 0 1 6 3 6 5 0 0 0 0 0
37.	 7 6 2 3 6 2 0 1 6 2 2 4 0 0 0 0 0
38.	 7 6 2 3 6 2 0 1 6 2 2 5 0 0 0 0 0
39.	 7 6 2 3 6 2 0 1 6 2 2 6 0 0 0 0 0
43.	 7 6 2 3 6 2 0 1 6 2 3 0 5 9 0 0 0
49.	 7 6 2 3 6 2 0 1 6 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.....	18,891	18,891	0	0
2505. TUITION REIMBURSEMENT RECEIVABLE.....	34,772	22,646	12,127	16,559
2597. Summary of remaining write-ins for Line 25 from Page 02	53,663	41,537	12,127	16,559

L003 Additional Aggregate Lines for Page 03 Line 25.
*LIAB - Liabilities

	1	2
	Current Year	Prior Year
2504. RETIRED LIVES RESERVE.....	25,772	24,780
2597. Summary of remaining write-ins for Line 25 from Page 3	25,772	24,780



For the Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Arizona

NAIC Group Code 00244	NAIC Company Code 76236
Address (City, State and Zip Code) FAIRFIELD, OH 45014-5141	
Person Completing This Exhibit	
Title	
Telephone Number	

[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 45260-5496 | |
| 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 45260-5496 | |
| 3.2 Contact Person and Phone Number: ANN BINZER 513-870-2282 | |
| 4. Explain any policies identified above as policy type "O" | |

360.AZ



For the Year Ended December 31, 2016
(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

Title

NAIC Company Code 76236

Telephone Number

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 45260-5496 _____
- 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 45260-5496 _____
- 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, 2016
(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 45260-5496
- 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 45260-5496
- 3.2 Contact Person and Phone Number: 513-870-2282
4. Explain any policies identified above as policy type "O"



For the Year Ended December 31, 2016
(To Be Filed by March 1)

FOR THE STATE OF Ohio

NAIC Group Code 00244	NAIC Company Code 76236
Address (City, State and Zip Code) FAIRFIELD, OH 45014-5141	
Person Completing This Exhibit	
Title	
Telephone Number	

[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 45260-5496
- 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 45260-5496
- 3.2 Contact Person and Phone Number: ANN BINZER 513-870-2282
4. Explain any policies identified above as policy type "O"

360.OH



For the Year Ended December 31, 2016
(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

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 45260-5496
- 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 45260-5496
- 3.2 Contact Person and Phone Number: ANN BINZER 513-870-2282
4. Explain any policies identified above as policy type "O"

SCHEDULE O SUPPLEMENT
FOR THE YEAR ENDED DECEMBER 31, 2016

(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

Table with 6 columns: Year in Which Losses Were Incurred, 1 2012, 2 2013, 3 2014, 4 2015, 5 2016(a). Rows include Prior, 2012, 2013, 2014, 2015, and 2016 with numerical values.

Section B–Other Accident and Health

Table with 6 columns: Year in Which Losses Were Incurred, 1 2012, 2 2013, 3 2014, 4 2015, 5 2016(a). Rows include Prior, 2012, 2013, 2014, 2015, and 2016 with numerical values.

Section C–Credit Accident and Health

Table with 6 columns: Year in Which Losses Were Incurred, 1 2012, 2 2013, 3 2014, 4 2015, 5 2016(a). Rows include Prior, 2012, 2013, 2014, 2015, and 2016 with numerical values.

Section D -

Table with 6 columns: Year in Which Losses Were Incurred, 1 2012, 2 2013, 3 2014, 4 2015, 5 2016(a). Rows include Prior, 2012, 2013, 2014, 2015, and 2016 with numerical values.

Section E -

Table with 6 columns: Year in Which Losses Were Incurred, 1 2012, 2 2013, 3 2014, 4 2015, 5 2016(a). Rows include Prior, 2012, 2013, 2014, 2015, and 2016 with numerical values.

Section F-

Table with 6 columns: Year in Which Losses Were Incurred, 1 2012, 2 2013, 3 2014, 4 2015, 5 2016(a). Rows include Prior, 2012, 2013, 2014, 2015, and 2016 with numerical values.

Section G-

Table with 6 columns: Year in Which Losses Were Incurred, 1 2012, 2 2013, 3 2014, 4 2015, 5 2016(a). Rows include Prior, 2012, 2013, 2014, 2015, and 2016 with numerical values.

(a) See the Annual Audited Financial Reports 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.....					
2. 2012.....					
3. 2013.....					
4. 2014.....					
5. 2015.....					
6. 2016.....					

Section B - Other Accident and Health

1. Prior.....					
2. 2012.....					
3. 2013.....					
4. 2014.....					
5. 2015.....					
6. 2016.....					

Section C - Credit Accident and Health

1. Prior.....					
2. 2012.....					
3. 2013.....					
4. 2014.....					
5. 2015.....					
6. 2016.....					

Section D-

1. Prior.....					
2. 2012.....					
3. 2013.....					
4. 2014.....					
5. 2015.....					
6. 2016.....					

Section E-

1. Prior.....					
2. 2012.....					
3. 2013.....					
4. 2014.....					
5. 2015.....					
6. 2016.....					

Section F-

1. Prior.....					
2. 2012.....					
3. 2013.....					
4. 2014.....					
5. 2015.....					
6. 2016.....					

Section G-

1. Prior.....					
2. 2012.....					
3. 2013.....					
4. 2014.....					
5. 2015.....					
6. 2016.....					

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 2012	2 2013	3 2014	4 2015	5 2016
1. 2012	1,311	1,470	1,404	XXX	XXX
2. 2013	XXX	1,239	1,166	1,104	XXX
3. 2014	XXX	XXX	1,006	981	1,151
4. 2015	XXX	XXX	XXX	1,224	1,118
5. 2016	XXX	XXX	XXX	XXX	1,111

Section B - Other Accident and Health

1. 2012	1,175	1,250	1,229	XXX	XXX
2. 2013	XXX	1,687	1,464	1,284	XXX
3. 2014	XXX	XXX	1,399	1,117	1,094
4. 2015	XXX	XXX	XXX	1,366	1,079
5. 2016	XXX	XXX	XXX	XXX	1,327

Section C - Credit Accident and Health

1. 2012	0	0	0	XXX	XXX
2. 2013	XXX	0	0	0	XXX
3. 2014	XXX	XXX	0	0	0
4. 2015	XXX	XXX	XXX	0	0
5. 2016	XXX	XXX	XXX	XXX	0

Section D-

1. 2012	0	0	0	XXX	XXX
2. 2013	XXX	0	0	0	XXX
3. 2014	XXX	XXX	0	0	0
4. 2015	XXX	XXX	XXX	0	0
5. 2016	XXX	XXX	XXX	XXX	0

Section E-

1. 2012	0	0	0	XXX	XXX
2. 2013	XXX	0	0	0	XXX
3. 2014	XXX	XXX	0	0	0
4. 2015	XXX	XXX	XXX	0	0
5. 2016	XXX	XXX	XXX	XXX	0

Section F-

1. 2012	0	0	0	XXX	XXX
2. 2013	XXX	0	0	0	XXX
3. 2014	XXX	XXX	0	0	0
4. 2015	XXX	XXX	XXX	0	0
5. 2016	XXX	XXX	XXX	XXX	0

Section G-

1. 2012	0	0	0	XXX	XXX
2. 2013	XXX	0	0	0	XXX
3. 2014	XXX	XXX	0	0	0
4. 2015	XXX	XXX	XXX	0	0
5. 2016	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 2012	2 2013	3 2014	4 2015	5 2016
1. 2012.....	.0		.0	.0	
2. 2013.....	XXX	.0	.0	.0	
3. 2014.....	XXX	XXX	.0	.0	
4. 2015.....	XXX	XXX	XXX	.0	
5. 2016.....	XXX	XXX	XXX	XXX	

Section B – Other Accident and Health

1. 2012.....	.0	.0	.0	.0	
2. 2013.....	XXX	.0	.0	.0	
3. 2014.....	XXX	XXX	.0	.0	
4. 2015.....	XXX	XXX	XXX	.0	
5. 2016.....	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. 2012.....	.0	.0	.0	.0	
2. 2013.....	XXX	.0	.0	.0	
3. 2014.....	XXX	XXX	.0	.0	
4. 2015.....	XXX	XXX	XXX	.0	
5. 2016.....	XXX	XXX	XXX	XXX	

Section D-

1. 2012.....	.0	.0	.0	.0	
2. 2013.....	XXX	.0	.0	.0	
3. 2014.....	XXX	XXX	.0	.0	
4. 2015.....	XXX	XXX	XXX	.0	
5. 2016.....	XXX	XXX	XXX	XXX	

Section E-

1. 2012.....	.0	.0	.0	.0	
2. 2013.....	XXX	.0	.0	.0	
3. 2014.....	XXX	XXX	.0	.0	
4. 2015.....	XXX	XXX	XXX	.0	
5. 2016.....	XXX	XXX	XXX	XXX	

Section F-

1. 2012.....	.0	.0	.0	.0	
2. 2013.....	XXX	.0	.0	.0	
3. 2014.....	XXX	XXX	.0	.0	
4. 2015.....	XXX	XXX	XXX	.0	
5. 2016.....	XXX	XXX	XXX	XXX	

Section G-

1. 2012.....	.0	.0	.0	.0	
2. 2013.....	XXX	.0	.0	.0	
3. 2014.....	XXX	XXX	.0	.0	
4. 2015.....	XXX	XXX	XXX	.0	
5. 2016.....	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.....	220
2. Ordinary life	OTHER.....	12,838
3. Individual annuity	OTHER.....	4,263
4. Supplementary contracts		
5. Credit life		
6. Group life	DEVELOPMENT.....	101
7. Group annuities.....		
8. Group accident and health	DEVELOPMENT.....	6,580
9. Credit accident and health		
10. Other accident and health	DEVELOPMENT.....	3,918
11. Total		27,920

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