



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia

NAIC Group Code 0838

DURING THE YEAR 2016

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		9,425,067				9,425,067
2. Annuity considerations		85,496				85,496
3. Deposit-type contract funds			XXX		XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		9,510,563	0	0	0	9,510,563
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		3,549,384				3,549,384
10. Matured endowments						0
11. Annuity benefits		186,217				186,217
12. Surrender values and withdrawals for life contracts		10,740				10,740
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		3,746,341	0	0	0	3,746,341
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year	4	82,012	0	0	0	0	0	0	4	82,012
17. Incurred during current year	596	3,549,384							596	3,549,384
Settled during current year:										
18.1 By payment in full	586	3,552,590							586	3,552,590
18.2 By payment on compromised claims	1	2,253							1	2,253
18.3 Totals paid	587	3,554,843	0	0	0	0	0	0	587	3,554,843
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	587	3,554,843	0	0	0	0	0	0	587	3,554,843
19. Unpaid Dec. 31, current year (16+17-18.6)	13	76,553	0	0	0	0	0	0	13	76,553
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year	5,215	31,640,956	0	(a)	0	0	0	0	5,215	31,640,956
21. Issued during year	1,769	11,185,271							1,769	11,185,271
22. Other changes to in force (Net)	(688)	(4,315,985)							(688)	(4,315,985)
23. In force December 31 of current year	6,296	38,510,242	0	(a)	0	0	0	0	6,296	38,510,242

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Indiana

NAIC Group Code 0838

DURING THE YEAR 2016

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		11,653,379				11,653,379
2. Annuity considerations		10,598				10,598
3. Deposit-type contract funds			XXX		XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		11,663,977	0	0	0	11,663,977
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		75				75
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)		75	0	0	0	75
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		75	0	0	0	75
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		5,211,520				5,211,520
10. Matured endowments						0
11. Annuity benefits		5,802				5,802
12. Surrender values and withdrawals for life contracts		1,432				1,432
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals		5,218,754	0	0	0	5,218,754
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	24	156,252	0	0	0	0	0	0	24	156,252
17. Incurred during current year	880	5,211,520							880	5,211,520
Settled during current year:										
18.1 By payment in full	877	5,195,242							877	5,195,242
18.2 By payment on compromised claims	2	501							2	501
18.3 Totals paid	879	5,195,743	0	0	0	0	0	0	879	5,195,743
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	879	5,195,743	0	0	0	0	0	0	879	5,195,743
19. Unpaid Dec. 31, current year (16+17-18.6)	25	172,029	0	0	0	0	0	0	25	172,029
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	7,323	47,466,882	0	(a)	0	0	0	0	7,323	47,466,882
21. Issued during year	2,216	14,041,296							2,216	14,041,296
22. Other changes to in force (Net)	(1,011)	(6,118,065)							(1,011)	(6,118,065)
23. In force December 31 of current year	8,528	55,390,113	0	(a)	0	0	0	0	8,528	55,390,113

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky

NAIC Group Code 0838

DURING THE YEAR 2016

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		5,402,257				5,402,257
2. Annuity considerations		4,227				4,227
3. Deposit-type contract funds			XXX		XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		5,406,484	0	0	0	5,406,484
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		2,919,082				2,919,082
10. Matured endowments						0
11. Annuity benefits						0
12. Surrender values and withdrawals for life contracts		20,149				20,149
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		2,939,231	0	0	0	2,939,231
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year	11	.56,529	0	0	0	0	0	0	11	.56,529
17. Incurred during current year	514	2,919,082							514	2,919,082
Settled during current year:										
18.1 By payment in full	511	2,702,209							511	2,702,209
18.2 By payment on compromised claims	10	239,898							10	239,898
18.3 Totals paid	521	2,942,107	0	0	0	0	0	0	521	2,942,107
18.4 Reduction by compromise										0
18.5 Amount rejected										0
18.6 Total settlements	521	2,942,107	0	0	0	0	0	0	521	2,942,107
19. Unpaid Dec. 31, current year (16+17-18.6)	4	33,504	0	0	0	0	0	0	4	33,504
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year	4,811	28,065,724	0	(a)	0	0	0	0	4,811	28,065,724
21. Issued during year	1,115	6,726,348							1,115	6,726,348
22. Other changes to in force (Net)	(603)	(3,758,630)							(603)	(3,758,630)
23. In force December 31 of current year	5,323	31,033,442	0	(a)	0	0	0	0	5,323	31,033,442

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Mississippi

NAIC Group Code 0838

DURING THE YEAR 2016

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	261,866					261,866
2. Annuity considerations						0
3. Deposit-type contract funds		XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	261,866	0		0	0	261,866
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	20,355					20,355
10. Matured endowments						0
11. Annuity benefits						0
12. Surrender values and withdrawals for life contracts						0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals	20,355	0	0	0	0	20,355
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	4	20,355							4	20,355
Settled during current year:										
18.1 By payment in full	4	20,355							4	20,355
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	20,355	0	0	0	0	0	0	4	20,355
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	20,355	0	0	0	0	0	0	4	20,355
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year	2	15,000	0	(a)	0	0	0	0	2	15,000
21. Issued during year	70	401,165							70	401,165
22. Other changes to in force (Net)	(4)	(20,534)							(4)	(20,534)
23. In force December 31 of current year	68	395,631	0	(a)	0	0	0	0	68	395,631

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

NAIC Group Code 0838

DURING THE YEAR 2016

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	9,219,945					9,219,945
2. Annuity considerations						0
3. Deposit-type contract funds		XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	9,219,945	0		0	0	9,219,945
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	1,858					1,858
6.2 Applied to pay renewal premiums	1,095					1,095
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,953	0		0	0	2,953
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	2,953	0		0	0	2,953
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	4,239,522					4,239,522
10. Matured endowments						0
11. Annuity benefits						0
12. Surrender values and withdrawals for life contracts	16,787					16,787
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0	0	0
14. All other benefits, except accident and health	385					385
15. Totals	4,256,694	0		0	0	4,256,694
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	12	76,211	0	0	0	0	0	0	12	76,211
17. Incurred during current year	850	4,239,522							850	4,239,522
Settled during current year:										
18.1 By payment in full	834	4,187,541							834	4,187,541
18.2 By payment on compromised claims	1	.48							1	.48
18.3 Totals paid	835	4,187,589	0	0	0	0	0	0	835	4,187,589
18.4 Reduction by compromise										0
18.5 Amount rejected										0
18.6 Total settlements	835	4,187,589	0	0	0	0	0	0	835	4,187,589
19. Unpaid Dec. 31, current year (16+17-18.6)	27	128,144	0	0	0	0	0	0	27	128,144
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	6,784	33,338,757	0 (a)	0	0	0	0	0	6,784	33,338,757
21. Issued during year	2,181	11,031,182							2,181	11,031,182
22. Other changes to in force (Net)	(1,020)	(5,326,729)							(1,020)	(5,326,729)
23. In force December 31 of current year	7,945	39,043,210	0 (a)	0	0	0	0	0	7,945	39,043,210

(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)	49,739	52,638		35,929	33,593
25.6 Totals (sum of Lines 25.1 to 25.5)	49,739	52,638	0	35,929	33,593
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	49,739	52,638	0	35,929	33,593

(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 Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

NAIC Group Code 0838

DURING THE YEAR 2016

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		403,913				403,913
2. Annuity considerations						0
3. Deposit-type contract funds			XXX		XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		403,913	0	0	0	403,913
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		189,321				189,321
10. Matured endowments						0
11. Annuity benefits						0
12. Surrender values and withdrawals for life contracts		162				162
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		189,483	0	0	0	189,483
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....	.33	189,321							.33	189,321
Settled during current year:										
18.1 By payment in full .....	.31	181,297							.31	181,297
18.2 By payment on compromised claims									0	0
18.3 Totals paid .....	.31	181,297	0	0	0	0	0	0	.31	181,297
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements .....	.31	181,297	0	0	0	0	0	0	.31	181,297
19. Unpaid Dec. 31, current year (16+17-18.6)	2	8,024	0	0	0	0	0	0	2	8,024
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year	262	1,803,034	0	(a)	0	0	0	0	262	1,803,034
21. Issued during year .....	.83	508,486							.83	508,486
22. Other changes to in force (Net)	(51)	(322,416)							(51)	(322,416)
23. In force December 31 of current year	294	1,989,104	0	(a)	0	0	0	0	294	1,989,104

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Grand Total

NAIC Group Code 0838

DURING THE YEAR 2016

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		36,366,427	0	0	0	36,366,427
2. Annuity considerations		100,321	0	0	0	100,321
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)		36,466,748	0	0	0	36,466,748
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		1,858	0	0	0	1,858
6.2 Applied to pay renewal premiums		1,170	0	0	0	1,170
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)		3,028	0	0	0	3,028
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		3,028	0	0	0	3,028
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		16,129,184	0	0	0	16,129,184
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		192,019	0	0	0	192,019
12. Surrender values and withdrawals for life contracts		49,270	0	0	0	49,270
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		385	0	0	0	385
15. Totals		16,370,858	0	0	0	16,370,858
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	Total	
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount					9 No.	10 Amount
16. Unpaid December 31, prior year .....	.51	371,004	0	0	0	0	0	0	.51	.371,004
17. Incurred during current year	2,877	16,129,184	0	0	0	0	0	0	2,877	16,129,184
Settled during current year:										
18.1 By payment in full	2,843	15,839,234	0	0	0	0	0	0	2,843	15,839,234
18.2 By payment on compromised claims	14	242,700	0	0	0	0	0	0	14	242,700
18.3 Totals paid	2,857	16,081,934	0	0	0	0	0	0	2,857	16,081,934
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	2,857	16,081,934	0	0	0	0	0	0	2,857	16,081,934
19. Unpaid Dec. 31, current year (16+17-18.6)	71	418,254	0	0	0	0	0	0	71	418,254
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	24,397	142,330,353	0	(a)		0	0	0	24,397	142,330,353
21. Issued during year	7,434	43,893,748	0	0		0	0	0	7,434	43,893,748
22. Other changes to in force (Net)	(3,377)	(19,862,359)	0	0		0	0	0	(3,377)	(19,862,359)
23. In force December 31 of current year	28,454	166,361,742	0	(a)		0	0	0	28,454	166,361,742

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	49,739	52,638	0	35,929	33,593
25.6 Totals (sum of Lines 25.1 to 25.5)	49,739	52,638	0	35,929	33,593
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	49,739	52,638	0	35,929	33,593

(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 Equitable Life Insurance Company
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

	1 Amount
1. Reserve as of December 31, Prior Year .....	.479,956
2. Current year's realized pre-tax capital gains/(losses) of \$ 991,384 transferred into the reserve net of taxes of \$ 346,984	644,400
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)	1,124,356
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	174,434
6. Reserve as of December 31, current year (Line 4 minus Line 5)	949,922

AMORTIZATION

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2016	130,869	43,563	0	174,433
2. 2017	100,490	87,299	0	187,790
3. 2018	69,317	84,366	0	153,683
4. 2019	43,308	79,082	0	122,390
5. 2020	30,735	74,112	0	104,847
6. 2021	25,167	69,278	0	94,445
7. 2022	19,914	59,841	0	79,755
8. 2023	15,093	47,950	0	63,043
9. 2024	10,874	35,082	0	45,956
10. 2025	7,614	21,665	0	29,279
11. 2026	5,895	7,335	0	13,229
12. 2027	4,869	586	0	5,455
13. 2028	4,080	846	0	4,926
14. 2029	3,347	1,212	0	4,559
15. 2030	2,850	1,541	0	4,391
16. 2031	2,350	1,881	0	4,231
17. 2032	1,779	2,121	0	3,900
18. 2033	1,137	2,192	0	3,329
19. 2034	439	2,317	0	2,756
20. 2035	(96)	2,429	0	2,333
21. 2036	(404)	2,501	0	2,097
22. 2037	(640)	2,514	0	1,875
23. 2038	(732)	2,457	0	1,724
24. 2039	(508)	2,319	0	1,811
25. 2040	(48)	2,273	0	2,225
26. 2041	332	2,149	0	2,481
27. 2042	464	1,935	0	2,398
28. 2043	656	1,540	0	2,195
29. 2044	582	1,106	0	1,688
30. 2045	224	671	0	896
31. 2046 and Later		237	0	237
32. Total (Lines 1 to 31)	479,956	644,400	0	1,124,356

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable 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	411,589	0	411,589	103,179	0	103,179	514,768
2. Realized capital gains/(losses) net of taxes - General Account	(71,616)	0	(71,616)	112,742	0	112,742	41,126
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account	0	0	0	(114,711)	0	(114,711)	(114,711)
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	134,639	0	134,639	0	0	0	134,639
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	474,613	0	474,613	101,210	0	101,209	575,822
9. Maximum reserve	663,508	0	663,508	1,652,197	0	1,652,197	2,315,705
10. Reserve objective	460,996	0	460,996	1,652,197	0	1,652,197	2,113,193
11. 20% of (Line 10 - Line 8)	(2,723)	0	(2,723)	310,197	0	310,197	307,474
12. Balance before transfers (Lines 8 + 11)	471,889	0	471,889	411,407	0	411,407	883,296
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)	471,889	0	471,889	411,407	0	411,407	883,296

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt Obligations	1,181,582	XXX	XXX	1,181,582	0.0000	0	0.0000	0	0.0000	0
2.	1	Highest Quality	73,164,134	XXX	XXX	73,164,134	0.0004	29,266	0.0023	168,278	0.0030	219,492
3.	2	High Quality	25,955,231	XXX	XXX	25,955,231	0.0019	49,315	0.0058	150,540	0.0090	233,597
4.	3	Medium Quality	2,784,279	XXX	XXX	2,784,279	0.0093	25,894	0.0230	64,038	0.0340	94,665
5.	4	Low Quality	423,916	XXX	XXX	423,916	0.0213	9,029	0.0530	22,468	0.0750	31,794
6.	5	Lower Quality	288,501	XXX	XXX	288,501	0.0432	12,463	0.1100	31,735	0.1700	49,045
7.		In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Long-Term Bonds (Sum of Lines 1 through 8)	103,797,642	XXX	XXX	103,797,642	XXX	125,967	XXX	437,059	XXX	628,594
PREFERRED STOCK												
10.	1	Highest Quality	1,581,264	XXX	XXX	1,581,264	0.0004	633	0.0023	3,637	0.0030	4,744
11.	2	High Quality	378,865	XXX	XXX	378,865	0.0019	720	0.0058	2,197	0.0090	3,410
12.	3	Medium Quality	787,078	XXX	XXX	787,078	0.0093	7,320	0.0230	18,103	0.0340	26,761
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.		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)	2,747,207	XXX	XXX	2,747,207	XXX	8,672	XXX	23,937	XXX	34,914
SHORT - TERM BONDS												
18.		Exempt Obligations	1,487,902	XXX	XXX	1,487,902	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.		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)	1,487,902	XXX	XXX	1,487,902	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.		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)	108,032,751	XXX	XXX	108,032,751	XXX	134,639	XXX	460,996	XXX	663,508

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company

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

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
1.	COMMON STOCK	Unaffiliated - Public	5,805,044	XXX	XXX	5,805,044	0.0000	0	0.2000 (a)	1,161,009	0.2000 (a)	1,161,009
2.		Unaffiliated - Private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
3.		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4.		Affiliated - Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
5.		Affiliated - Investment Subsidiary:				0	XXX		XXX		XXX	
6.		Fixed Income - Exempt Obligations				0	XXX		XXX		XXX	
7.		Fixed Income - Highest Quality				0	XXX		XXX		XXX	
8.		Fixed Income - High Quality				0	XXX		XXX		XXX	
9.		Fixed Income - Medium Quality				0	XXX		XXX		XXX	
10.		Fixed Income - Low Quality				0	XXX		XXX		XXX	
11.		Fixed Income - Lower Quality				0	XXX		XXX		XXX	
12.		Fixed Income - In/Near Default				0	XXX		XXX		XXX	
13.		Unaffiliated Common Stock - Public	0	0	0	0	0.0000	0	0.2000 (a)	0	0.2000 (a)	0
14.		Unaffiliated Common Stock - Private				0	0.0000	0	0.1600	0	0.1600	0
15.		Real Estate				0	(b)	0	(b)	0	(b)	0
16.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
17.		Affiliated - All Other	3,069,924	XXX	XXX	3,069,924	0.0000	0	0.1600	491,188	0.1600	491,188
	Total Common Stock (Sum of Lines 1 through 16)		8,874,969	0	0	8,874,969	XXX	0	XXX	1,652,197	XXX	1,652,197
18.	REAL ESTATE	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
22.	OTHER INVESTED ASSETS INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS	Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23.		Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
24.		High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
25.		Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
26.		Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
27.		Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
28.		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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
31.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
32.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
33.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
34.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
35.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
36.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37.		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
33		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	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
		Total Affiliated (Sum of Lines 38 through 55)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
	57.	Unaffiliated - In Good Standing With Covenants			XXX	0	(c)	0	(c)	0	(c)	0
	58.	Unaffiliated - In Good Standing Defeased With Government Securities			XXX	0	0.0010	0	0.0050	0	0.0065	0
	59.	Unaffiliated - In Good Standing Primarily Senior			XXX	0	0.0035	0	0.0100	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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
65.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK	0	XXX	XXX	0	0.0000	0	0.2000 (a)	0	0.2000 (a)	0
66.		Unaffiliated Public		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
67.		Unaffiliated Private		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
68.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
69.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
70.		Affiliated Other - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
		Total with Common Stock Characteristics (Sum of Lines 65 through 69)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
71.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE	0									
72.		Home Office Property (General Account only)				0	0.0000	0	0.0750	0	0.0750	0
73.		Investment Properties				0	0.0000	0	0.0750	0	0.0750	0
74.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	0	0	0	0	XXX	0	XXX	0	XXX	0
75.		LOW INCOME HOUSING TAX CREDIT INVESTMENTS	0									
76.		Guaranteed Federal Low Income Housing Tax Credit				0	0.0003	0	0.0006	0	0.0010	0
77.		Non-guaranteed Federal Low Income Housing Tax Credit				0	0.0063	0	0.0120	0	0.0190	0
78.		Guaranteed State Low Income Housing Tax Credit				0	0.0003	0	0.0006	0	0.0010	0
79.		Non-guaranteed State Low Income Housing Tax Credit				0	0.0063	0	0.0120	0	0.0190	0
80.		All Other Low Income Housing Tax Credit				0	0.0273	0	0.0600	0	0.0975	0
		Total LIHTC (Sum of Lines 75 through 79)	0	0	0	0	XXX	0	XXX	0	XXX	0
81.		ALL OTHER INVESTMENTS	0	XXX		0	0.0000	0	0.0037	0	0.0037	0
82.		NAIC 1 Working Capital Finance Investments		XXX		0	0.0000	0	0.0120	0	0.0120	0
83.		NAIC 2 Working Capital Finance Investments		XXX		0	0.0000	0	0.1300	0	0.1300	0
84.		Other Invested Assets - Schedule BA		XXX		0	0.0000	0	0.1300	0	0.1300	0
85.		Other Short-Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1300	0	0.1300	0
		Total All Other (Sum of Lines 81, 82, 83 and 84)	0	XXX	0	0	XXX	0	XXX	0	XXX	0
		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)	0	0	0	0	XXX	0	XXX	0	XXX	0

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company

ASSET VALUATION RESERVE (Continued)

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE F

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

1 Contract Numbers	2 Claim Numbers	3 State of Residence of Claimant	4 Year of Claim for Death or Disability	5 Amount Claimed	6 Amount Paid During the Year	7 Amount Resisted Dec. 31 of Current Year	8 Why Compromised or Resisted
GA07005121	16-10670	GA	2016	3,790	2,253	0	Application Error
IN07010871	16-10875	IN	2016	8,599	333	0	Application Error
IN07011029	16-11118	IN	2016	3,296	168	0	Application Error
KY07005974	16-11355	KY	2016	2,408	1,049	0	Application Error
KY07006126	16-10083	KY	2015	5,897	4,037	0	Application Error
KY07006155	16-12495	KY	2016	10,813	8,178	0	Application Error
KY07006263	16-11062	KY	2016	1,193	817	0	Application Error
KY07006541	16-10295	KY	2015	7,710	1,606	0	Application Error
KY07007000	16-11354	KY	2016	1,332	156	0	Application Error
KY07007172	16-12395	KY	2016	1,695	299	0	Application Error
KY07007382	16-12405	KY	2016	4,258	124	0	Application Error
KY07007400	16-12057	KY	2016	3,766	768	0	Application Error
KY07007770	16-12712	KY	2015	16,222	3,120	0	Application Error
OH07011739	16-12121	OH	2016	2,796	.47	0	Application Error
GA07006487		GA	2016	2,335	0	2,335	Waiting on Medical Records
GA07007698		GA	2016	9,124	0	9,124	Waiting on Medical Records
IN07010198		IN	2016	5,000	0	5,000	Waiting on Medical Records
OH07008426		OH	2016	4,404	0	4,404	Waiting on Medical Records
OH07008447		OH	2016	2,735	0	2,735	Waiting on Medical Records
OH07009316		OH	2016	7,772	0	7,772	Waiting on Medical Records
OH07009537		OH	2016	989	0	.989	Waiting on Medical Records
OH07009833		OH	2016	2,788	0	2,788	Waiting on Medical Records
0199999. Death Claims - Ordinary				108,923	22,953	35,147	XXX
0599999. Death Claims - Disposed Of				108,923	22,953	35,147	XXX
1099999. Additional Accidental Death Benefits Claims - Disposed Of				0	0	0	XXX
1599999. Disability Benefits Claims - Disposed Of				0	0	0	XXX
2099999. Matured Endowments Claims - Disposed Of				0	0	0	XXX
2599999. Annuities with Life Contingency Claims - Disposed Of				0	0	0	XXX
2699999. Claims Disposed of During Current Year				108,923	22,953	35,147	XXX
3199999. Death Claims - Resisted				0	0	0	XXX
3699999. Additional Accidental Death Benefits Claims - Resisted				0	0	0	XXX
4199999. Disability Benefits Claims - Resisted				0	0	0	XXX
4699999. Matured Endowments Claims - Resisted				0	0	0	XXX
5199999. Annuities with Life Contingencies Claims - Resisted				0	0	0	XXX
5299999. Claims Resisted During Current Year				0	0	0	XXX
5399999 - Totals				108,923	22,953	35,147	XXX

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts											
									5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %		
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																				
1. Premiums written	49,739	XXX			XXX			XXX			XXX		XXX		XXX		XXX	49,739	XXX	
2. Premiums earned	52,638	XXX			XXX			XXX			XXX		XXX		XXX		XXX	52,638	XXX	
3. Incurred claims	33,593	63.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	33,593	63.8	
4. Cost containment expenses	0	0.0			0	0.0		0			0	0.0	0	0.0	0	0.0	0	0.0	0.0	
5. Incurred claims and cost containment expenses (Lines 3 and 4)	33,593	63.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	33,593	63.8	
6. Increase in contract reserves	(976)	(1.9)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	(976)	(1.9)	
7. Commissions (a)	7,461	14.2			0	0.0		0			0	0.0	0	0.0	0	0.0	0	0.0	7,461	14.2
8. Other general insurance expenses	3,732	7.1			0	0.0		0			0	0.0	0	0.0	0	0.0	0	0.0	3,732	7.1
9. Taxes, licenses and fees	289	0.5			0	0.0		0			0	0.0	0	0.0	0	0.0	0	0.0	289	0.5
10. Total other expenses incurred	11,482	21.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	11,482	21.8	
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	0.0	
12. Gain from underwriting before dividends or refunds	8,539	16.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	8,539	16.2	
13. Dividends or refunds	0	0.0			0	0.0		0			0	0.0	0	0.0	0	0.0	0	0.0	0.0	
14. Gain from underwriting after dividends or refunds	8,539	16.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	8,539	16.2	
DETAILS OF WRITE-INS																				
1101.																				
1102.																				
1103.																				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0		
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0		

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	0								
2. Advance premiums	380								380
3. Reserve for rate credits	0								
4. Total premium reserves, current year	380	0	0	0	0	0	0	0	380
5. Total premium reserves, prior year	3,280	0	0	0	0	0	0	0	3,280
6. Increase in total premium reserves	(2,900)	0	0	0	0	0	0	0	(2,900)
B. Contract Reserves:									
1. Additional reserves (a)	0								
2. Reserve for future contingent benefits	10,650								10,650
3. Total contract reserves, current year	10,650	0	0	0	0	0	0	0	10,650
4. Total contract reserves, prior year.	11,626	0	0	0	0	0	0	0	11,626
5. Increase in contract reserves	(976)	0	0	0	0	0	0	0	(976)
C. Claim Reserves and Liabilities:									
1. Total current year	7,397	0	0	0	0	0	0	0	7,397
2. Total prior year	9,733	0	0	0	0	0	0	0	9,733
3. Increase	(2,336)	0	0	0	0	0	0	0	(2,336)

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	8,982								8,982
1.2 On claims incurred during current year	26,947								26,947
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	0								
2.2 On claims incurred during current year	7,397								7,397
3. Test:									
3.1 Lines 1.1 and 2.1	8,982	0	0	0	0	0	0	0	8,982
3.2 Claim reserves and liabilities, December 31, prior year	9,733	0	0	0	0	0	0	0	9,733
3.3 Line 3.1 minus Line 3.2	(751)	0	0	0	0	0	0	0	(751)

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

NONE

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims			33,593	33,593
2. Beginning Claim Reserves and Liabilities			9,733	9,733
3. Ending Claim Reserves and Liabilities			7,397	7,397
4. Claims Paid	0	0	35,929	35,929
B. Assumed Reinsurance:				
5. Incurred Claims.....			0	0
6. Beginning Claim Reserves and Liabilities			0	0
7. Ending Claim Reserves and Liabilities			0	0
8. Claims Paid	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred Claims.....			0	0
10. Beginning Claim Reserves and Liabilities			0	0
11. Ending Claim Reserves and Liabilities			0	0
12. Claims Paid	0	0	0	0
D. Net:				
13. Incurred Claims.....	0	0	33,593	33,593
14. Beginning Claim Reserves and Liabilities	0	0	9,733	9,733
15. Ending Claim Reserves and Liabilities	0	0	7,397	7,397
16. Claims Paid	0	0	35,929	35,929
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses			33,593	33,593
18. Beginning Reserves and Liabilities			9,733	9,733
19. Ending Reserves and Liabilities			7,397	7,397
20. Paid Claims and Cost Containment Expenses	0	0	35,929	35,929

Schedule S - Part 1 - Section 1

N O N E

Schedule S - Part 1 - Section 2

N O N E

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
82627 .. 06-0839705 .. 03/01/1981 .. Swiss Re				NJ	5,492	0
0899999. Life and Annuity - U.S. Non-Affiliates					5,492	0
1099999. Total Life and Annuity - Non-Affiliates					5,492	0
1199999. Total Life and Annuity					5,492	0
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
2199999. Total Accident and Health - Non-Affiliates					0	0
2299999. Total Accident and Health					0	0
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					5,492	0
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
99999999 Totals - Life, Annuity and Accident and Health					5,492	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance			
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year					
0399999.	Total General Account - Authorized U.S. Affiliates						0	0	0	0	0	0	0	0			
0699999.	Total General Account - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0			
0799999.	Total General Account - Authorized Affiliates						0	0	0	0	0	0	0	0			
76236	..31-1213778	07/01/1982	Cincinnati Life Insurance Company	OH	YRT/I	IL	128,498	2,744	2,608	4,166							
82627	.06-0839705	03/01/1981	Swiss RE Life	NJ	YRT/I	IL	8,627	604	537	1,414							
82627	.06-0839705	03/01/1981	Swiss RE Life	NJ	ADB/I	IL		15	16	13							
0899999.	General Account - Authorized U.S. Non-Affiliates						137,125	3,363	3,161	5,593	0	0	0	0			
1099999.	Total General Account - Authorized Non-Affiliates						137,125	3,363	3,161	5,593	0	0	0	0			
1199999.	Total General Account Authorized						137,125	3,363	3,161	5,593	0	0	0	0			
1499999.	Total General Account - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0	0			
1799999.	Total General Account - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0			
1899999.	Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0	0			
2199999.	Total General Account - Unauthorized Non-Affiliates						0	0	0	0	0	0	0	0			
2299999.	Total General Account Unauthorized						0	0	0	0	0	0	0	0			
2599999.	Total General Account - Certified U.S. Affiliates						0	0	0	0	0	0	0	0			
2899999.	Total General Account - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0	0			
2999999.	Total General Account - Certified Affiliates						0	0	0	0	0	0	0	0			
3299999.	Total General Account - Certified Non-Affiliates						0	0	0	0	0	0	0	0			
3399999.	Total General Account Certified						0	0	0	0	0	0	0	0			
3499999.	Total General Account Authorized, Unauthorized and Certified						137,125	3,363	3,161	5,593	0	0	0	0			
3799999.	Total Separate Accounts - Authorized U.S. Affiliates						0	0	0	0	0	0	0	0			
4099999.	Total Separate Accounts - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0			
4199999.	Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0	0			
4499999.	Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0	0			
4599999.	Total Separate Accounts Authorized						0	0	0	0	0	0	0	0			
4899999.	Total Separate Accounts - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0	0			
5199999.	Total Separate Accounts - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0			
5299999.	Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0	0			
5599999.	Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0	0			
5699999.	Total Separate Accounts Unauthorized						0	0	0	0	0	0	0	0			
5999999.	Total Separate Accounts - Certified U.S. Affiliates						0	0	0	0	0	0	0	0			
6299999.	Total Separate Accounts - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0	0			
6399999.	Total Separate Accounts - Certified Affiliates						0	0	0	0	0	0	0	0			
6699999.	Total Separate Accounts - Certified Non-Affiliates						0	0	0	0	0	0	0	0			
6799999.	Total Separate Accounts Certified						0	0	0	0	0	0	0	0			
6899999.	Total Separate Accounts Authorized, Unauthorized and Certified						0	0	0	0	0	0	0	0			
6999999.	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)						137,125	3,363	3,161	5,593	0	0	0	0			
7099999.	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)						0	0	0	0	0	0	0	0			
9999999.	Totals						137,125	3,363	3,161	5,593	0	0	0	0			

Schedule S - Part 3 - Section 2

N O N E

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6Five 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	6	4	6	5	5
2. Commissions and reinsurance expense allowances	0	0	0	0	0
3. Contract claims	0	5	0	0	0
4. Surrender benefits and withdrawals for life contracts					
5. Dividends to policyholders					
6. Reserve adjustments on reinsurance ceded	0	0	0	0	0
7. Increase in aggregate reserve for life and accident and health contracts					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	0	0	0	0	0
9. Aggregate reserves for life and accident and health contracts	3	3	3	3	3
10. Liability for deposit-type contracts					
11. Contract claims unpaid	0	0	0	0	0
12. Amounts recoverable on reinsurance	5	0	0	0	0
13. Experience rating refunds due or unpaid					0
14. Policyholders' dividends (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset	0	0	0	0	0
17. Offset for reinsurance with Certified Reinsurers					0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust				0	0
23. Funds deposited by and withheld from (F)				0	0
24. Letters of credit (L)				0	0
25. Trust agreements (T)				0	0
26. Other (O)				0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company

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)	117,764,780		117,764,780
2. Reinsurance (Line 16)	5,492	-(5,492)	0
3. Premiums and considerations (Line 15)	1,083,006	0	1,083,006
4. Net credit for ceded reinsurance	XXX	8,855	8,855
5. All other admitted assets (balance)	4,208,259		4,208,259
6. Total assets excluding Separate Accounts (Line 26)	123,061,537	3,363	123,064,900
7. Separate Account assets (Line 27)	0		0
8. Total assets (Line 28)	123,061,537	3,363	123,064,900
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	111,373,816	3,363	111,377,179
10. Liability for deposit-type contracts (Line 3)	215,491		215,491
11. Claim reserves (Line 4)	425,651	0	425,651
12. Policyholder dividends/reserves (Lines 5 through 7)	3,430		3,430
13. Premium & annuity considerations received in advance (Line 8)	472,485		472,485
14. Other contract liabilities (Line 9)	949,922		949,922
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)	0		0
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)	0		0
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)			0
19. All other liabilities (balance)	1,550,205		1,550,205
20. Total liabilities excluding Separate Accounts (Line 26)	114,991,000	3,363	114,994,363
21. Separate Account liabilities (Line 27)			0
22. Total liabilities (Line 28)	114,991,000	3,363	114,994,363
23. Capital & surplus (Line 38)	8,070,537	XXX	8,070,537
24. Total liabilities, capital & surplus (Line 39)	123,061,537	3,363	123,064,900
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	3,363		
26. Claim reserves	0		
27. Policyholder dividends/reserves	0		
28. Premium & annuity considerations received in advance	0		
29. Liability for deposit-type contracts	0		
30. Other contract liabilities	0		
31. Reinsurance ceded assets	5,492		
32. Other ceded reinsurance recoverables	0		
33. Total ceded reinsurance recoverables	8,855		
34. Premiums and considerations	0		
35. Reinsurance in unauthorized companies	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers	0		
37. Reinsurance with Certified Reinsurers	0		
38. Funds held under reinsurance treaties with Certified Reinsurers	0		
39. Other ceded reinsurance payables/offsets	0		
40. Total ceded reinsurance payable/offsets	0		
41. Total net credit for ceded reinsurance	8,855		

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

Allocated by States and Territories

States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	Direct Business Only			
			3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama.....	AL	.0	.0		0	0
2. Alaska.....	AK	.0	.0		0	0
3. Arizona.....	AZ	.0	.0		0	0
4. Arkansas.....	AR	.0	.0		0	0
5. California.....	CA	.0	.0		0	0
6. Colorado.....	CO	0	.0		0	0
7. Connecticut.....	CT	.0	.0		0	0
8. Delaware.....	DE	.0	.0		0	0
9. District of Columbia.....	DC	.0	.0		0	0
10. Florida.....	FL	0	.0		0	0
11. Georgia.....	GA	9,425,067	85,496		0	9,510,563
12. Hawaii.....	HI	.0	.0		0	0
13. Idaho.....	ID	.0	.0		0	0
14. Illinois.....	IL	0	.0		0	0
15. Indiana.....	IN	11,653,379	10,598		0	11,663,977
16. Iowa.....	IA	.0	.0		0	0
17. Kansas.....	KS	.0	.0		0	0
18. Kentucky.....	KY	5,402,257	4,227		0	5,406,484
19. Louisiana.....	LA	.0	.0		0	0
20. Maine.....	ME	.0	.0		0	0
21. Maryland.....	MD	.0	.0		0	0
22. Massachusetts.....	MA	.0	.0		0	0
23. Michigan.....	MI	.0	.0		0	0
24. Minnesota.....	MN	.0	.0		0	0
25. Mississippi.....	MS	261,866	.0		0	261,866
26. Missouri.....	MO	0	.0		0	0
27. Montana.....	MT	.0	.0		0	0
28. Nebraska.....	NE	.0	.0		0	0
29. Nevada.....	NV	.0	.0		0	0
30. New Hampshire.....	NH	.0	.0		0	0
31. New Jersey.....	NJ	.0	.0		0	0
32. New Mexico.....	NM	.0	.0		0	0
33. New York.....	NY	.0	.0		0	0
34. North Carolina.....	NC	.0	.0		0	0
35. North Dakota.....	ND	.0	.0		0	0
36. Ohio.....	OH	9,219,945	.0		0	9,219,945
37. Oklahoma.....	OK	.0	.0		0	0
38. Oregon.....	OR	.0	.0		0	0
39. Pennsylvania.....	PA	.0	.0		0	0
40. Rhode Island.....	RI	.0	.0		0	0
41. South Carolina.....	SC	.0	.0		0	0
42. South Dakota.....	SD	.0	.0		0	0
43. Tennessee.....	TN	403,913	.0		0	403,913
44. Texas.....	TX	.0	.0		0	0
45. Utah.....	UT	.0	.0		0	0
46. Vermont.....	VT	.0	.0		0	0
47. Virginia.....	VA	.0	.0		0	0
48. Washington.....	WA	.0	.0		0	0
49. West Virginia.....	WV	.0	.0		0	0
50. Wisconsin.....	WI	.0	.0		0	0
51. Wyoming.....	WY	.0	.0		0	0
52. American Samoa.....	AS	.0	.0		0	0
53. Guam.....	GU	.0	.0		0	0
54. Puerto Rico.....	PR	.0	.0		0	0
55. U.S. Virgin Islands.....	VI	.0	.0		0	0
56. Northern Mariana Islands.....	MP	.0	.0		0	0
57. Canada.....	CAN	.0	.0		0	0
58. Aggregate Other Alien.....	OT	.0	.0		0	0
59. Total.....		36,366,427	100,321	0	0	36,466,748

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

NON

NINE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE Y

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Responses

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? YES

2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? YES

3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? YES

4. Will an actuarial opinion be filed by March 1? YES

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1? YES

6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? YES

7. Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1? YES

8. Will the Supplemental Investment Risks Interrogatories be filed by April 1? YES

JUNE FILING

9. Will an audited financial report be filed by June 1? YES

10. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? YES

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

AUGUST FILING

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

MARCH FILING

12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? NO

13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? YES

14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? NO

15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? YES

16. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? YES

17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1? NO

18. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1? NO

19. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1? NO

20. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? NO

21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? NO

22. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1? NO

23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? NO

24. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? NO

25. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1? NO

26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1? NO

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
34.	Will the Worker's Compensation Carve-Out Supplement be filed by March 1?	.....	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	.....	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....	NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	.....	NO
40.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5) be filed with the state of domicile by March 15?	.....	YES

APRIL FILING

41.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
42.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	YES
43.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
44.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
45.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
46.	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	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?	NO
48.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
49.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
50.	Will the Supplemental XXX/AXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO

AUGUST FILING

51. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? NO

Explanations:

12. N/A
14. N/A
17. N/A
18. N/A
19. N/A
20. N/A
21. N/A
22. N/A
23. N/A
24. N/A
25. N/A
26. N/A
27. N/A
28. N/A
29. N/A
30. N/A
31. N/A
32. N/A
33. N/A
34. N/A
36. N/A
37. N/A
38. N/A
39. N/A
43. N/A
47. N/A
48. N/A
49. N/A
50. N/A
51. N/A

Bar Codes:

12. SIS Stockholder Information Supplement [Document Identifier 420]



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]

23. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]

24. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]

25. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]

26. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]

27. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]

28. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]

29. Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII [Document Identifier 436]

30. Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII [Document Identifier 437]

31. Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII [Document Identifier 438]

32. Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII [Document Identifier 439]

33. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]

34. Workers' Compensation Carve-Out Supplement [Document Identifier 495]

36. Medicare Part D Coverage Supplement [Document Identifier 365]

37. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]

38. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

39. Relief from the Requirements for Audit Committees [Document Identifier 226]

43. Credit Insurance Experience Exhibit [Document Identifier 230]

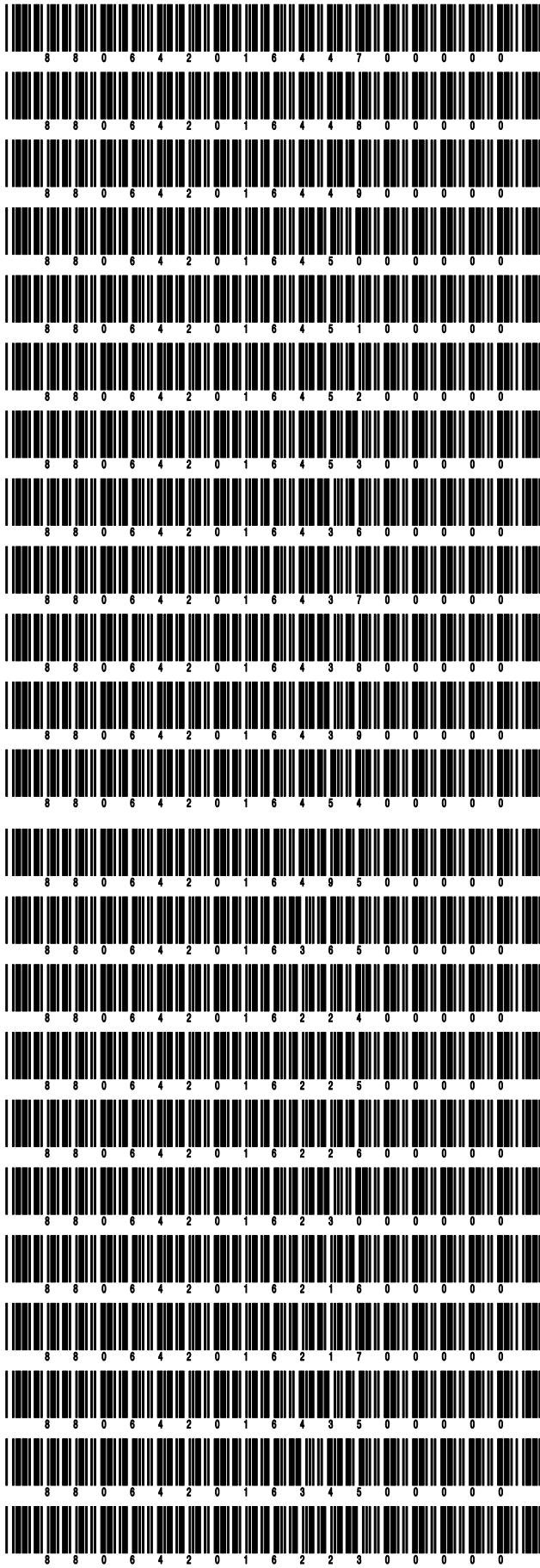
47. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]

48. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]

49. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]

50. Supplemental XXX/AXXX Reinsurance Exhibit [Document Identifier 345]

51. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company
OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF Ohio.....

NAIC Group Code 0838

NAIC Company Code 88064

ADDRESS (City, State and Zip Code) Cincinnati , OH 45202

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014; 2015; 2016					
										11	Incurred Claims		14	15	Incurred Claims		18		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16	17	Percent of Premiums Earned	Number of Covered Lives
YES	AP355BAUC	B	NO	003000	10/01/1996	12/31/2004	12/31/2004	12/31/2004	Medicare Supplement	52,218	33,593	64.3	18				0.0		
0199999. Total Experience on Individual Policies										52,218	33,593	64.3	18	0	0	0	0.0	0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: ,
 - 2.2 Contact Person and Phone Number: ,
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: ,
 - 3.2 Contact Person and Phone Number: ,
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE O SUPPLEMENT

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

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

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2012	2 2013	3 2014	4 2015	5 2016(a)
1. Prior	.0	.0	.0	.0	
2. 2012	0				
3. 2013	XXX				
4. 2014	XXX	XXX			
5. 2015	XXX	XXX	XXX		9
6. 2016	XXX	XXX	XXX	XXX	27

Section B - Other Accident and Health

1. Prior	(2)	(2)	(95)	(95)	(95)
2. 2012	60	.58	.58	.58	.58
3. 2013	XXX	.60	.71	.71	.71
4. 2014	XXX	XXX	43	51	.51
5. 2015	XXX	XXX	XXX	.26	.25
6. 2016	XXX	XXX	XXX	XXX	34

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

(a) See the Annual Audited Financial Reports section of the Annual Statement for details.

Supplement Schedule O - Part 2 Section A

N O N E

Supplement Schedule O - Part 2 Section B

N O N E

Supplement Schedule O - Part 2 Section C

N O N E

Supplement Schedule O - Part 2 Section D

N O N E

Supplement Schedule O - Part 2 Section E

N O N E

Supplement Schedule O - Part 2 Section F

N O N E

Supplement Schedule O - Part 2 Section G

N O N E

SUPPLEMENT FOR THE YEAR 2016 OF THE Cincinnati Equitable Life Insurance Company
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
 (\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. 2012				XXX	XXX
2. 2013	XXX				XXX
3. 2014	XXX	XX			
4. 2015	XXX	XXX	XXX		
5. 2016	XXX	XXX	XXX	XXX	XXX

Section B - Other Accident and Health

1. 2012	60	58	58	XXX	XXX
2. 2013	XXX	60	59	59	XXX
3. 2014	XXX	XXX	56	51	51
4. 2015	XXX	XXX	XXX	36	35
5. 2016	XXX	XXX	XXX	XXX	34

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

NONE

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2012	2 2013	3 2014	4 2015	5 2016
1. 2012					
2. 2013	XXX				
3. 2014	XXX	XXX			
4. 2015	XXX	XXX	XXX		
5. 2016	XXX	XXX	XXX	XXX	XXX

Section B - Other Accident and Health

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

Section C - Group Accident and Health

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

Section D - Other Accident and Health

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

Section E - Other Accident and Health

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

Section F - Other Accident and Health

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

Section G - Other Accident and Health

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

Section H - Other Accident and Health

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

Section I - Other Accident and Health

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

Section J - Other Accident and Health

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

Section K - Other Accident and Health

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

Section L - Other Accident and Health

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

Section M - Other Accident and Health

1. 2012					
2. 2013	XXX				
3. 2014	XXX	XXX			
4. 2015	XXX	XXX	XXX		
5. 2016	XXX	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	11
2. Ordinary Life		
3. Individual Annuity		
4. Supplementary Contracts		
5. Credit Life		
6. Group Life		
7. Group Annuities		
8. Group Accident and Health		
9. Credit Accident and Health		
10. Other Accident and Health	Developed	415
11. Total		426

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