



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alabama

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		5,244,788			299	5,245,088
2. Annuity considerations		44,819				44,819
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		5,289,608			299	5,289,907
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		3,992,795				3,992,795
10. Matured endowments		700,772				700,772
11. Annuity benefits		189,549			482	190,031
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		4,883,116			482	4,883,598
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year .....	.48	3,992,795							.48	3,992,795
Settled during current year:										
18.1 By payment in full .....	.48	3,992,795							.48	3,992,795
18.2 By payment on compromised claims										
18.3 Totals paid .....	.48	3,992,795							.48	3,992,795
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.48	3,992,795							.48	3,992,795
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	7,213	1,699,047,515	(a)			.53	71,001	7,266	1,699,118,515	
21. Issued during year	752	160,278,740						752	160,278,740	
22. Other changes to in force (Net)	(486)	(91,171,012)				3	(908)	(483)	(91,171,919)	
23. In force December 31 of current year	7,479	1,768,155,243	(a)			56	70,093	7,535	1,768,225,336	

(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)	72	102			16
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	76,981	77,813		16,436	14,661
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	10	11			8
25.5 All other (b)	613	738		916	1,062
25.6 Totals (sum of Lines 25.1 to 25.5)	77,604	78,563		17,352	15,731
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	77,676	78,665		17,352	15,747

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alaska

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	56,898				56,898
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	56,898				56,898
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

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										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year	70	25,203,755	(a)	No. of Policies				70	25,203,755	
21. Issued during year	12	4,925,000								
22. Other changes to in force (Net)	(5)	(3,650,667)						(5)	(3,650,667)	
23. In force December 31 of current year	77	26,478,088	(a)					77	26,478,088	

(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 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arizona

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,904,785			30	2,904,815
2. Annuity considerations	88,039				88,039
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	2,992,824			30	2,992,854
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,605,410				1,605,410
10. Matured endowments					352,567
11. Annuity benefits	352,567				352,567
12. Surrender values and withdrawals for life contracts	121,105			236	121,341
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	2,079,082			236	2,079,318
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

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										
17. Incurred during current year	10	1,605,410							10	1,605,410
Settled during current year:										
18.1 By payment in full	10	1,605,410							10	1,605,410
18.2 By payment on compromised claims										
18.3 Totals paid	10	1,605,410							10	1,605,410
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	10	1,605,410							10	1,605,410
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year	2,579	965,717,809	(a)			18	14,000	2,597	965,731,809	
21. Issued during year	275	104,069,028						275	104,069,028	
22. Other changes to in force (Net)	(101)	(29,946,032)				8	6,000	(93)	(29,940,032)	
23. In force December 31 of current year	2,753	1,039,840,805	(a)			26	20,000	2,779	1,039,860,805	

(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)	23,333	24,236			1,596
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	6	8			8
25.5 All other (b)	820	1,121		196	204
25.6 Totals (sum of Lines 25.1 to 25.5)	24,159	25,365		196	1,808
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	24,159	25,365		196	1,808

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arkansas

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	3,075,028				79	3,075,107
2. Annuity considerations	241,260					241,260
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	3,316,288				79	3,316,367
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	713,263					.713,263
10. Matured endowments						
11. Annuity benefits .....	.680,835					.680,835
12. Surrender values and withdrawals for life contracts	104,949				203	105,153
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	1,499,048				203	1,499,251
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year	6	713,263							6	.713,263
Settled during current year:										
18.1 By payment in full	6	713,263							6	.713,263
18.2 By payment on compromised claims										
18.3 Totals paid	6	713,263							6	.713,263
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	6	713,263							6	.713,263
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,798	.989,010,167	(a)		1	20,570,825	6	7,000	2,805	1,009,587,992
21. Issued during year	239	.97,848,464							239	.97,848,464
22. Other changes to in force (Net)	(170)	-(36,462,172)				.57,056	5	3,593	(165)	(36,401,524)
23. In force December 31 of current year	2,867	1,050,396,459	(a)		1	20,627,881	11	10,593	2,879	1,071,034,933

(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)	68	.79			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	6,177	.6,296			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	40	.53			
25.6 Totals (sum of Lines 25.1 to 25.5)	6,218	.6,349			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,285	.6,427			

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF California

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		7,032,108			712	7,032,820
2. Annuity considerations		248,958				248,958
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		7,281,065			712	7,281,777
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		6,676,270			6,540	6,682,810
10. Matured endowments					1,960	1,960
11. Annuity benefits		671,274				671,274
12. Surrender values and withdrawals for life contracts		261,484			8,752	270,235
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		7,609,028			17,252	7,626,279
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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											
17. Incurred during current year .....	.31	6,676,270					.10	8,500	.41	6,684,770
Settled during current year:											
18.1 By payment in full .....	.31	6,676,270					.10	8,500	.41	6,684,770
18.2 By payment on compromised claims											
18.3 Totals paid .....	.31	6,676,270					.10	8,500	.41	6,684,770
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 Total settlements .....	.31	6,676,270					.10	8,500	.41	6,684,770
19. Unpaid Dec. 31, current year (16+17-18.6)											
POLICY EXHIBIT					No. of Policies						
20. In force December 31, prior year	10,706	2,243,254,537		(a)				281	264,841	10,987	2,243,519,378
21. Issued during year	669	203,532,481								669	203,532,481
22. Other changes to in force (Net)	(678)	(96,490,093)						43	42,985	(635)	(96,447,108)
23. In force December 31 of current year	10,697	2,350,296,925		(a)				324	307,826	11,021	2,350,604,751

(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)	13,188	14,938		16,594	(32,528)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	114	148			16
25.5 All other (b)	42	53			16
25.6 Totals (sum of Lines 25.1 to 25.5)	13,344	15,139		16,594	(32,497)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,344	15,139		16,594	(32,497)

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Colorado

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		2,381,582				2,381,582
2. Annuity considerations		5,972				5,972
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		2,387,554				2,387,554
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		75,874				75,874
10. Matured endowments		53,296				53,296
11. Annuity benefits		156,466				156,466
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		285,636				285,636
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year	5	75,874							5	75,874
Settled during current year:										
18.1 By payment in full	5	75,874							5	75,874
18.2 By payment on compromised claims										
18.3 Totals paid	5	75,874							5	75,874
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	5	75,874							5	75,874
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,114	790,706,454	(a)			6		9,000	2,120	790,715,454
21. Issued during year	231	107,956,678							231	107,956,678
22. Other changes to in force (Net)	(61)	(18,097,731)				11		11,500	(50)	(18,086,231)
23. In force December 31 of current year	2,284	880,565,400	(a)			17		20,500	2,301	880,585,900

(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)	11,823	11,871			98,792
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)	11,823	11,871			98,792
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,823	11,871			98,792

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Connecticut

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		876,942				876,942
2. Annuity considerations		19,780				19,780
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		896,722				896,722
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		10,000				10,000
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts		21,652				21,652
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		31,652				31,652
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year	1	10,000							1	10,000
Settled during current year:										
18.1 By payment in full	1	10,000							1	10,000
18.2 By payment on compromised claims										
18.3 Totals paid	1	10,000							1	10,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	10,000							1	10,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	808	234,833,125		(a)				1	593	809
21. Issued during year	210	93,094,247							210	93,094,247
22. Other changes to in force (Net)	(45)	(20,762,198)						2	2,093	(43)
23. In force December 31 of current year	973	307,165,174		(a)				3	2,686	976
(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)	2,605	2,630			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	270	277			
25.5 All other (b)	57	103			
25.6 Totals (sum of Lines 25.1 to 25.5)	2,932	3,011			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,932	3,011			

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Delaware

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		470,291				470,291
2. Annuity considerations		37,569				37,569
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		507,860				507,860
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		20,000				20,000
10. Matured endowments						223,547
11. Annuity benefits		223,547				
12. Surrender values and withdrawals for life contracts		6,109				6,109
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		249,655				249,655
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year	2	20,000							2	20,000
Settled during current year:										
18.1 By payment in full	2	20,000							2	20,000
18.2 By payment on compromised claims										
18.3 Totals paid	2	20,000							2	20,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	20,000							2	20,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year	510	183,401,168	(a)			4		2,185	514	183,403,353
21. Issued during year	26	11,990,003							26	11,990,003
22. Other changes to in force (Net)	(6)	(6,405,908)				2		3,500	(4)	(6,402,408)
23. In force December 31 of current year	530	188,985,263	(a)			6		5,685	536	188,990,948

(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)	2,091		2,111		
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)	2,091		2,111		
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,091		2,111		

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF District of Columbia

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		147,423			1,897	149,319
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		147,423			1,897	149,319
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		8,000			7,000	15,000
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts		6,045			342	6,387
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		14,045			7,342	21,387
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year	2	8,000					7	7,000	9	15,000
Settled during current year:										
18.1 By payment in full	2	8,000					7	7,000	9	15,000
18.2 By payment on compromised claims										
18.3 Totals paid	2	8,000					7	7,000	9	15,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	8,000					7	7,000	9	15,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	164	58,069,933	(a)				277	311,060	441	58,380,993
21. Issued during year	60	5,295,000							60	5,295,000
22. Other changes to in force (Net)	(32)	(40,220)					7	6,000	(25)	(34,220)
23. In force December 31 of current year	192	63,324,713	(a)				284	317,060	476	63,641,773

(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)	3,789	3,834			357
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)	3,789	3,834			357
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,789	3,834			357

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Florida

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	7,360,441			356	7,360,798
2. Annuity considerations	649,240				649,240
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	8,009,682			356	8,010,038
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,306,950			1,000	3,307,950
10. Matured endowments	1,862,101				1,862,101
11. Annuity benefits	567,998			3,429	571,427
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	5,737,049			4,429	5,741,478
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	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										
17. Incurred during current year .....	.67	3,306,950					1	1,000	.68	3,307,950
Settled during current year:										
18.1 By payment in full .....	.67	3,306,950					1	1,000	.68	3,307,950
18.2 By payment on compromised claims										
18.3 Totals paid .....	.67	3,306,950					1	1,000	.68	3,307,950
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.67	3,306,950					1	1,000	.68	3,307,950
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	9,392	2,189,007,043		(a)			58	61,278	9,450	2,189,068,320
21. Issued during year	427	132,083,496							427	132,083,496
22. Other changes to in force (Net)	(286)	(53,860,882)					31	23,281	(255)	(53,837,602)
23. In force December 31 of current year	9,533	2,267,229,657		(a)			89	84,558	9,622	2,267,314,215

(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)	611	827			71
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					24
25.2 Guaranteed renewable (b)	161,427	163,554		93,962	182,218
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	10	17			8
25.5 All other (b)	804	1,442		374	400
25.6 Totals (sum of Lines 25.1 to 25.5)	162,241	165,012		94,336	182,649
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	162,852	165,839		94,336	182,719

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Georgia

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		14,764,917			633	14,765,549
2. Annuity considerations		96,474				96,474
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		14,861,391			633	14,862,023
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		15,979,432			500	15,979,932
10. Matured endowments		3,000			1,908	4,908
11. Annuity benefits		549,594				549,594
12. Surrender values and withdrawals for life contracts		1,566,977			1,741	1,568,718
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		18,099,003			4,149	18,103,152
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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											
17. Incurred during current year	128	15,982,432					4	2,408	132	15,984,840	
Settled during current year:											
18.1 By payment in full	128	15,982,432					4	2,408	132	15,984,840	
18.2 By payment on compromised claims											
18.3 Totals paid	128	15,982,432					4	2,408	132	15,984,840	
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 Total settlements	128	15,982,432					4	2,408	132	15,984,840	
19. Unpaid Dec. 31, current year (16+17-18.6)											
POLICY EXHIBIT					No. of Policies						
20. In force December 31, prior year	22,519	4,289,209,018		(a)				112	99,165	22,631	4,289,308,183
21. Issued during year	3,755	412,523,276								3,755	412,523,276
22. Other changes to in force (Net)	(1,922)	(237,823,209)					45	43,810	(1,877)	(237,779,399)	
23. In force December 31 of current year	24,352	4,463,909,085		(a)			157	142,975	24,509	4,464,052,060	

(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)		4,819	4,832		37,477
24.1 Federal Employees Health Benefits Plan premium (b)					87,477
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)		45	.56		
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					8
25.2 Guaranteed renewable (b)		327,557	342,029		(14,675)
25.3 Non-renewable for stated reasons only (b)					8
25.4 Other accident only		760	796		
25.5 All other (b)		766	898		24
25.6 Totals (sum of Lines 25.1 to 25.5)		329,083	343,723		449
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		333,947	348,612		73,298

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Hawaii

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	60,312				60,312
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	60,312				60,312
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits	15,000				15,000
12. Surrender values and withdrawals for life contracts	1,383				1,383
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	16,383				16,383
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

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										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year .....	.84	19,352,757	(a)	No. of Policies						
21. Issued during year	5	2,300,000					1	500	.85	19,353,257
22. Other changes to in force (Net)	(.2)	1,137,681					3	4,000	1	1,141,681
23. In force December 31 of current year	87	22,790,438	(a)				4	4,500	91	22,794,938

(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 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Idaho

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,032,871			27	1,032,898
2. Annuity considerations		42,802				42,802
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		1,075,673			27	1,075,700
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		277,381				277,381
10. Matured endowments						
11. Annuity benefits		162,745				162,745
12. Surrender values and withdrawals for life contracts		7,366				7,366
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		447,493				447,493
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year	4	277,381							4	277,381
Settled during current year:										
18.1 By payment in full	4	277,381							4	277,381
18.2 By payment on compromised claims										
18.3 Totals paid	4	277,381							4	277,381
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	277,381							4	277,381
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,090	415,564,002	(a)			1	1,000	1,091	415,565,002	
21. Issued during year	108	61,375,025						108	61,375,025	
22. Other changes to in force (Net)	(49)	(20,036,586)				2	1,500	(47)	(20,035,086)	
23. In force December 31 of current year	1,149	456,902,441	(a)			3	2,500	1,152	456,904,941	

(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)	4,182	4,224			
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)	4,182	4,224			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,182	4,224			

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Illinois

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		17,880,053			243	17,880,296
2. Annuity considerations		2,519,720				2,519,720
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		20,399,773			243	20,400,016
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		11,532,008			2,000	11,534,008
10. Matured endowments						
11. Annuity benefits		7,912,562				7,912,562
12. Surrender values and withdrawals for life contracts		1,935,000			1,372	1,936,372
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		21,379,570			3,372	21,382,942
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year	124	.11,532,008					4	2,000	128	.11,534,008
Settled during current year:										
18.1 By payment in full	124	.11,532,008					4	2,000	128	.11,534,008
18.2 By payment on compromised claims										
18.3 Totals paid	124	.11,532,008					4	2,000	128	.11,534,008
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	124	.11,532,008					4	2,000	128	.11,534,008
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	27,201	.5,803,631,470		(a)		20,000	20	20,093	27,222	.5,803,671,563
21. Issued during year	2,109	.539,682,552							2,109	.539,682,552
22. Other changes to in force (Net)	(1,976)	(314,440,012)					4	3,000	(1,972)	(314,437,012)
23. In force December 31 of current year	27,334	6,028,874,010		(a)		20,000	24	23,093	27,359	6,028,917,103

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)		3,310	3,818		50,000
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)		1,418	2,248		196
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)		435,748	466,558		(55,496)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only		139	150		24
25.5 All other (b)		588	894		268
25.6 Totals (sum of Lines 25.1 to 25.5)		436,474	467,601		112,995
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		441,202	473,666		(5,009)

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Indiana

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

1 DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	18,104,937			1,609 18,106,545
2. Annuity considerations	3,111,345			3,111,345
3. Deposit-type contract funds		XXX		XXX
4. Other considerations				
5. Totals (Sum of Lines 1 to 4)	21,216,282			1,609 21,217,891
DIRECT DIVIDENDS TO POLICYHOLDERS				
Life insurance:				
6.1 Paid in cash or left on deposit				
6.2 Applied to pay renewal premiums				
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period				
6.4 Other				
6.5 Totals (Sum of Lines 6.1 to 6.4)				
Annuities:				
7.1 Paid in cash or left on deposit				
7.2 Applied to provide paid-up annuities				
7.3 Other				
7.4 Totals (Sum of Lines 7.1 to 7.3)				
8. Grand Totals (Lines 6.5 plus 7.4)				
DIRECT CLAIMS AND BENEFITS PAID				
9. Death benefits	8,533,639			9,000 8,542,639
10. Matured endowments			4,554	5,229,369
11. Annuity benefits	5,224,815			
12. Surrender values and withdrawals for life contracts	1,957,142			5,741 1,962,883
13. Aggregate write-ins for miscellaneous direct claims and benefits paid				
14. All other benefits, except accident and health				
15. Totals	15,715,596		4,554	14,741 15,734,892
DETAILS OF WRITE-INS				
1301.				
1302.				
1303.				
1398. Summary of Line 13 from overflow page				
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)				

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										
17. Incurred during current year	158	8,533,639					6	9,000	164	8,542,639
Settled during current year:										
18.1 By payment in full	158	8,533,639					6	9,000	164	8,542,639
18.2 By payment on compromised claims										
18.3 Totals paid	158	8,533,639					6	9,000	164	8,542,639
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	158	8,533,639					6	9,000	164	8,542,639
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year	30,609	5,358,676,049		(a)		10,000	228	290,957	30,837	5,358,977,006
21. Issued during year	3,637	438,297,049							3,637	438,297,049
22. Other changes to in force (Net)	(2,853)	(311,117,236)					13	2,994	(2,840)	(311,114,242)
23. In force December 31 of current year	31,393	5,485,855,862		(a)		10,000	241	293,951	31,634	5,486,159,813

(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)	237,056	248,365			120,630 297,893
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	105	140			8
25.5 All other (b)	278	335			47
25.6 Totals (sum of Lines 25.1 to 25.5)	237,439	248,841			120,630 297,948
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	237,439	248,841			120,630 297,948

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Iowa

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		12,004,019			19	12,004,038
2. Annuity considerations		3,916,482				3,916,482
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		15,920,500			19	15,920,520
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		5,247,296				5,247,296
10. Matured endowments						
11. Annuity benefits		16,469,149				16,469,149
12. Surrender values and withdrawals for life contracts		593,040				593,040
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		22,309,485				22,309,485
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year .....	.39	5,247,296							.39	5,247,296
Settled during current year:										
18.1 By payment in full .....	.39	5,247,296							.39	5,247,296
18.2 By payment on compromised claims										
18.3 Totals paid .....	.39	5,247,296							.39	5,247,296
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.39	5,247,296							.39	5,247,296
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	14,989	3,846,057,532	(a)			5		4,000	14,994	3,846,061,532
21. Issued during year	1,365	390,645,962							1,365	390,645,962
22. Other changes to in force (Net)	(827)	(189,917,519)				2		1,500	(825)	(189,916,019)
23. In force December 31 of current year	15,527	4,046,785,975	(a)			7		5,500	15,534	4,046,791,475

(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)	120,084	123,169			67,360
25.3 Non-renewable for stated reasons only (b)					61,315
25.4 Other accident only	10,169	12,631			6,920
25.5 All other (b)					7,359
25.6 Totals (sum of Lines 25.1 to 25.5)	130,252	135,801			74,280
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	130,252	135,801			68,674

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kansas

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

1 DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	2 Ordinary	3 Credit Life (Group and Individual)	4 Group	5 Industrial	5 Total
1. Life insurance	4,462,427				4,462,427
2. Annuity considerations	83,435				83,435
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	4,545,862				4,545,862
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	412,238				412,238
10. Matured endowments	1,137,948				1,137,948
11. Annuity benefits	587,673				587,673
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	2,137,859				2,137,859
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Ordinary	2 No.	3 Credit Life (Group and Individual)	4 No. of Ind.Pols. & Gr. Certifs.	5 Amount	6 No. of Certifs.	7 Group	8 Amount	9 No.	10 Amount	
	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											
17. Incurred during current year	11	412,238							11	412,238	
Settled during current year:											
18.1 By payment in full	11	412,238							11	412,238	
18.2 By payment on compromised claims											
18.3 Totals paid	11	412,238							11	412,238	
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 Total settlements	11	412,238							11	412,238	
19. Unpaid Dec. 31, current year (16+17-18.6)											
POLICY EXHIBIT											
20. In force December 31, prior year	4,406	1,575,622,886		(a)				1	1,000	4,407	1,575,623,886
21. Issued during year	414	149,931,056							414	149,931,056	
22. Other changes to in force (Net)	(351)	-(96,509,312)							(351)	(96,509,312)	
23. In force December 31 of current year	4,469	1,629,044,630		(a)				1	1,000	4,470	1,629,045,630

(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)	24,710	26,438			1,248
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)	24,710	26,438			1,248
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	24,710	26,438			1,248

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kentucky

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		10,619,667			996	10,620,663
2. Annuity considerations		266,994				266,994
3. Deposit-type contract funds		350,000	XXX		XXX	350,000
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		11,236,661			996	11,237,657
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		5,571,508			5,000	5,576,508
10. Matured endowments .....					.593	.593
11. Annuity benefits		558,411				558,411
12. Surrender values and withdrawals for life contracts		708,848			3,037	711,885
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		6,838,766			8,630	6,847,396
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year .....	.91	5,571,508					8	5,593	.99	5,577,101
Settled during current year:										
18.1 By payment in full .....	.91	5,571,508					8	5,593	.99	5,577,101
18.2 By payment on compromised claims										
18.3 Totals paid .....	.91	5,571,508					8	5,593	.99	5,577,101
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.91	5,571,508					8	5,593	.99	5,577,101
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	16,124	3,209,858,076	(a)			233	237,941	16,357	3,210,096,018	
21. Issued during year	1,866	290,242,260						1,866	290,242,260	
22. Other changes to in force (Net)	(1,579)	(194,309,498)				35	35,831	(1,544)	(194,273,667)	
23. In force December 31 of current year	16,411	3,305,790,839	(a)			268	273,772	16,679	3,306,064,611	

(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)	530	760			78
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	208,484	221,973		249,496	507,214
25.3 Non-renewable for stated reasons only (b)	440	715			580
25.4 Other accident only	2,176	2,962			39
25.5 All other (b)	211,100	225,650		249,586	508,473
25.6 Totals (sum of Lines 25.1 to 25.5)	211,630	226,410		249,586	508,551

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Louisiana

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

1 DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	981,142			981,142
2. Annuity considerations	106,243			106,243
3. Deposit-type contract funds	XXX		XXX	
4. Other considerations				
5. Totals (Sum of Lines 1 to 4)	1,087,385			1,087,385
DIRECT DIVIDENDS TO POLICYHOLDERS				
Life insurance:				
6.1 Paid in cash or left on deposit				
6.2 Applied to pay renewal premiums				
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period				
6.4 Other				
6.5 Totals (Sum of Lines 6.1 to 6.4)				
Annuities:				
7.1 Paid in cash or left on deposit				
7.2 Applied to provide paid-up annuities				
7.3 Other				
7.4 Totals (Sum of Lines 7.1 to 7.3)				
8. Grand Totals (Lines 6.5 plus 7.4)				
DIRECT CLAIMS AND BENEFITS PAID				
9. Death benefits	344,240			344,240
10. Matured endowments	12,883			12,883
11. Annuity benefits	35,721			35,721
12. Surrender values and withdrawals for life contracts				
13. Aggregate write-ins for miscellaneous direct claims and benefits paid				
14. All other benefits, except accident and health				
15. Totals	392,844			392,844
DETAILS OF WRITE-INS				
1301.				
1302.				
1303.				
1398. Summary of Line 13 from overflow page				
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)				

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											
17. Incurred during current year	6	344,240							6	344,240	
Settled during current year:											
18.1 By payment in full	6	344,240							6	344,240	
18.2 By payment on compromised claims											
18.3 Totals paid	6	344,240							6	344,240	
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 Total settlements	6	344,240							6	344,240	
19. Unpaid Dec. 31, current year (16+17-18.6)											
POLICY EXHIBIT											
20. In force December 31, prior year	1,060	186,101,757	(a)	No. of Policies							
21. Issued during year	166	39,762,240					4	3,000	1,064	186,104,757	
22. Other changes to in force (Net)	(146)	(12,333,462)							166	39,762,240	
23. In force December 31 of current year	1,080	213,530,535	(a)	No. of Policies			2	2,000	(144)	(12,331,462)	
								6	5,000	1,086	213,535,535

(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)	1,166	1,178			
25.3 Non-renewable for stated reasons only (b)	7	11			
25.4 Other accident only	33	51			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,206	1,239			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,206	1,239			

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maine

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		185,467				185,467
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		185,467				185,467
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		300,000				300,000
10. Matured endowments		4,702				4,702
11. Annuity benefits		13,215				13,215
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		317,917				317,917
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year	2	300,000							2	300,000
Settled during current year:										
18.1 By payment in full	2	300,000							2	300,000
18.2 By payment on compromised claims										
18.3 Totals paid	2	300,000							2	300,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	300,000							2	300,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	226	43,532,639	(a)						226	43,532,639
21. Issued during year	27	5,616,366							27	5,616,366
22. Other changes to in force (Net)	(5)	4,009,952					1	1,000	(4)	4,010,952
23. In force December 31 of current year	248	53,158,957	(a)				1	1,000	249	53,159,957

(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 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maryland

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	3,719,435			519	3,719,954
2. Annuity considerations	237,110				237,110
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	3,956,546			519	3,957,065
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,197,505				2,197,505
10. Matured endowments		924,542			924,542
11. Annuity benefits		28,338			28,338
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	3,150,385				3,150,385
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

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										
17. Incurred during current year	13	2,197,505							13	2,197,505
Settled during current year:										
18.1 By payment in full	13	2,197,505							13	2,197,505
18.2 By payment on compromised claims										
18.3 Totals paid	13	2,197,505							13	2,197,505
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	13	2,197,505							13	2,197,505
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year	3,499	1,273,506,517	(a)	No. of Policies						
21. Issued during year	375	155,966,823					136	130,200	3,635	1,273,636,717
22. Other changes to in force (Net)	(198)	(81,249,601)					56	56,750	(142)	155,966,823
23. In force December 31 of current year	3,676	1,348,223,739	(a)				192	186,950	3,868	(81,192,851)

(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)	50,039	51,306			64,561
25.3 Non-renewable for stated reasons only (b)					76,572
25.4 Other accident only					
25.5 All other (b)	45	45			8
25.6 Totals (sum of Lines 25.1 to 25.5)	50,084	51,352			64,561
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	50,084	51,352			76,580

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Massachusetts

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		896,625				896,625
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		896,625				896,625
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		610,000				610,000
10. Matured endowments						111,690
11. Annuity benefits		111,690				
12. Surrender values and withdrawals for life contracts		4,324				4,324
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		726,014				726,014
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	Industrial	Total	
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount					9 No.	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	4	610,000							4	.610,000
Settled during current year:										
18.1 By payment in full	4	610,000							4	.610,000
18.2 By payment on compromised claims										
18.3 Totals paid	4	610,000							4	.610,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	610,000							4	.610,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	805	288,835,829		(a)					14	14,370
21. Issued during year	169	75,020,510							819	288,850,199
22. Other changes to in force (Net)	(21)	(4,348,022)						3	169	75,020,510
23. In force December 31 of current year	953	359,508,317		(a)				17	2,500	(4,345,522)
									(18)	

(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)	14,137	14,180			1,616
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	21	28			8
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	14,158	14,208			1,624
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,158	14,208			1,624

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Michigan

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	14,827,615				8,797	14,836,412
2. Annuity considerations	3,737,154					3,737,154
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	18,564,770				8,797	18,573,567
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	5,942,224			284,500	57,500	6,284,224
10. Matured endowments	4,000				2,500	6,500
11. Annuity benefits	3,174,744					3,174,744
12. Surrender values and withdrawals for life contracts	482,841					499,943
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	9,603,809			284,500	77,102	9,965,412
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year .....	.95	5,946,224			2	284,500	.48	60,000	145	6,290,724
Settled during current year:										
18.1 By payment in full .....	.95	5,946,224			2	284,500	.48	60,000	145	6,290,724
18.2 By payment on compromised claims										
18.3 Totals paid .....	.95	5,946,224			2	284,500	.48	60,000	145	6,290,724
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.95	5,946,224			2	284,500	.48	60,000	145	6,290,724
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	19,703	5,145,195,392	(a)			2,166	2,508,845	21,869	5,147,704,238	
21. Issued during year	1,560	437,781,250						1,560	437,781,250	
22. Other changes to in force (Net)	(1,178)	(259,062,772)				196	156,554	(982)	(258,906,218)	
23. In force December 31 of current year	20,085	5,323,913,870	(a)			2,362	2,665,400	22,447	5,326,579,269	

(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)	134	134			16
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	408,604	408,758		120,241	290,058
25.3 Non-renewable for stated reasons only (b)					8
25.4 Other accident only	42	.41			24
25.5 All other (b)	458	505			110
25.6 Totals (sum of Lines 25.1 to 25.5)	409,104	409,304		120,241	290,199
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	409,237	409,438		120,241	290,215

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Minnesota

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

1 DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	2 Ordinary	3 Credit Life (Group and Individual)	4 Group	5 Industrial	5 Total
1. Life insurance	10,572,345				10,572,345
2. Annuity considerations	2,911,747				2,911,747
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	13,484,092				13,484,092
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	8,127,282				8,127,282
10. Matured endowments		5,574,835			5,574,835
11. Annuity benefits		73,683			73,683
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	13,775,800				13,775,800
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Ordinary	2 No.	3 Credit Life (Group and Individual)	4 No. of Ind.Pols. & Gr. Certifs.	5 Group	6 No. of Certifs.	7 Amount	8 Industrial	9 No.	10 Amount
	No.	Amount	Amount	Amount	No.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year .....	.31	8,127,282							.31	8,127,282
Settled during current year:										
18.1 By payment in full .....	.31	8,127,282							.31	8,127,282
18.2 By payment on compromised claims										
18.3 Totals paid .....	.31	8,127,282							.31	8,127,282
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.31	8,127,282							.31	8,127,282
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year	12,197	4,558,276,190		(a)			6	4,500	12,203	4,558,280,690
21. Issued during year	665	322,709,643							665	322,709,643
22. Other changes to in force (Net)	(535)	(200,692,160)					4	4,500	(531)	(200,687,660)
23. In force December 31 of current year	12,327	4,680,293,673		(a)			10	9,000	12,337	4,680,302,673

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	13,531	13,568			149,033
24.1 Federal Employees Health Benefits Plan premium (b)					473,406
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	156	201			16
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	75,494	77,488			36,850
25.3 Non-renewable for stated reasons only (b)					24,951
25.4 Other accident only					
25.5 All other (b)	11	14			8
25.6 Totals (sum of Lines 25.1 to 25.5)	75,505	77,503			36,850
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	89,192	91,272			185,883
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products	0				498,381
insured under indemnity only products	0				

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 | | | | 498,381 |



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Mississippi

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		659,641			156	659,797
2. Annuity considerations		300				300
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		659,941			156	660,097
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		15,000				15,000
10. Matured endowments		750				750
11. Annuity benefits		17,874			2,364	20,238
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		33,624			2,364	35,988
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year	2	15,000							2	15,000
Settled during current year:										
18.1 By payment in full	2	15,000							2	15,000
18.2 By payment on compromised claims										
18.3 Totals paid	2	15,000							2	15,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	15,000							2	15,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	761	145,004,857	(a)			8	8,093	769	145,012,950	
21. Issued during year	144	40,175,086						144	40,175,086	
22. Other changes to in force (Net)	(23)	(4,565,661)				10	9,093	(13)	(4,556,569)	
23. In force December 31 of current year	882	180,614,282	(a)			18	17,186	900	180,631,468	

(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)	1,378	1,398			
25.3 Non-renewable for stated reasons only (b) .....	.6	9			
25.4 Other accident only	158	171			
25.5 All other (b)	1,543	1,577			
25.6 Totals (sum of Lines 25.1 to 25.5)	1,543	1,577			
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 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Missouri

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

1 DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	9,199,190			9,199,190
2. Annuity considerations	416,116			416,116
3. Deposit-type contract funds		XXX		XXX
4. Other considerations				
5. Totals (Sum of Lines 1 to 4)	9,615,306			9,615,306
DIRECT DIVIDENDS TO POLICYHOLDERS				
Life insurance:				
6.1 Paid in cash or left on deposit				
6.2 Applied to pay renewal premiums				
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period				
6.4 Other				
6.5 Totals (Sum of Lines 6.1 to 6.4)				
Annuities:				
7.1 Paid in cash or left on deposit				
7.2 Applied to provide paid-up annuities				
7.3 Other				
7.4 Totals (Sum of Lines 7.1 to 7.3)				
8. Grand Totals (Lines 6.5 plus 7.4)				
DIRECT CLAIMS AND BENEFITS PAID				
9. Death benefits	3,235,837			500
10. Matured endowments	2,533,020			2,533,020
11. Annuity benefits	790,512			791,225
12. Surrender values and withdrawals for life contracts				
13. Aggregate write-ins for miscellaneous direct claims and benefits paid				
14. All other benefits, except accident and health				
15. Totals	6,559,369			1,213
DETAILS OF WRITE-INS				
1301.				
1302.				
1303.				
1398. Summary of Line 13 from overflow page				
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)				

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary 1 No.	Amount 2	Credit Life (Group and Individual)		Group 5 No. of Certifs.	Amount 6	Industrial 8 No.	Total 10 No.	Amount 10
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount					
16. Unpaid December 31, prior year									
17. Incurred during current year .....	.50	3,235,837					1	.500	.51
Settled during current year:									
18.1 By payment in full .....	.50	3,235,837					1	.500	.51
18.2 By payment on compromised claims									
18.3 Totals paid .....	.50	3,235,837					1	.500	.51
18.4 Reduction by compromise									
18.5 Amount rejected									
18.6 Total settlements .....	.50	3,235,837					1	.500	.51
19. Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT									
20. In force December 31, prior year	10,883	2,865,401,109	(a)	No. of Policies			7	6,500	10,890
21. Issued during year	964	305,869,406							964
22. Other changes to in force (Net)	(584)	(138,404,536)					2	2,500	(582)
23. In force December 31 of current year	11,263	3,032,865,979	(a)				9	9,000	11,272
(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)	68,004	68,313			(1,608)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	95	115			24
25.6 Totals (sum of Lines 25.1 to 25.5)	68,099	68,428			(1,584)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	68,099	68,428			(1,584)

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Montana

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

1 DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,829,961			1,829,961
2. Annuity considerations	4,680			4,680
3. Deposit-type contract funds	XXX			XXX
4. Other considerations				
5. Totals (Sum of Lines 1 to 4)	1,834,640			1,834,640
DIRECT DIVIDENDS TO POLICYHOLDERS				
Life insurance:				
6.1 Paid in cash or left on deposit				
6.2 Applied to pay renewal premiums				
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period				
6.4 Other				
6.5 Totals (Sum of Lines 6.1 to 6.4)				
Annuities:				
7.1 Paid in cash or left on deposit				
7.2 Applied to provide paid-up annuities				
7.3 Other				
7.4 Totals (Sum of Lines 7.1 to 7.3)				
8. Grand Totals (Lines 6.5 plus 7.4)				
DIRECT CLAIMS AND BENEFITS PAID				
9. Death benefits	305,471			305,471
10. Matured endowments	64,049			64,049
11. Annuity benefits	1,466			1,466
12. Surrender values and withdrawals for life contracts				
13. Aggregate write-ins for miscellaneous direct claims and benefits paid				
14. All other benefits, except accident and health				
15. Totals	370,986			370,986
DETAILS OF WRITE-INS				
1301.				
1302.				
1303.				
1398. Summary of Line 13 from overflow page				
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)				

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary 1 No.	Amount 2	Credit Life (Group and Individual)		Group 5 No. of Certifs.	Industrial 8 Amount	Total 10 No.	Total 10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount				
16. Unpaid December 31, prior year								
17. Incurred during current year	2	305,471					2	305,471
Settled during current year:								
18.1 By payment in full	2	305,471					2	305,471
18.2 By payment on compromised claims								
18.3 Totals paid	2	305,471					2	305,471
18.4 Reduction by compromise								
18.5 Amount rejected								
18.6 Total settlements	2	305,471					2	305,471
19. Unpaid Dec. 31, current year (16+17-18.6)								
POLICY EXHIBIT								
20. In force December 31, prior year	1,509	601,032,928	(a)	No. of Policies				
21. Issued during year	262	121,526,816					1,509	601,032,928
22. Other changes to in force (Net)	(58)	(26,075,965)					262	121,526,816
23. In force December 31 of current year	1,713	696,483,779	(a)	No. of Policies			1	(26,074,965)
							1,000	1,000
							1,714	696,484,779

(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)	4,798	4,844			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	34	53			8
25.6 Totals (sum of Lines 25.1 to 25.5)	4,832	4,897			8
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,832	4,897			8

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nebraska

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,415,413				2,415,413
2. Annuity considerations	91,274				91,274
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	2,506,687				2,506,687
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,430,141				4,430,141
10. Matured endowments					555,635
11. Annuity benefits	555,635				555,635
12. Surrender values and withdrawals for life contracts	39,100				39,100
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	5,024,876				5,024,876
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	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
	Ordinary	Credit Life (Group and Individual)	Group	Industrial						
16. Unpaid December 31, prior year										
17. Incurred during current year	6	4,430,141							6	4,430,141
Settled during current year:										
18.1 By payment in full	6	4,430,141							6	4,430,141
18.2 By payment on compromised claims										
18.3 Totals paid	6	4,430,141							6	4,430,141
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	6	4,430,141							6	4,430,141
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year	2,507	766,157,240	(a)	No. of Policies					2,507	766,157,240
21. Issued during year	238	113,242,816							238	113,242,816
22. Other changes to in force (Net)	(127)	-(56,271,419)						1	500	(126)
23. In force December 31 of current year	2,618	823,128,637	(a)					1	500	2,619
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)	20,311	22,268			(215)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	1,019	1,159		420	470
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	21,330	23,428		420	256
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	21,330	23,428		420	256

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nevada

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

1 DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance 541,963				349
2. Annuity considerations 86,327				86,327
3. Deposit-type contract funds XXX			XXX	
4. Other considerations XXX				
5. Totals (Sum of Lines 1 to 4) 628,290				349
DIRECT DIVIDENDS TO POLICYHOLDERS				
Life insurance:				
6.1 Paid in cash or left on deposit				
6.2 Applied to pay renewal premiums				
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period				
6.4 Other				
6.5 Totals (Sum of Lines 6.1 to 6.4)				
Annuities:				
7.1 Paid in cash or left on deposit				
7.2 Applied to provide paid-up annuities				
7.3 Other				
7.4 Totals (Sum of Lines 7.1 to 7.3)				
8. Grand Totals (Lines 6.5 plus 7.4)				
DIRECT CLAIMS AND BENEFITS PAID				
9. Death benefits 16,303				16,303
10. Matured endowments 5,000				5,000
11. Annuity benefits 20,661				20,661
12. Surrender values and withdrawals for life contracts 5,080				5,080
13. Aggregate write-ins for miscellaneous direct claims and benefits paid				
14. All other benefits, except accident and health				
15. Totals 47,045				47,045
DETAILS OF WRITE-INS				
1301.				
1302.				
1303.				
1398. Summary of Line 13 from overflow page				
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)				

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Ordinary	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
	No.	Amount								
16. Unpaid December 31, prior year										
17. Incurred during current year	3	21,303							3	21,303
Settled during current year:										
18.1 By payment in full	3	21,303							3	21,303
18.2 By payment on compromised claims										
18.3 Totals paid	3	21,303							3	21,303
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	21,303							3	21,303
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year	458	152,139,491	(a)				16	21,093	474	152,160,584
21. Issued during year	22	12,206,348							22	12,206,348
22. Other changes to in force (Net)	4	(4,529,647)					14	12,593	18	(4,517,055)
23. In force December 31 of current year	484	159,816,192	(a)				30	33,686	514	159,849,877

(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)	13,887	14,022			(16)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	81	.81			8
25.6 Totals (sum of Lines 25.1 to 25.5)	13,967	14,103			(8)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,967	14,103			(8)

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Hampshire

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	485,686				485,686
2. Annuity considerations	35,259				35,259
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	520,945				520,945
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	35,000				35,000
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	9,470				9,470
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	44,470				44,470
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	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
	Ordinary	Credit Life (Group and Individual)	Group	Industrial						
16. Unpaid December 31, prior year										
17. Incurred during current year	2	35,000							2	35,000
Settled during current year:										
18.1 By payment in full	2	35,000							2	35,000
18.2 By payment on compromised claims										
18.3 Totals paid	2	35,000							2	35,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	35,000							2	35,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	467	141,889,084			(a)				467	141,889,084
21. Issued during year .....	.71	23,926,002							.71	23,926,002
22. Other changes to in force (Net)	(16)	699,479							(16)	699,479
23. In force December 31 of current year	522	166,514,565			(a)				522	166,514,565

(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)	5,123	5,148			191
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)	5,123	5,148			191
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,123	5,148			191

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Jersey

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	923,340					923,340
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	923,340					923,340
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	54,174					54,174
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts	103,078				282	103,360
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	157,252				282	157,534
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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											
17. Incurred during current year	3	54,174							3	54,174	
Settled during current year:											
18.1 By payment in full	3	54,174							3	54,174	
18.2 By payment on compromised claims											
18.3 Totals paid	3	54,174							3	54,174	
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 Total settlements	3	54,174							3	54,174	
19. Unpaid Dec. 31, current year (16+17-18.6)											
POLICY EXHIBIT					No. of Policies						
20. In force December 31, prior year	808	315,194,485		(a)				19	25,186	827	315,219,671
21. Issued during year	115	49,399,032							115		49,399,032
22. Other changes to in force (Net)	(9)	(6,798,830)						7	7,408	(2)	(6,791,422)
23. In force December 31 of current year	914	357,794,688		(a)				26	32,593	940	357,827,281

(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)	32	.35			8
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	77	.80			(78)
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)	77	.80			(78)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	109	115			(70)

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Mexico

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		524,901				524,901
2. Annuity considerations		797,288				797,288
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		1,322,189				1,322,189
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		570,033				570,033
10. Matured endowments		282,472				282,472
11. Annuity benefits		7,226				7,226
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		859,731				859,731
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year	5	570,033							5	.570,033
Settled during current year:										
18.1 By payment in full	5	570,033							5	.570,033
18.2 By payment on compromised claims										
18.3 Totals paid	5	570,033							5	.570,033
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	5	570,033							5	.570,033
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	453	109,513,585	(a)			6	6,093	459	109,519,678	
21. Issued during year .....	.37	15,840,002						.37	15,840,002	
22. Other changes to in force (Net)	(.6)	1,265,048				(1)	(2,000)	(7)	1,263,048	
23. In force December 31 of current year	484	126,618,635	(a)			5	4,093	489	126,622,728	

(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)	9,034	9,107			1,015
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)	9,034	9,107			1,015
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,034	9,107			1,015

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New York

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		389,679				.389,679
2. Annuity considerations		13,200				13,200
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		402,879				402,879
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		37,000				.37,000
10. Matured endowments .....						.120,954
11. Annuity benefits		120,954				.120,954
12. Surrender values and withdrawals for life contracts		2,972				.2,972
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		160,926				160,926
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year	8	.37,000							8	.37,000
Settled during current year:										
18.1 By payment in full	8	.37,000							8	.37,000
18.2 By payment on compromised claims										
18.3 Totals paid	8	.37,000							8	.37,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	8	.37,000							8	.37,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	456	160,230,031	(a)			34	28,165	490	160,258,196	
21. Issued during year										
22. Other changes to in force (Net) .....	.32	19,850,040				9	9,093	.41	.19,859,133	
23. In force December 31 of current year	488	180,080,071	(a)			43	37,258	531	180,117,329	

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
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)	2,529	2,590			.110,565
25.3 Non-renewable for stated reasons only (b) .....					.124,609
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	2,529	2,590			.110,565
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,529	2,590			.124,609

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Carolina

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

1 DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	13,464,518			638
2. Annuity considerations	364,712			364,712
3. Deposit-type contract funds	XXX		XXX	
4. Other considerations				
5. Totals (Sum of Lines 1 to 4)	13,829,230			638
DIRECT DIVIDENDS TO POLICYHOLDERS				
Life insurance:				
6.1 Paid in cash or left on deposit				
6.2 Applied to pay renewal premiums				
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period				
6.4 Other				
6.5 Totals (Sum of Lines 6.1 to 6.4)				
Annuities:				
7.1 Paid in cash or left on deposit				
7.2 Applied to provide paid-up annuities				
7.3 Other				
7.4 Totals (Sum of Lines 7.1 to 7.3)				
8. Grand Totals (Lines 6.5 plus 7.4)				
DIRECT CLAIMS AND BENEFITS PAID				
9. Death benefits	5,751,378		133,500	500
10. Matured endowments	2,000			2,000
11. Annuity benefits	1,000,879		1,246	4,000
12. Surrender values and withdrawals for life contracts	1,292,426			1,002,124
13. Aggregate write-ins for miscellaneous direct claims and benefits paid				3,023
14. All other benefits, except accident and health				1,295,450
15. Totals	8,046,683		134,746	5,523
DETAILS OF WRITE-INS				
1301.				
1302.				
1303.				
1398. Summary of Line 13 from overflow page				
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)				

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Ordinary	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
	No.	Amount								
16. Unpaid December 31, prior year										
17. Incurred during current year .....	.89	5,753,378			1	133,500	5	2,500	.95	5,889,378
Settled during current year:										
18.1 By payment in full .....	.89	5,753,378			1	133,500	5	2,500	.95	5,889,378
18.2 By payment on compromised claims										
18.3 Totals paid .....	.89	5,753,378			1	133,500	5	2,500	.95	5,889,378
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.89	5,753,378			1	133,500	5	2,500	.95	5,889,378
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year	18,181	3,970,957,942			(a)			71	74,476	18,252
21. Issued during year	1,391	316,653,901								3,971,032,418
22. Other changes to in force (Net)	(1,243)	(180,977,851)						36	30,935	(1,207)
23. In force December 31 of current year	18,329	4,106,633,993			(a)			107	105,411	18,436
										4,106,739,404

(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)	241,777	252,516			117,927
25.3 Non-renewable for stated reasons only (b)	295	342			219,296
25.4 Other accident only	718	980			71
25.5 All other (b)	242,790	253,838			149
25.6 Totals (sum of Lines 25.1 to 25.5)	242,790	253,838			219,515
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	242,790	253,838			219,515

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Dakota

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,501,411				1,501,411
2. Annuity considerations		300				300
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		1,501,711				1,501,711
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		1,700,000				1,700,000
10. Matured endowments		1,919,980				1,919,980
11. Annuity benefits		15,175				15,175
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		3,635,155				3,635,155
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year	2	1,700,000							2	1,700,000
Settled during current year:										
18.1 By payment in full	2	1,700,000							2	1,700,000
18.2 By payment on compromised claims										
18.3 Totals paid	2	1,700,000							2	1,700,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	1,700,000							2	1,700,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year	1,660	673,600,206	(a)						1,660	673,600,206
21. Issued during year	151	53,261,118							151	53,261,118
22. Other changes to in force (Net)	(149)	(44,138,008)							(149)	(44,138,008)
23. In force December 31 of current year	1,662	682,723,316	(a)						1,662	682,723,316

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	3,725	3,735		15,102	118,984
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)	3,593	3,627			
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)	3,593	3,627			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,318	7,363		15,102	118,984

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Ohio

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	48,495,458			113,061	24,876	48,633,395
2. Annuity considerations	1,885,440					1,885,440
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	50,380,898			113,061	24,876	50,518,835
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	23,321,749			2,792,401	244,391	26,358,541
10. Matured endowments	6,500				10,300	16,800
11. Annuity benefits	7,056,622			94,648		7,151,270
12. Surrender values and withdrawals for life contracts	4,677,019				40,509	4,717,528
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	35,061,890			2,887,049	295,199	38,244,138
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year	428	23,328,249			5	2,792,401	271	254,691	704	26,375,341
Settled during current year:										
18.1 By payment in full	428	23,328,249			5	2,792,401	271	254,691	704	26,375,341
18.2 By payment on compromised claims										
18.3 Totals paid	428	23,328,249			5	2,792,401	271	254,691	704	26,375,341
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	428	23,328,249			5	2,792,401	271	254,691	704	26,375,341
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	76,622	15,103,352,336	(a)		6	2,132,559,005	13,715	13,329,110	90,343	17,249,240,451
21. Issued during year	4,507	1,188,437,790				24,749,000			4,507	1,213,186,790
22. Other changes to in force (Net)	(4,645)	(755,197,155)				18,656,730	(1,988)	(1,898,227)	(6,633)	(738,438,652)
23. In force December 31 of current year	76,484	15,536,592,971	(a)		6	2,175,964,735	11,727	11,430,883	88,217	17,723,988,589

(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
					Direct Premiums
24. Group Policies (b)	6,176	6,211			1,727,651
24.1 Federal Employees Health Benefits Plan premium (b)					2,210,093
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	902	1,080			379
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					16
25.2 Guaranteed renewable (b)	1,311,092	1,337,488			608,705
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	1,445	1,617			392
25.5 All other (b)	4,228	4,783			630
25.6 Totals (sum of Lines 25.1 to 25.5)	1,316,764	1,343,887			609,743
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,323,842	1,351,178			2,820,214

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oklahoma

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,260,554				1,260,554
2. Annuity considerations		148,671				148,671
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		1,409,225				1,409,225
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		603,103				603,103
10. Matured endowments		490,796				490,796
11. Annuity benefits		29,069				29,069
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		1,122,968				1,122,968
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year	7	603,103							7	603,103
Settled during current year:										
18.1 By payment in full	7	603,103							7	603,103
18.2 By payment on compromised claims										
18.3 Totals paid	7	603,103							7	603,103
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	7	603,103							7	603,103
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,649	283,517,192	(a)			2	2,000	1,651	283,519,192	
21. Issued during year	336	41,455,546						336	41,455,546	
22. Other changes to in force (Net)	(237)	(18,312,356)				2	2,000	(235)	(18,310,356)	
23. In force December 31 of current year	1,748	306,660,382	(a)			4	4,000	1,752	306,664,382	

(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)					16
25.2 Guaranteed renewable (b)	5,434	5,487			
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)	5,434	5,487			16
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,434	5,487			16

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oregon

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,568,610				1,568,610
2. Annuity considerations		14,008				14,008
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		1,582,618				1,582,618
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		715,151				715,151
10. Matured endowments						48,546
11. Annuity benefits		48,546				
12. Surrender values and withdrawals for life contracts		9,083				9,083
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		772,780				772,780
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year	6	715,151							6	715,151
Settled during current year:										
18.1 By payment in full	6	715,151							6	715,151
18.2 By payment on compromised claims										
18.3 Totals paid	6	715,151							6	715,151
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	6	715,151							6	715,151
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,391	533,376,748		(a)				1	4,000	1,392
21. Issued during year	321	121,211,551								321
22. Other changes to in force (Net)	(82)	(23,394,631)						1	1,000	(81)
23. In force December 31 of current year	1,630	631,193,668		(a)				2	5,000	1,632
(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)	1,729	1,767			
25.3 Non-renewable for stated reasons only (b)	54	.69			
25.4 Other accident only	25	.26			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,808	1,862			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,808	1,862			

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Pennsylvania

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	21,350,087				8,501	21,358,588
2. Annuity considerations	3,137,720					3,137,720
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	24,487,807				8,501	24,496,309
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	10,443,927				62,213	10,506,140
10. Matured endowments	3,997				2,408	6,405
11. Annuity benefits	7,962,182					7,962,182
12. Surrender values and withdrawals for life contracts	1,309,415				13,548	1,322,963
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	19,719,521				78,169	19,797,690
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year	181	10,447,924					.73	64,621	254	10,512,545
Settled during current year:										
18.1 By payment in full	181	10,447,924					.73	64,621	254	10,512,545
18.2 By payment on compromised claims										
18.3 Totals paid	181	10,447,924					.73	64,621	254	10,512,545
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	181	10,447,924					.73	64,621	254	10,512,545
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	31,539	6,482,967,212		(a)			2,257	2,184,103	33,796	6,485,151,315
21. Issued during year	1,961	533,443,640							1,961	533,443,640
22. Other changes to in force (Net)	(1,779)	(319,515,618)					141	128,990	(1,638)	(319,386,628)
23. In force December 31 of current year	31,721	6,696,895,234		(a)			2,398	2,313,093	34,119	6,699,208,327

(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)	273	384			
24.4 Medicare Title XVIII exempt from state taxes or fees					47
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	339,033	345,413		120,840	129,217
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	82	.85			.39
25.5 All other (b)	1,026	1,093			196
25.6 Totals (sum of Lines 25.1 to 25.5)	340,141	346,590		120,840	129,452
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	340,413	346,975		120,840	129,499

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Rhode Island

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	99,491				99,491
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	99,491				99,491
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

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										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year .....	.91	36,838,434	(a)	1	27,500	1	1,000	.93	36,866,934	
21. Issued during year .....	.20	13,025,000						.20	13,025,000	
22. Other changes to in force (Net)	(.5)	(3,692,000)			(12,500)			(.5)	(3,704,500)	
23. In force December 31 of current year	106	46,171,434	(a)	1	15,000	1	1,000	108	46,187,434	

(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 _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Carolina

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		4,528,462			158	4,528,620
2. Annuity considerations		24,125				24,125
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		4,552,587			158	4,552,745
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		1,567,887				1,567,887
10. Matured endowments					275	275
11. Annuity benefits .....		.854,115				.854,115
12. Surrender values and withdrawals for life contracts .....		.538,620			786	.539,406
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		2,960,622			1,061	2,961,683
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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											
17. Incurred during current year .....	.34	1,567,887					1	.275	.35	1,568,162
Settled during current year:											
18.1 By payment in full .....	.34	1,567,887					1	.275	.35	1,568,162
18.2 By payment on compromised claims											
18.3 Totals paid .....	.34	1,567,887					1	.275	.35	1,568,162
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 Total settlements .....	.34	1,567,887					1	.275	.35	1,568,162
19. Unpaid Dec. 31, current year (16+17-18.6)											
POLICY EXHIBIT					No. of Policies						
20. In force December 31, prior year	6,630	1,179,906,797		(a)				28	22,343	6,658	1,179,929,140
21. Issued during year	635	137,905,607								635	137,905,607
22. Other changes to in force (Net)	(345)	(25,612,993)						16	12,500	(329)	(25,600,493)
23. In force December 31 of current year	6,920	1,292,199,411		(a)				44	34,843	6,964	1,292,234,254

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
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)					16
25.2 Guaranteed renewable (b)	120,934	125,487		29,993	11,309
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	47	.47			8
25.5 All other (b)	264	320			.71
25.6 Totals (sum of Lines 25.1 to 25.5)	121,245	125,854		29,993	11,403
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	121,245	125,854		29,993	11,403

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Dakota

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,452,054			21	1,452,075
2. Annuity considerations		164,615				164,615
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		1,616,669			21	1,616,690
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		285,000				285,000
10. Matured endowments						1,683,684
11. Annuity benefits		1,683,684				
12. Surrender values and withdrawals for life contracts		30,288				30,288
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		1,998,972				1,998,972
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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											
17. Incurred during current year	4	285,000							4	285,000	
Settled during current year:											
18.1 By payment in full	4	285,000							4	285,000	
18.2 By payment on compromised claims											
18.3 Totals paid	4	285,000							4	285,000	
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 Total settlements	4	285,000							4	285,000	
19. Unpaid Dec. 31, current year (16+17-18.6)											
POLICY EXHIBIT					No. of Policies						
20. In force December 31, prior year	1,560	540,015,097		(a)					1,560	540,015,097	
21. Issued during year	130	54,097,994							130	54,097,994	
22. Other changes to in force (Net)	(68)	(20,620,096)						3	2,000	(65)	(20,618,096)
23. In force December 31 of current year	1,622	573,492,995		(a)				3	2,000	1,625	573,494,995

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	1,007	1,010		3,954	24,438
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)	1,407	1,421			(5)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	106	130			8
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,513	1,551			3
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,520	2,561		3,954	24,441

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Tennessee

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		10,155,551			1,314	10,156,865
2. Annuity considerations		1,599,453				1,599,453
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		11,755,004			1,314	11,756,318
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		10,527,311				10,527,311
10. Matured endowments		45,099				45,099
11. Annuity benefits		1,295,713				1,295,713
12. Surrender values and withdrawals for life contracts		348,882			2,567	351,449
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		12,217,004			2,567	12,219,571
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year .....	.73	10,572,409							.73	10,572,409
Settled during current year:										
18.1 By payment in full .....	.73	10,572,409							.73	10,572,409
18.2 By payment on compromised claims										
18.3 Totals paid .....	.73	10,572,409							.73	10,572,409
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.73	10,572,409							.73	10,572,409
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	12,868	3,633,399,156		(a)					156	223,810
21. Issued during year	1,421	345,609,083								13,024
22. Other changes to in force (Net)	(1,165)	(193,743,552)							28	19,375
23. In force December 31 of current year	13,124	3,785,264,687		(a)					184	(1,137)
										(193,724,177)

(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)	1,722	1,727			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	143,128	144,336			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	204	269			
25.5 All other (b)	1,249	1,826			
25.6 Totals (sum of Lines 25.1 to 25.5)	144,581	146,430			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	146,303	148,157			

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Texas

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

1 DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance 9,791,777			485	9,792,262
2. Annuity considerations 255,854				255,854
3. Deposit-type contract funds XXX			XXX	
4. Other considerations 10,047,631			485	10,048,116
DIRECT DIVIDENDS TO POLICYHOLDERS				
Life insurance:				
6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 6.4 Other 6.5 Totals (Sum of Lines 6.1 to 6.4) 10,047,631				
Annuities:				
7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (Sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4) 10,047,631				
DIRECT CLAIMS AND BENEFITS PAID				
9. Death benefits 4,161,097			1,000	4,162,097
10. Matured endowments 4,971,943			593	4,971,943
11. Annuity benefits 772,808			1,781	774,588
12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals 9,905,847			3,373	9,909,220
DETAILS OF WRITE-INS				
1301. 1302. 1303. 1398. Summary of Line 13 from overflow page 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) 10,047,631				

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 144		4,161,097					2	1,593	146	4,162,689
17. Incurred during current year 144		4,161,097					2	1,593	146	4,162,689
Settled during current year:										
18.1 By payment in full 144		4,161,097					2	1,593	146	4,162,689
18.2 By payment on compromised claims 144		4,161,097					2	1,593	146	4,162,689
18.3 Totals paid 144		4,161,097					2	1,593	146	4,162,689
18.4 Reduction by compromise 144		4,161,097					2	1,593	146	4,162,689
18.5 Amount rejected 144		4,161,097					2	1,593	146	4,162,689
18.6 Total settlements 144		4,161,097					2	1,593	146	4,162,689
19. Unpaid Dec. 31, current year (16+17-18.6) 21,049		2,473,584,558					76	74,778	21,125	2,473,659,336
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year 20,541		2,224,894,106		(a)			50	51,686	20,591	2,224,945,792
21. Issued during year 3,048		371,470,946							3,048	371,470,946
22. Other changes to in force (Net) (2,540)		(122,780,494)					26	23,093	(2,514)	(122,757,402)
23. In force December 31 of current year 21,049		2,473,584,558		(a)			76	74,778	21,125	2,473,659,336

(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) 38,320	104	180	34,741	41,619	34,742
			.90		16
			.95		16
			41,619		34,774
			41,619		34,789

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Utah

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		1,734,452				1,734,452
2. Annuity considerations		628,419				628,419
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		2,362,872				2,362,872
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		4,083,253				4,083,253
10. Matured endowments		421,211				421,211
11. Annuity benefits		8,187				8,187
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		4,512,651				4,512,651
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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											
17. Incurred during current year	6	4,083,253							6	4,083,253	
Settled during current year:											
18.1 By payment in full	6	4,083,253							6	4,083,253	
18.2 By payment on compromised claims											
18.3 Totals paid	6	4,083,253							6	4,083,253	
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 Total settlements	6	4,083,253							6	4,083,253	
19. Unpaid Dec. 31, current year (16+17-18.6)											
POLICY EXHIBIT					No. of Policies						
20. In force December 31, prior year	1,648	774,741,584		(a)					1,648	774,741,584	
21. Issued during year	180	96,890,024							180	96,890,024	
22. Other changes to in force (Net)	(142)	(28,768,143)						1	500	(141)	(28,767,643)
23. In force December 31 of current year	1,686	842,863,465		(a)				1	500	1,687	842,863,965

(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)	25,525	25,773			
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)	25,525	25,773			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	25,525	25,773			

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Vermont

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	478,119					.478,119
2. Annuity considerations						
3. Deposit-type contract funds		XXX			XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	478,119					478,119
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		1,035,000				1,035,000
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts		15,517				15,517
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		1,050,517				1,050,517
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year	4	1,035,000							4	1,035,000
Settled during current year:										
18.1 By payment in full	4	1,035,000							4	1,035,000
18.2 By payment on compromised claims										
18.3 Totals paid	4	1,035,000							4	1,035,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	1,035,000							4	1,035,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	657	187,456,917		(a)					657	187,456,917
21. Issued during year .....	.39	11,405,000							.39	11,405,000
22. Other changes to in force (Net)	(30)	(11,873,801)							(30)	(11,873,801)
23. In force December 31 of current year	666	186,988,116		(a)					666	186,988,116

(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)	2,658		2,718		
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)	2,658		2,718		
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,658		2,718		

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Virginia

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		4,871,038			1,685	4,872,723
2. Annuity considerations		49,887				49,887
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		4,920,925			1,685	4,922,610
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		2,158,471			7,500	2,165,971
10. Matured endowments		2,000			1,778	3,778
11. Annuity benefits		813,256				813,256
12. Surrender values and withdrawals for life contracts		336,928			4,156	341,084
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		3,310,655			13,434	3,324,089
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year .....	.44	2,160,471					9	9,278	.53	2,169,749
Settled during current year:										
18.1 By payment in full .....	.44	2,160,471					9	9,278	.53	2,169,749
18.2 By payment on compromised claims										
18.3 Totals paid .....	.44	2,160,471					9	9,278	.53	2,169,749
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.44	2,160,471					9	9,278	.53	2,169,749
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	6,990	1,554,129,456	(a)			157	219,452	.7,147	1,554,348,908	
21. Issued during year	340	93,415,702						340	93,415,702	
22. Other changes to in force (Net)	(400)	(85,737,446)				16	6,269	(384)	(85,731,177)	
23. In force December 31 of current year	6,930	1,561,807,712	(a)			173	225,721	7,103	1,562,033,433	

(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)	203	270			24
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	99,916	100,963		68,864	219,452
25.3 Non-renewable for stated reasons only (b)					8
25.4 Other accident only	(3)	(3)			
25.5 All other (b)	219	244			.71
25.6 Totals (sum of Lines 25.1 to 25.5)	100,132	101,203		68,864	219,530
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	100,334	101,473		68,864	219,554

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Washington

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,649,747				2,649,747
2. Annuity considerations	465,673				465,673
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	3,115,420				3,115,420
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	480,490				480,490
10. Matured endowments					132,900
11. Annuity benefits	132,900				132,900
12. Surrender values and withdrawals for life contracts	49,185			239	49,424
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	662,575			239	662,814
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	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										
17. Incurred during current year	8	480,490							8	480,490
Settled during current year:										
18.1 By payment in full	8	480,490							8	480,490
18.2 By payment on compromised claims										
18.3 Totals paid	8	480,490							8	480,490
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	8	480,490							8	480,490
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year	2,222	1,009,695,362							2,225	1,009,697,362
21. Issued during year	331	172,250,024							331	172,250,024
22. Other changes to in force (Net)	(114)	(27,396,152)							(111)	(27,392,152)
23. In force December 31 of current year	2,439	1,154,549,234							6	1,154,555,234

(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)	11,288	11,424			2,504
25.3 Non-renewable for stated reasons only (b)	34	49			8
25.4 Other accident only	32	34			123
25.5 All other (b)	11,353	11,508			115
25.6 Totals (sum of Lines 25.1 to 25.5)	11,353	11,508			2,635
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,353	11,508			115

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF West Virginia

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		2,641,584			5,476	2,647,061
2. Annuity considerations		85,374				85,374
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		2,726,958			5,476	2,732,434
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		710,341			24,378	.734,719
10. Matured endowments		2,841				2,841
11. Annuity benefits		1,195,544				1,195,544
12. Surrender values and withdrawals for life contracts		151,119			15,313	166,433
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		2,059,845			39,691	2,099,536
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year .....	.49	713,182					.21	24,378	.70	.737,560
Settled during current year:										
18.1 By payment in full .....	.49	713,182					.21	24,378	.70	.737,560
18.2 By payment on compromised claims										
18.3 Totals paid .....	.49	713,182					.21	24,378	.70	.737,560
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.49	713,182					.21	24,378	.70	.737,560
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4,621	.563,285,158		(a)						
21. Issued during year	443	.57,467,466								
22. Other changes to in force (Net)	(417)	-(28,755,625)								
23. In force December 31 of current year	4,647	591,997,000		(a)						

(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)	13,282	15,675			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	36,892	37,734			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	396	406			
25.5 All other (b)	603	634			
25.6 Totals (sum of Lines 25.1 to 25.5)	37,891	38,775			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	51,174	54,450			

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wisconsin

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		9,884,013				9,884,013
2. Annuity considerations		2,054,753				2,054,753
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		11,938,766				11,938,766
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		4,231,125				4,231,125
10. Matured endowments						
11. Annuity benefits		3,139,581				3,139,581
12. Surrender values and withdrawals for life contracts		323,982				323,982
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		7,694,688				7,694,688
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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											
17. Incurred during current year .....	.38	4,231,125							.38	4,231,125
Settled during current year:											
18.1 By payment in full .....	.38	4,231,125							.38	4,231,125
18.2 By payment on compromised claims											
18.3 Totals paid .....	.38	4,231,125							.38	4,231,125
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 Total settlements .....	.38	4,231,125							.38	4,231,125
19. Unpaid Dec. 31, current year (16+17-18.6)											
POLICY EXHIBIT					No. of Policies						
20. In force December 31, prior year	13,585	3,817,104,909		(a)					2,000	13,588	3,817,106,909
21. Issued during year	823	328,426,083								823	328,426,083
22. Other changes to in force (Net)	(702)	(188,299,730)							5,500	(696)	(188,294,230)
23. In force December 31 of current year	13,706	3,957,231,262		(a)				9	7,500	13,715	3,957,238,762

(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)	45	.60			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	248,686	258,467		112,476	2,120
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	696	1,070			.63
25.5 All other (b)	315	487			133
25.6 Totals (sum of Lines 25.1 to 25.5)	249,697	260,024		112,476	2,316
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	249,742	260,084		112,476	2,323

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wyoming

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		319,472				.319,472
2. Annuity considerations		40,000				40,000
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		359,472				359,472
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		13,769				13,769
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		13,769				13,769
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year .....	.1	13,769							.1	13,769
Settled during current year:										
18.1 By payment in full .....	.1	13,769							.1	13,769
18.2 By payment on compromised claims										
18.3 Totals paid .....	.1	13,769							.1	13,769
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements .....	.1	13,769							.1	13,769
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	269	113,493,210		(a)					1	1,185
21. Issued during year .....	.58	24,805,004							.270	113,494,395
22. Other changes to in force (Net)	-(3)	(4,868,739)							.58	24,805,004
23. In force December 31 of current year	324	133,429,475		(a)					-(3)	(4,868,739)
									1	1,185
									325	133,430,660

(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)	3,019	3,048			
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)	3,019	3,048			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,019	3,048			

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Puerto Rico

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		2,373				2,373
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		2,373				2,373
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year	8	690,000	(a)						8	690,000
21. Issued during year										
22. Other changes to in force (Net)	2	1,004,050							2	1,004,050
23. In force December 31 of current year	10	1,694,050	(a)						10	1,694,050

(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 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Canada

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		27,329				27,329
2. Annuity considerations			XXX		XXX	
3. Deposit-type contract funds						
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		27,329				27,329
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals						
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year	42	21,518,680	(a)						42	21,518,680
21. Issued during year										
22. Other changes to in force (Net)	3	(667, 171)							3	(667, 171)
23. In force December 31 of current year	45	20,851,509	(a)						45	20,851,509

(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 _____ 0 and number of persons insured under indemnity only products _____ 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Other Aliens

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	4,880				4,880
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	4,880				4,880
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

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										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year	14	4,982,483	(a)	No. of Policies			1	1,000	15	4,983,483
21. Issued during year										
22. Other changes to in force (Net)	(2)	(2,260,000)	(a)	No. of Policies					(2)	(2,260,000)
23. In force December 31 of current year	12	2,722,483	(a)	No. of Policies			1	1,000	13	2,723,483

(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 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Grand Total

NAIC Group Code 0244

DURING THE YEAR 2017

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	292,912,868			113,061	59,877	293,085,806
2. Annuity considerations	30,728,593					30,728,593
3. Deposit-type contract funds	350,000		XXX			350,000
4. Other considerations					XXX	
5. Totals (Sum of Lines 1 to 4)	323,991,461			113,061	59,877	324,164,399
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	161,971,327			3,210,401	429,021	165,610,749
10. Matured endowments	74,437				24,313	98,750
11. Annuity benefits	82,942,503			100,447		83,042,950
12. Surrender values and withdrawals for life contracts	20,315,389					20,443,109
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals	265,303,655			3,310,848	581,054	269,195,557
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

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										
17. Incurred during current year	2,077	162,045,764			8	3,210,401	471	453,334	2,556	165,709,498
Settled during current year:										
18.1 By payment in full	2,077	162,045,764			8	3,210,401	471	453,334	2,556	165,709,498
18.2 By payment on compromised claims										
18.3 Totals paid	2,077	162,045,764			8	3,210,401	471	453,334	2,556	165,709,498
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2,077	162,045,764			8	3,210,401	471	453,334	2,556	165,709,498
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	411,956	93,358,157,416	(a)		9	2,153,187,330	21,157	21,207,862	433,122	95,532,552,607
21. Issued during year	37,110	8,886,344,135				24,749,000			37,110	8,911,093,135
22. Other changes to in force (Net)	(28,362)	(4,574,017,674)				18,701,286	(1,156)	(1,187,573)	(29,518)	(4,556,503,961)
23. In force December 31 of current year	420,704	97,670,483,878	(a)		9	2,196,637,616	20,001	20,020,289	440,714	99,887,141,782

(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)	32,568	33,174		1,933,217	2,964,398
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	19,594	23,818		341	2,630
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					102
25.2 Guaranteed renewable (b)	4,968,012	5,113,131		2,903,850	2,790,162
25.3 Non-renewable for stated reasons only (b)	16,520	20,312		8,340	854
25.4 Other accident only	15,862	20,155		5,567	9,833
25.5 All other (b)	5,000,394	5,153,597		2,917,757	2,809,338
25.6 Totals (sum of Lines 25.1 to 25.5)	5,052,557	5,210,590		4,851,315	5,776,367
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products insured under indemnity only products	0				

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

	1 Amount
1. Reserve as of December 31, Prior Year	8,382,456
2. Current year's realized pre-tax capital gains/(losses) of \$ 463,225 transferred into the reserve net of taxes of \$ 162,129	301,096
3. Adjustment for current year's liability gains/(losses) released from the reserve	
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	8,683,553
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	4,019,497
6. Reserve as of December 31, current year (Line 4 minus Line 5)	4,664,055

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. 2017	3,962,461	57,036		4,019,497
2. 2018	2,393,118	89,058		2,482,176
3. 2019	1,425,637	68,710		1,494,347
4. 2020	699,783	49,775		749,559
5. 2021	351,083	30,298		381,381
6. 2022	240,617	9,992		250,609
7. 2023	207,622	(444)		207,178
8. 2024	169,250	(462)		168,788
9. 2025	128,898	(480)		128,418
10. 2026	42,191	(497)		41,694
11. 2027	(41,648)	(521)		(42,170)
12. 2028	(67,796)	(480)		(68,276)
13. 2029	(89,605)	(385)		(89,990)
14. 2030	(107,725)	(278)		(108,003)
15. 2031	(121,497)	(166)		(121,663)
16. 2032	(120,242)	(59)		(120,301)
17. 2033	(135,314)			(135,314)
18. 2034	(156,143)			(156,143)
19. 2035	(149,261)			(149,261)
20. 2036	(119,238)			(119,238)
21. 2037	(86,803)			(86,803)
22. 2038	(49,556)			(49,556)
23. 2039	(9,834)			(9,834)
24. 2040	9,003			9,003
25. 2041	5,734			5,734
26. 2042	1,720			1,720
27. 2043				
28. 2044				
29. 2045				
30. 2046				
31. 2047 and Later				
32. Total (Lines 1 to 31)	8,382,456	301,096		8,683,553

ANNUAL STATEMENT FOR THE YEAR 2017 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	28,352,509		28,352,509	4,187	462,794	466,981	28,819,490
2. Realized capital gains/(losses) net of taxes - General Account	(273,035)		(273,035)	1,242		1,242	(271,793)
3. Realized capital gains/(losses) net of taxes - Separate Accounts	304,214		304,214				304,214
4. Unrealized capital gains/(losses) net of deferred taxes - General Account					(464,273)	(464,273)	(464,273)
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts							
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves							
7. Basic contribution	7,119,813		7,119,813		23,962	23,962	7,143,774
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	35,503,501		35,503,501	5,429	22,483	27,912	35,531,413
9. Maximum reserve	33,055,352		33,055,352		2,874,726	2,874,726	35,930,078
10. Reserve objective	22,434,204		22,434,204		2,833,190	2,833,190	25,267,394
11. 20% of (Line 10 - Line 8)	(2,613,859)		(2,613,859)	(1,086)	562,142	561,056	(2,052,804)
12. Balance before transfers (Lines 8 + 11)	32,889,641		32,889,641	4,343	584,624	588,968	33,478,609
13. Transfers							
14. Voluntary contribution							
15. Adjustment down to maximum/up to zero				(4,343)	4,343		
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	32,889,641		32,889,641		588,968	588,968	33,478,609

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI 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.	1	Exempt Obligations	249,162	XXX	XXX	249,162	0.0000	0.0000	0.0000	0.0000	0.0000	
2.		Highest Quality	1,396,981,700	XXX	XXX	1,396,981,700	0.0004	558,785	0.0023	3,213,012	0.0030	
3.		High Quality	1,661,594,711	XXX	XXX	1,661,594,711	0.0019	3,157,030	0.0058	9,637,249	0.0090	
4.		Medium Quality	167,531,034	XXX	XXX	167,531,034	0.0093	1,558,039	0.0230	3,853,214	0.0340	
5.		Low Quality	36,878,292	XXX	XXX	36,878,292	0.0213	785,508	0.0530	1,954,549	0.0750	
6.		Lower Quality	8,139,866	XXX	XXX	8,139,866	0.0432	351,642	0.1100	895,385	0.1700	
7.		In or Near Default	20,000	XXX	XXX	20,000	0.0000	0.2000	4,000	0.2000	4,000	
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX		XXX	XXX	XXX	XXX		
9.		Total Long-Term Bonds (Sum of Lines 1 through 8)	3,271,374,765	XXX	XXX	3,271,374,765	XXX	6,411,003	XXX	19,557,410	XXX	
PREFERRED STOCK												
10.	1	Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
11.		High Quality	5,046,800	XXX	XXX	5,046,800	0.0019	9,589	0.0058	29,271	0.0090	
12.		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
13.		Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
14.		Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
15.		In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
16.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
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	
SHORT - TERM BONDS												
18.	1	Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
19.		Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
20.		High Quality		XXX	XXX		0.0019		0.0058		0.0090	
21.		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
22.		Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
23.		Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
24.		In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
25.	Total Short - Term Bonds (Sum of Lines 18 through 24)			XXX	XXX		XXX		XXX		XXX	
DERIVATIVE INSTRUMENTS												
26.	1	Exchange Traded		XXX	XXX		0.0004		0.0023		0.0030	
27.		Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
28.		High Quality		XXX	XXX		0.0019		0.0058		0.0090	
29.		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
30.		Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
31.		Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
32.		In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
33.	Total Derivative Instruments		3,276,421,565	XXX	XXX	3,276,421,565	XXX	6,420,592	XXX	19,586,681	XXX	
34.	Total (Lines 9 + 17 + 25 + 33)										29,040,363	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

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

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (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		XXX	XXX		0.0000		0.1300 (a)		0.1300 (a)	
		Unaffiliated - Private		XXX	XXX		0.0000		0.1600		0.1600	
		Federal Home Loan Bank		XXX	XXX		0.0000		0.0050		0.0080	
		Affiliated - Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
		Affiliated - Investment Subsidiary:										
		Fixed Income - Exempt Obligations					XXX		XXX		XXX	
		Fixed Income - Highest Quality					XXX		XXX		XXX	
		Fixed Income - High Quality					XXX		XXX		XXX	
		Fixed Income - Medium Quality					XXX		XXX		XXX	
		Fixed Income - Low Quality					XXX		XXX		XXX	
		Fixed Income - Lower Quality					XXX		XXX		XXX	
		Fixed Income - In/Near Default					XXX		XXX		XXX	
		Unaffiliated Common Stock - Public					0.0000		0.1300 (a)		0.1300 (a)	
		Unaffiliated Common Stock - Private					0.0000		0.1600		0.1600	
		Real Estate					(b)		(b)		(b)	
		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX		0.0000		0.1300		0.1300	
		Affiliated - All Other		XXX	XXX		0.0000		0.1600		0.1600	
		Total Common Stock (Sum of Lines 1 through 16)					XXX		XXX		XXX	
18.		REAL ESTATE										
		Home Office Property (General Account only)					0.0000		0.0750		0.0750	
		Investment Properties					0.0000		0.0750		0.0750	
		Properties Acquired in Satisfaction of Debt					0.0000		0.1100		0.1100	
		Total Real Estate (Sum of Lines 18 through 20)					XXX		XXX		XXX	
22.	1	OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
		Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
		High Quality		XXX	XXX		0.0019		0.0058		0.0090	
		Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
		Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
		Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
29.		In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
		Total with Bond Characteristics (Sum of Lines 22 through 28)		XXX	XXX		XXX		XXX		XXX	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (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	44,794,405	XXX	XXX	44,794,405	0.0004	17,918	0.0023	103,027	0.0030	134,383
31.	2	High Quality	3,181,095	XXX	XXX	3,181,095	0.0019	6,044	0.0058	18,450	0.0090	28,630
32.	3	Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
33.	4	Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
34.	5	Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
35.	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
36.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
37.		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	47,975,500	XXX	XXX	47,975,500	XXX	23,962	XXX	121,477	XXX	163,013
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38.		Mortgages - CM1 - Highest Quality			XXX		0.0010		0.0050		0.0065	
39.		Mortgages - CM2 - High Quality			XXX		0.0035		0.0100		0.0130	
40.		Mortgages - CM3 - Medium Quality			XXX		0.0060		0.0175		0.0225	
41.		Mortgages - CM4 - Low Medium Quality			XXX		0.0105		0.0300		0.0375	
42.		Mortgages - CM5 - Low Quality			XXX		0.0160		0.0425		0.0550	
43.		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
44.		Residential Mortgages - All Other			XXX		0.0013		0.0030		0.0040	
45.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
		Overdue, Not in Process Affiliated:										
46.		Farm Mortgages			XXX		0.0420		0.0760		0.1200	
47.		Residential Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
48.		Residential Mortgages - All Other			XXX		0.0025		0.0058		0.0090	
49.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
50.		Commercial Mortgages - All Other			XXX		0.0420		0.0760		0.1200	
		In Process of Foreclosure Affiliated:										
51.		Farm Mortgages			XXX		0.0000		0.1700		0.1700	
52.		Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
53.		Residential Mortgages - All Other			XXX		0.0000		0.0130		0.0130	
54.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
55.		Commercial Mortgages - All Other			XXX		0.0000		0.1700		0.1700	
56.		Total Affiliated (Sum of Lines 38 through 55)			XXX		XXX		XXX		XXX	
57.		Unaffiliated - In Good Standing With Covenants			XXX		(c)		(c)		(c)	
58.		Unaffiliated - In Good Standing Defeased With Government Securities			XXX		0.0010		0.0050		0.0065	
59.		Unaffiliated - In Good Standing Primarily Senior			XXX		0.0035		0.0110		0.0130	
60.		Unaffiliated - In Good Standing All Other			XXX		0.0060		0.0175		0.0225	
61.		Unaffiliated - Overdue, Not in Process			XXX		0.0420		0.0760		0.1200	
62.		Unaffiliated - In Process of Foreclosure			XXX		0.0000		0.1700		0.1700	
63.		Total Unaffiliated (Sum of Lines 57 through 62)			XXX		XXX		XXX		XXX	
64.		Total with Mortgage Loan Characteristics (Lines 56 + 63)			XXX		XXX		XXX		XXX	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY
ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (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										
66.		Unaffiliated Public		XXX	XXX		0.0000		0.1300 (a)		0.1300 (a)	
67.		Unaffiliated Private		XXX	XXX		0.0000		0.1600		0.1600	
68.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
69.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX		0.0000		0.1300		0.1300	
70.		Affiliated Other - All Other		XXX	XXX		0.0000		0.1600		0.1600	
		Total with Common Stock Characteristics (Sum of Lines 65 through 69)		XXX	XXX		XXX		XXX		XXX	
71.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
72.		Home Office Property (General Account only)					0.0000		0.0750		0.0750	
73.		Investment Properties	36,156,173			36,156,173	0.0000		0.0750	2,711,713	0.0750	
74.		Properties Acquired in Satisfaction of Debt					0.0000		0.1100		0.1100	
		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	36,156,173			36,156,173	XXX		XXX	2,711,713	XXX	
75.		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
76.		Guaranteed Federal Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
77.		Non-guaranteed Federal Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
78.		Guaranteed State Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
79.		Non-guaranteed State Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
80.		All Other Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
		Total LIHTC (Sum of Lines 75 through 79)					XXX		XXX		XXX	
81.		ALL OTHER INVESTMENTS										
82.		NAIC 1 Working Capital Finance Investments		XXX			0.0000		0.0037		0.0037	
83.		NAIC 2 Working Capital Finance Investments		XXX			0.0000		0.0120		0.0120	
84.		Other Invested Assets - Schedule BA		XXX			0.0000		0.1300		0.1300	
85.		Other Short-Term Invested Assets - Schedule DA		XXX			0.0000		0.1300		0.1300	
		Total All Other (Sum of Lines 81, 82, 83 and 84)		XXX			XXX		XXX		XXX	
86.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)	84,131,673			84,131,673	XXX	23,962	XXX	2,833,190	XXX	

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE (Continued)**BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS REPPLICATIONS (SYNTHETIC) ASSETS**

1 RSAT Number	2 Type	3 CUSIP	4 Description of Asset(s)	5 NAIC Designation or Other Description of Asset	6 Value of Asset	7 AVR Basic Contribution	8 AVR Reserve Objective	9 AVR Maximum Reserve
0599999 - Total								

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE F

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

1 Contract Numbers	2 Claim Numbers	3 State of Residence of Claimant	4 Year of Claim for Death or Disability	5 Amount Claimed	6 Amount Paid During the Year	7 Amount Resisted Dec. 31 of Current Year	8 Why Compromised or Resisted
6473877S		GA	2016	10,000	11,610		SETTLEMENT REACHED
6462762L		IL	2016	250,000	29,863		SETTLEMENT REACHED
0199999. Death Claims - Ordinary				260,000	41,473		XXX
0599999. Death Claims - Disposed Of				260,000	41,473		XXX
1099999. Additional Accidental Death Benefits Claims - Disposed Of							XXX
1599999. Disability Benefits Claims - Disposed Of							XXX
2099999. Matured Endowments Claims - Disposed Of							XXX
2599999. Annuities with Life Contingency Claims - Disposed Of							XXX
2699999. Claims Disposed of During Current Year				260,000	41,473		XXX
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
6378341U		IN	2016	500,000		500,000	BENEFICIARY DISPUTES CAUSE OF DEATH AS SUICIDE
2799999. Death Claims - Ordinary				795,000		795,000	XXX
3199999. Death Claims - Resisted				795,000		795,000	XXX
3699999. Additional Accidental Death Benefits Claims - Resisted							XXX
4199999. Disability Benefits Claims - Resisted							XXX
4699999. Matured Endowments Claims - Resisted							XXX
5199999. Annuities with Life Contingencies Claims - Resisted							XXX
5299999. Claims Resisted During Current Year				795,000		795,000	XXX
5399999 - Totals				1,055,000	41,473	795,000	XXX

ANNUAL STATEMENT FOR THE YEAR 2017 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										
	1 Amount	2 %							11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %			
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																			
1. Premiums written	2,569,740	XXX	1,035,563	XXX		XXX		XXX	1,519,299	XXX		XXX		8,909	XXX	5,969	XXX		
2. Premiums earned	2,643,303	XXX	1,036,169	XXX		XXX		XXX	1,591,551	XXX		XXX		9,274	XXX	6,303	XXX		
3. Incurred claims	1,959,096	74.1	2,010,186	194.0					(54,734)	(3.4)				2,448	26.4	1,196	19.0		
4. Cost containment expenses	4,409	0.2	4,409	0.4															
5. Incurred claims and cost containment expenses (Lines 3 and 4)	1,963,505	74.3	2,014,595	194.4					(54,734)	(3.4)				2,448	26.4	1,196	19.0		
6. Increase in contract reserves	(361,193)	(13.7)							(361,193)	(22.7)									
7. Commissions (a)	(127,344)	(4.8)	(51,047)	(4.9)					(76,516)	(4.8)				131	1.4	.88	1.4		
8. Other general insurance expenses	1,640,930	62.1	171,386	16.5		5,603			1,439,660	90.5				7,847	84.6	16,434	260.7		
9. Taxes, licenses and fees	199,949	7.6	46,937	4.5			52		152,763	9.6				.67	0.7	130	2.1		
10. Total other expenses incurred	1,713,535	64.8	167,276	16.1		5,655			1,515,907	95.2				8,045	86.7	16,652	264.2		
11. Aggregate write-ins for deductions																			
12. Gain from underwriting before dividends or refunds	(672,545)	(25.4)	(1,145,703)	(110.6)		(5,655)		6	100.0	491,571	30.9			(1,219)	(13.1)	(11,545)	(183.2)		
13. Dividends or refunds																			
14. Gain from underwriting after dividends or refunds	(672,545)	(25.4)	(1,145,703)	(110.6)		(5,655)		6	100.0	491,571	30.9			(1,219)	(13.1)	(11,545)	(183.2)		
DETAILS OF WRITE-INS																			
1101.																			
1102.																			
1103.																			
1198. Summary of remaining write-ins for Line 11 from overflow page																			
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)																			

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI 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	296,855		768			295,743		206	138
2. Advance premiums	30,706					30,683		14	9
3. Reserve for rate credits									
4. Total premium reserves, current year	327,561		768			326,426		220	147
5. Total premium reserves, prior year	401,130		1,374			398,678		586	481
6. Increase in total premium reserves	(73,569)		(606)			(11)	(72,252)	(366)	(334)
B. Contract Reserves:									
1. Additional reserves (a)	6,768,898					6,768,898			
2. Reserve for future contingent benefits									
3. Total contract reserves, current year	6,768,898					6,768,898			
4. Total contract reserves, prior year.	7,130,091					7,130,091			
5. Increase in contract reserves	(361,193)					(361,193)			
C. Claim Reserves and Liabilities:									
1. Total current year	10,550,488		7,371,454			3,175,560		2,083	1,391
2. Total prior year	10,498,196		6,580,317			3,914,226		885	2,768
3. Increase	52,292		791,137			(738,666)		1,198	(1,377)

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	1,134,418		897,230			234,271		707	2,210
1.2 On claims incurred during current year	772,386		321,819			449,661		543	363
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	8,998,459		6,587,022			2,411,347		54	36
2.2 On claims incurred during current year	1,552,029		784,432			764,213		2,029	1,355
3. Test:									
3.1 Lines 1.1 and 2.1	10,132,877		7,484,252			2,645,618		761	2,246
3.2 Claim reserves and liabilities, December 31, prior year	10,498,196		6,580,317			3,914,226		885	2,768
3.3 Line 3.1 minus Line 3.2	(365,319)		903,935			(1,268,608)		(124)	(522)

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written	4,535,652		1,020,931		283	3,513,971		238	229
2. Premiums earned	4,591,208		1,020,931		283	3,569,527		238	229
3. Incurred claims	3,817,270		954,211			2,860,820		1,343	896
4. Commissions	688,960		51,047			637,913			

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims	4,909,912		866,455	5,776,367
2. Beginning Claim Reserves and Liabilities	20,421,160		3,603,734	24,024,895
3. Ending Claim Reserves and Liabilities	21,207,454		3,742,492	24,949,946
4. Claims Paid	4,123,618		727,697	4,851,315
B. Assumed Reinsurance:				
5. Incurred Claims.....				
6. Beginning Claim Reserves and Liabilities				
7. Ending Claim Reserves and Liabilities				
8. Claims Paid				
C. Ceded Reinsurance:				
9. Incurred Claims.....	3,244,679		572,591	3,817,270
10. Beginning Claim Reserves and Liabilities	11,620,342		2,050,649	13,670,991
11. Ending Claim Reserves and Liabilities	12,342,337		2,178,059	14,520,396
12. Claims Paid	2,522,685		445,180	2,967,865
D. Net:				
13. Incurred Claims.....	1,665,232		293,864	1,959,097
14. Beginning Claim Reserves and Liabilities	8,800,818		1,553,086	10,353,903
15. Ending Claim Reserves and Liabilities	8,865,117		1,564,432	10,429,550
16. Claims Paid	1,600,933		282,518	1,883,450
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses	1,669,642		293,864	1,963,506
18. Beginning Reserves and Liabilities	8,800,818		1,553,086	10,353,903
19. Ending Reserves and Liabilities	8,865,117		1,564,432	10,429,550
20. Paid Claims and Cost Containment Expenses	1,605,342		282,518	1,887,860

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 1 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Amount of In Force at End of Year	8 Reserve	9 Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
0399999. Total General Account - U.S. Affiliates											
0699999. Total General Account - Non-U.S. Affiliates											
0799999. Total General Account - Affiliates											
60895 ..35-0145825 ..01/01/1981 ..AMERICAN UNITED LIFE INSURANCE CO	IN.		YRT/I ..		35,985		1,594		2,668		
60895 ..35-0145825 ..01/01/1981 ..AMERICAN UNITED LIFE INSURANCE CO	IN.		DIS/I ..			3,311					
88064 ..35-1452221 ..08/18/1982 ..CINCINNATI EQUITABLE LIFE INSURANCE CO	OH.		YRT/I ..		123,659		2,879		4,206		
68276 ..48-1024691 ..01/01/1981 ..EMPLOYERS REASSURANCE CORPORATION	KS.		YRT/I ..		85,978		4,154		5,391		
0899999. General Account - U.S. Non-Affiliates						245,622		11,938		12,265	
1099999. Total General Account - Non-Affiliates						245,622		11,938		12,265	
1199999. Total General Account						245,622		11,938		12,265	
1499999. Total Separate Accounts - U.S. Affiliates											
1799999. Total Separate Accounts - Non-U.S. Affiliates											
1899999. Total Separate Accounts - Affiliates											
2199999. Total Separate Accounts - Non-Affiliates											
2299999. Total Separate Accounts											
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)						245,622		11,938		12,265	
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)											
9999999 - Totals						245,622		11,938		12,265	

ANNUAL STATEMENT FOR THE YEAR 2017 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

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY
SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates						
0699999. Total Life and Annuity - Non-U.S. Affiliates						
0799999. Total Life and Annuity - Affiliates						
68276 ..48-1024691 ..01/01/1990 ..EMPLOYERS REASSUR CORP ..				KS ..	25,000	35,722
88340 ..59-2859797 ..04/01/2002 ..HANNOVER LIFE REASSUR CO OF AMER ..				FL ..	50,943	614,000
65676 ..35-0472300 ..09/15/1997 ..LINCOLN NATL LIFE INS CO ..				IN ..	446,186	519,650
66346 ..58-0828824 ..02/01/1988 ..MUNICH AMER REASSUR CO ..				GA ..	1,014,000	294,619
93572 ..43-1235868 ..09/01/1995 ..RGA REINS CO ..				MO ..	3,647,601	1,587,868
67466 ..95-1079000 ..04/01/2001 ..PACIFIC LIFE INS CO ..				NE ..	177,610	261,912
68713 ..84-0499703 ..09/15/1997 ..SECURITY LIFE OF DENVER INS CO ..				CO ..	155,123	760,328
71706 ..57-0290111 ..07/01/1970 ..STANDARD LIFE & CAS INS CO ..				UT ..	7,000	4,000
82627 ..06-0839705 ..08/01/1970 ..SWISS RE LIFE & HLTH AMER INC ..				MO ..	870,391	4,525,078
86231 ..39-0889781 ..04/01/2008 ..TRANSAMERICA LIFE INS CO ..				IA ..	333,333	499,999
0899999. Life and Annuity - U.S. Non-Affiliates					6,727,187	9,103,175
1099999. Total Life and Annuity - Non-Affiliates					6,727,187	9,103,175
1199999. Total Life and Annuity					6,727,187	9,103,175
1499999. Total Accident and Health - U.S. Affiliates						
1799999. Total Accident and Health - Non-U.S. Affiliates						
1899999. Total Accident and Health - Affiliates						
86258 ..13-2572994 ..07/01/1999 ..GENERAL RE LIFE CORP ..				CT ..		279,793
68276 ..48-1024691 ..01/01/1990 ..EMPLOYERS REASSUR CORP ..				KS ..	7,000	
66346 ..58-0828824 ..02/01/1988 ..MUNICH AMER REASSUR CO ..				GA ..	57,694	
93572 ..43-1235868 ..09/01/1995 ..RGA REINS CO ..				MO ..	53,781	
82627 ..06-0839705 ..08/01/1970 ..SWISS RE LIFE & HLTH AMER INC ..				MO ..	2,465	
1999999. Accident and Health - U.S. Non-Affiliates					120,940	279,793
2199999. Total Accident and Health - Non-Affiliates					120,940	279,793
2299999. Total Accident and Health					120,940	279,793
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					6,848,127	9,382,968
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)						
9999999 Totals - Life, Annuity and Accident and Health					6,848,127	9,382,968

ANNUAL STATEMENT FOR THE YEAR 2017 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 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	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance									
								9 Current Year	10 Prior Year		Premiums	12 Current Year	13 Prior Year										
0399999. Total General Account - Authorized U.S. Affiliates																							
0699999. Total General Account - Authorized Non-U.S. Affiliates																							
0799999. Total General Account - Authorized Affiliates																							
68276	48-1024691	01/01/1990	EMPLOYERS REASSURANCE CORPORATION	KS	.CO / I	OL	118,796,447	18,433,947	18,334,819	.438,331													
68276	48-1024691	01/01/1990	EMPLOYERS REASSURANCE CORPORATION	KS	YRT / I	AXXX	1,763,530	17,171	18,732	22,633													
68276	48-1024691	01/01/1990	EMPLOYERS REASSURANCE CORPORATION	KS	YRT / I	XXXL	939,511	6,578	5,372	11,218													
68276	48-1024691	01/01/1990	EMPLOYERS REASSURANCE CORPORATION	KS	YRT / I	OL	1,825,061	8,859	7,795	18,439													
68276	48-1024691	01/01/1990	EMPLOYERS REASSURANCE CORPORATION	KS	DIS / I	OL	345,711	47,526	47,526	14,557													
86258	13-2572994	08/01/2001	GENERAL RE LIFE CORPORATION	CT	.CO / I	XXXL	56,545,736	3,096,290	3,038,516	90,599													
86258	13-2572994	01/01/1967	GENERAL RE LIFE CORPORATION	CT	YRT / I	AXXX	98,702	126	118	226													
86258	13-2572994	01/01/1967	GENERAL RE LIFE CORPORATION	CT	YRT / I	XXXL	152,411	390	394	394													
86258	13-2572994	01/01/1967	GENERAL RE LIFE CORPORATION	CT	DIS / I	OL	22,381	22,112	819														
97071	13-3126819	03/01/1981	SCOR GLOBAL LIFE USA REINSURANCE COMPANY	DE	.CO / I	OL	2,319,731	26,540	25,559	42,328													
97071	13-3126819	08/13/1969	SCOR GLOBAL LIFE USA REINSURANCE COMPANY	DE	YRT / I	OL	71,422	2,382	2,302	3,359													
97071	13-3126819	08/13/1969	SCOR GLOBAL LIFE USA REINSURANCE COMPANY	DE	YRT / I	XXXL	23,274	.44	.39														
97071	13-3126819	07/30/1988	SCOR GLOBAL LIFE USA REINSURANCE COMPANY	DE	ACO / I	OL	250,372	245,298															
97071	13-3126819	08/13/1969	SCOR GLOBAL LIFE USA REINSURANCE COMPANY	DE	OTH / G	OL	.250,389	.30,859	.28,646	.333,732													
88340	59-2859797	04/01/2002	HANNOVER LIFE REASSURANCE COMPANY	FL	.CO / I	XXXL	439,633,655	13,636,349	14,196,821	.711,483													
88340	59-2859797	04/01/2002	HANNOVER LIFE REASSURANCE COMPANY	FL	YRT / I	AXXX	3,300,156	.17,282	.15,564	.29,447													
88340	59-2859797	04/01/2002	HANNOVER LIFE REASSURANCE COMPANY	FL	YRT / I	XXXL	2,908,511,240	2,959,742	2,523,318	2,401,045													
88340	59-2859797	04/01/2002	HANNOVER LIFE REASSURANCE COMPANY	FL	YRT / I	OL	.410,117,821	.131,109	.16,320	.146,055													
88340	59-2859797	04/01/2002	HANNOVER LIFE REASSURANCE COMPANY	FL	DIS / I	OL	.67,146	.68,519	.16,356														
65056	38-1659835	01/01/1999	JACKSON NATIONAL LIFE INSURANCE COMPANY	MI	.CO / I	OL	.7,636,039	4,845,689	5,251,706	.60,952													
65676	35-0472300	09/15/1997	LINCOLN NATIONAL LIFE INSURANCE COMPANY	IN	.CO / I	XXXL	1,502,046,196	18,721,149	19,573,369	2,300,063													
65676	35-0472300	09/15/1997	LINCOLN NATIONAL LIFE INSURANCE COMPANY	IN	.CO / I	OL	1,940,445,341	8,659,315	8,328,829	2,606,087													
65676	35-0472300	09/15/1997	LINCOLN NATIONAL LIFE INSURANCE COMPANY	IN	YRT / I	AXXX	17,525,761	149,853	145,665	(740,730)													
65676	35-0472300	09/15/1997	LINCOLN NATIONAL LIFE INSURANCE COMPANY	IN	YRT / I	XXXL	.21,543,790	.154,380	.141,822	.1,158,790													
65676	35-0472300	09/15/1997	LINCOLN NATIONAL LIFE INSURANCE COMPANY	IN	YRT / I	OL	.138,293,239	.376,470	.367,544	.612,366													
65676	35-0472300	09/15/1997	LINCOLN NATIONAL LIFE INSURANCE COMPANY	IN	DIS / I	OL		.1,311,897	.1,367,277	.75,295													
66346	58-0828824	02/01/1988	MUNICH AMERICAN REASSURANCE COMPANY	GA	.CO / I	XXXL	57,025,739	3,099,257	3,040,083	.91,333													
66346	58-0828824	02/01/1988	MUNICH AMERICAN REASSURANCE COMPANY	GA	.CO / I	OL	.3,563,666	.14,189	.27,753	.16,018													
66346	58-0828824	10/01/1994	MUNICH AMERICAN REASSURANCE COMPANY	GA	YRT / I	AXXX	.127,279,298	.363,244	.319,346	.384,056													
66346	58-0828824	10/01/1994	MUNICH AMERICAN REASSURANCE COMPANY	GA	YRT / I	XXXL	.2,250,629,815	.4,360,045	.4,155,380	.4,385,246													
66346	58-0828824	10/01/1994	MUNICH AMERICAN REASSURANCE COMPANY	GA	YRT / I	OL	.424,421,346	.168,475	.54,714	.175,624													
66346	58-0828824	02/01/1988	MUNICH AMERICAN REASSURANCE COMPANY	GA	DIS / I	OL		.70,686	.64,941	.11,451													
66346	58-0828824	02/01/1988	MUNICH AMERICAN REASSURANCE COMPANY	GA	ADB / I	OL		.416,748		.175,709													
67466	95-1079000	04/01/2002	PACIFIC LIFE INSURANCE COMPANY	NE	.CO / I	XXXL	1,601,269,720	48,303,694	48,985,338	2,609,852													
67466	95-1079000	04/01/2002	PACIFIC LIFE INSURANCE COMPANY	NE	YRT / I	AXXX	.3,184,857	.34,964	.35,634	.27,986													
67466	95-1079000	04/01/2002	PACIFIC LIFE INSURANCE COMPANY	NE	YRT / I	XXXL	.4,038,402	.34,403	.32,305	.29,439													
67466	95-1079000	04/01/2002	PACIFIC LIFE INSURANCE COMPANY	NE	YRT / I	OL	.6,894,689	.41,559	.36,062	.47,117													
67466	95-1079000	04/01/2002	PACIFIC LIFE INSURANCE COMPANY	NE	DIS / I	OL		.205,888	.206,014	.17,508													
93572	43-1235868	09/01/1995	RGA REINSURANCE COMPANY	MO	YRT / I	AXXX	.152,606,870	.585,833	.548,677	.609,144													
93572	43-1235868	09/01/1995	RGA REINSURANCE COMPANY	MO	YRT / I	XXXL	.7,533,847,092	.13,798,502	.13,115,852	.13,285,605													
93572	43-1235868	09/01/1995	RGA REINSURANCE COMPANY	MO	YRT / I	OL	.66,666,863	.129,307	.171,443	.348,053													
93572	43-1235868	09/01/1995	RGA REINSURANCE COMPANY	MO	DIS / I	OL		.85,281	.78,901	.37,803													
93572	43-1235868	02/01/2004	RGA REINSURANCE COMPANY	MO	OTH / G	OL		.207,972,750		.549,036													
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER	CO	.CO / I	AXXX		.204,788	.223,113	.3,188													
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER	CO	.CO / I	XXXL	.2,930,784,201	.92,384,122	.95,085,626	.4,554,772													
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER	CO	CO / I	OL	.69,909,699	.399,902	.383,909	.159,458													
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER	CO	YRT / I	AXXX	.30,806,303	.143,325	.142,774	.210,783													
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER	CO	YRT / I	XXXL	.71,155,205	.527,873	.527,079	.313,660													
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER	CO	YRT / I	OL	.97,287,281	.578,356	.568,609	.806,712													
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER	CO	DIS / I	OL		.462,642	.464,229	.42,485													
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER	CO	OTH / G	OL	.6,595,836	.10,405	.9,743	.22,744													
71706	57-0290111	07/01/1970	STANDARD LIFE & CASUALTY	UT	.CO / I	OL	.1,372,712	.854,914	.879,784	.15,714													
82627	06-0839705	05/01/1981	SWISS RE LIFE & HEALTH AMERICA INC	MO	.CO / I	XXXL	.4,888,221,894	.121,091,644	.124,096,814	.8,525,267													

ANNUAL STATEMENT FOR THE YEAR 2017 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 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		
82627	.06-0839705	05/01/1981	SWISS RE LIFE & HEALTH AMERICA INC	MO	.00 / I	OL	1,942,888,476	23,714,995	23,063,101	2,604,242				
82627	.06-0839705	08/01/1978	SWISS RE LIFE & HEALTH AMERICA INC	MO	YRT / I	AXXX	44,141,121	348,186	319,978	(851,898)				
82627	.06-0839705	08/01/1978	SWISS RE LIFE & HEALTH AMERICA INC	MO	YRT / I	XXXL	5,770,407,981	7,932,795	7,071,670	7,805,589				
82627	.06-0839705	08/01/1978	SWISS RE LIFE & HEALTH AMERICA INC	MO	YRT / I	OL	555,117,703	509,148	359,513	1,437,561				
82627	.06-0839705	08/01/1978	SWISS RE LIFE & HEALTH AMERICA INC	MO	DIS / I	OL		1,636,141	1,696,089	136,688				
82627	.06-0839705	06/01/1974	SWISS RE LIFE & HEALTH AMERICA INC	MO	OTH / G	OL	336,212,855	10,402	9,774	1,305,235				
86231	.39-0989781	04/01/2008	TRANSAMERICA LIFE INS CO	IA	YRT / I	AXXX	3,891,769	29,580	21,804	43,847				
86231	.39-0989781	04/01/2008	TRANSAMERICA LIFE INS CO	IA	YRT / I	XXXL	1,947,032,086	3,687,121	3,446,135	3,315,749				
86231	.39-0989781	04/01/2008	TRANSAMERICA LIFE INS CO	IA	YRT / I	OL	438,128	1,714	215	2,039				
86231	.39-0989781	04/01/2008	TRANSAMERICA LIFE INS CO	IA	DIS / I	OL		5,267	5,350	8,995				
0899999.	General Account - Authorized U.S. Non-Affiliates						38,707,503,809	399,517,426	403,021,734	63,617,654				
1099999.	Total General Account - Authorized Non-Affiliates						38,707,503,809	399,517,426	403,021,734	63,617,654				
1199999.	Total General Account Authorized						38,707,503,809	399,517,426	403,021,734	63,617,654				
1499999.	Total General Account - Unauthorized U.S. Affiliates													
1799999.	Total General Account - Unauthorized Non-U.S. Affiliates													
1899999.	Total General Account - Unauthorized Affiliates													
00000	..AA-1440076 .. SIRIUS INTERNATIONAL INSURANCE COMPANY LTD	10/01/2000		SWE	YRT / I	OL	3,045,797	24,794	22,573	20,999				
2099999.	General Account - Unauthorized Non-U.S. Non-Affiliates						3,045,797	24,794	22,573	20,999				
2199999.	Total General Account - Unauthorized Non-Affiliates						3,045,797	24,794	22,573	20,999				
2299999.	Total General Account Unauthorized						3,045,797	24,794	22,573	20,999				
2599999.	Total General Account - Certified U.S. Affiliates													
2899999.	Total General Account - Certified Non-U.S. Affiliates													
2999999.	Total General Account - Certified Affiliates													
3299999.	Total General Account - Certified Non-Affiliates													
3399999.	Total General Account Certified													
3499999.	Total General Account Authorized, Unauthorized and Certified						38,710,549,606	399,542,220	403,044,307	63,638,653				
3799999.	Total Separate Accounts - Authorized U.S. Affiliates													
4099999.	Total Separate Accounts - Authorized Non-U.S. Affiliates													
4199999.	Total Separate Accounts - Authorized Affiliates													
4499999.	Total Separate Accounts - Authorized Non-Affiliates													
4599999.	Total Separate Accounts Authorized													
4899999.	Total Separate Accounts - Unauthorized U.S. Affiliates													
5199999.	Total Separate Accounts - Unauthorized Non-U.S. Affiliates													
5299999.	Total Separate Accounts - Unauthorized Affiliates													
5599999.	Total Separate Accounts - Unauthorized Non-Affiliates													
5699999.	Total Separate Accounts Unauthorized													
5999999.	Total Separate Accounts - Certified U.S. Affiliates													
6299999.	Total Separate Accounts - Certified Non-U.S. Affiliates													
6399999.	Total Separate Accounts - Certified Affiliates													
6699999.	Total Separate Accounts - Certified Non-Affiliates													
6799999.	Total Separate Accounts Certified													
6899999.	Total Separate Accounts Authorized, Unauthorized and Certified													
6999999.	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)						38,707,503,809	399,517,426	403,021,734	63,617,654				
7099999.	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)						3,045,797	24,794	22,573	20,999				
9999999.	Totals						38,710,549,606	399,542,220	403,044,307	63,638,653				

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999.			Total General Account - Authorized U.S. Affiliates										
0699999.			Total General Account - Authorized Non-U.S. Affiliates										
0799999.			Total General Account - Authorized Affiliates										
86258	..13-2572994	..07/01/1999	GENERAL RE LIFE CORP	CT	CO/I	LTC	2,079,809	656,265	30,541,932				
82627	..06-0839705	..08/01/1997	SWISS RE LIFE & HLTH AMER INC	MO	YRT/I	OH	7,035	5,204	26,109				
66346	..58-0828824	..02/01/1988	MUNICH AMER REASSUR CO	GA	CO/I	OH	1,427,876	417,132	7,179,906				
68276	..48-1024691	..01/01/1990	EMPLOYERS REASSUR CORP	KS	CO/I	OH		1,742	172,234				
93572	..43-1235868	..09/01/1995	RGA REINS CO	MO	CO/G	LTDI	1,020,931	3,749,937					
0899999.			General Account - Authorized U.S. Non-Affiliates					4,535,651	1,080,342	41,670,118			
1099999.			Total General Account - Authorized Non-Affiliates					4,535,651	1,080,342	41,670,118			
1199999.			Total General Account Authorized					4,535,651	1,080,342	41,670,118			
1499999.			Total General Account - Unauthorized U.S. Affiliates										
1799999.			Total General Account - Unauthorized Non-U.S. Affiliates										
1899999.			Total General Account - Unauthorized Affiliates										
2199999.			Total General Account - Unauthorized Non-Affiliates										
2299999.			Total General Account Unauthorized										
2599999.			Total General Account - Certified U.S. Affiliates										
2899999.			Total General Account - Certified Non-U.S. Affiliates										
2999999.			Total General Account - Certified Affiliates										
3299999.			Total General Account - Certified Non-Affiliates										
3399999.			Total General Account Certified										
3499999.			Total General Account Authorized, Unauthorized and Certified					4,535,651	1,080,342	41,670,118			
3799999.			Total Separate Accounts - Authorized U.S. Affiliates										
4099999.			Total Separate Accounts - Authorized Non-U.S. Affiliates										
4199999.			Total Separate Accounts - Authorized Affiliates										
4499999.			Total Separate Accounts - Authorized Non-Affiliates										
4599999.			Total Separate Accounts Authorized										
4899999.			Total Separate Accounts - Unauthorized U.S. Affiliates										
5199999.			Total Separate Accounts - Unauthorized Non-U.S. Affiliates										
5299999.			Total Separate Accounts - Unauthorized Affiliates										
5599999.			Total Separate Accounts - Unauthorized Non-Affiliates										
5699999.			Total Separate Accounts Unauthorized										
5999999.			Total Separate Accounts - Certified U.S. Affiliates										
6299999.			Total Separate Accounts - Certified Non-U.S. Affiliates										
6399999.			Total Separate Accounts - Certified Affiliates										
6699999.			Total Separate Accounts - Certified Non-Affiliates										
6799999.			Total Separate Accounts Certified										
6899999.			Total Separate Accounts Authorized, Unauthorized and Certified										
6999999.			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)					4,535,651	1,080,342	41,670,118			
7099999.			Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)										
9999999.			Totals					4,535,651	1,080,342	41,670,118			

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols.5+6+7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999. Total General Account - Life and Annuity U.S. Affiliates									XXX					
0699999. Total General Account - Life and Annuity Non-U.S. Affiliates									XXX					
0799999. Total General Account - Life and Annuity Affiliates									XXX					
.....0000	AA-1440076	10/01/2000	SIRIUS INTL INS CORP	24,794			24,794	24,795	8282					24,794
0999999. General Account - Life and Annuity Non-U.S. Non-Affiliates				24,794			24,794	24,795	XXX					24,794
1099999. Total General Account - Life and Annuity Non-Affiliates				24,794			24,794	24,795	XXX					24,794
1199999. Total General Account Life and Annuity				24,794			24,794	24,795	XXX					24,794
1499999. Total General Account - Accident and Health U.S. Affiliates									XXX					
1799999. Total General Account - Accident and Health Non-U.S. Affiliates									XXX					
1899999. Total General Account - Accident and Health Affiliates									XXX					
2199999. Total General Account - Accident and Health Non-Affiliates									XXX					
2299999. Total General Account Accident and Health									XXX					
2399999. Total General Account				24,794			24,794	24,795	XXX					24,794
2699999. Total Separate Accounts - U.S. Affiliates									XXX					
2999999. Total Separate Accounts - Non-U.S. Affiliates									XXX					
3099999. Total Separate Accounts - Affiliates									XXX					
3399999. Total Separate Accounts - Non-Affiliates									XXX					
3499999. Total Separate Accounts									XXX					
3599999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)									XXX					
3699999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)				24,794			24,794	24,795	XXX					24,794
9999999 - Totals				24,794			24,794	24,795	XXX					24,794

(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
8282	1.....	021000089	CITIBANK, N.A.		24,795

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 6Five Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	68,174	62,622	62,425	61,282	59,235
2. Commissions and reinsurance expense allowances	5,310	5,133	5,704	5,966	6,224
3. Contract claims	68,999	58,040	54,652	64,119	54,621
4. Surrender benefits and withdrawals for life contracts	297	3,889	646	2,604	112
5. Dividends to policyholders					
6. Reserve adjustments on reinsurance ceded					
7. Increase in aggregate reserve for life and accident and health contracts	(772)	(1,570)	7,270	10,634	17,530
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	16,339	15,404	16,667	16,456	15,708
9. Aggregate reserves for life and accident and health contracts	442,293	443,065	444,635	439,364	428,730
10. Liability for deposit-type contracts					
11. Contract claims unpaid	9,383	8,131	12,203	11,390	6,884
12. Amounts recoverable on reinsurance	6,848	6,967	5,741	5,316	347
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends (not included in Line 10)					
15. Commissions and reinsurance expense allowances due	1,317	1,300	1,589	1,689	1,683
16. Unauthorized reinsurance offset					
17. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)	25	23	21	19	17
20. Trust agreements (T)					
21. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust					
23. Funds deposited by and withheld from (F)					
24. Letters of credit (L)					
25. Trust agreements (T)					
26. Other (O)					

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI 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)	3,427,924,609		3,427,924,609
2. Reinsurance (Line 16)	8,165,521	(8,165,521)	
3. Premiums and considerations (Line 15)	135,973,297	16,338,641	152,311,937
4. Net credit for ceded reinsurance	XXX	443,502,527	443,502,527
5. All other admitted assets (balance)	58,685,094		58,685,094
6. Total assets excluding Separate Accounts (Line 26)	3,630,748,521	451,675,646	4,082,424,168
7. Separate Account assets (Line 27)	776,423,736		776,423,736
8. Total assets (Line 28)	4,407,172,258	451,675,646	4,858,847,904
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	3,163,007,055	442,292,678	3,605,299,733
10. Liability for deposit-type contracts (Line 3)	162,193,402		162,193,402
11. Claim reserves (Line 4)	20,445,662	9,382,968	29,828,630
12. Policyholder dividends/reserves (Lines 5 through 7)	75		75
13. Premium & annuity considerations received in advance (Line 8)	1,175,276		1,175,276
14. Other contract liabilities (Line 9)	21,002,696		21,002,696
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)			
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)			
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)			
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)			
19. All other liabilities (balance)	67,786,228		67,786,228
20. Total liabilities excluding Separate Accounts (Line 26)	3,435,610,395	451,675,646	3,887,286,041
21. Separate Account liabilities (Line 27)	776,423,736		776,423,736
22. Total liabilities (Line 28)	4,212,034,131	451,675,646	4,663,709,777
23. Capital & surplus (Line 38)	195,138,127	XXX	195,138,127
24. Total liabilities, capital & surplus (Line 39)	4,407,172,258	451,675,646	4,858,847,904
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	442,292,678		
26. Claim reserves	9,382,968		
27. Policyholder dividends/reserves			
28. Premium & annuity considerations received in advance			
29. Liability for deposit-type contracts			
30. Other contract liabilities			
31. Reinsurance ceded assets	8,165,521		
32. Other ceded reinsurance recoverables			
33. Total ceded reinsurance recoverables	459,841,168		
34. Premiums and considerations	16,338,641		
35. Reinsurance in unauthorized companies			
36. Funds held under reinsurance treaties with unauthorized reinsurers			
37. Reinsurance with Certified Reinsurers			
38. Funds held under reinsurance treaties with Certified Reinsurers			
39. Other ceded reinsurance payables/offsets			
40. Total ceded reinsurance payable/offsets	16,338,641		
41. Total net credit for ceded reinsurance	443,502,527		

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

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

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL	5,245,088	44,819	27,665	43,572		5,361,145
2. Alaska	AK	56,898					56,898
3. Arizona	AZ	2,904,815	88,039	12,986	7,322		3,013,161
4. Arkansas	AR	3,075,107	241,260	5,805			3,322,172
5. California	CA	7,032,820	248,958	6,377			7,288,154
6. Colorado	CO	2,381,582	5,972	7,127	2,542		2,397,223
7. Connecticut	CT	876,942	19,780	2,605			899,327
8. Delaware	DE	470,291	37,569	2,091			509,951
9. District of Columbia	DC	149,319			3,692		153,011
10. Florida	FL	7,360,798	649,240	13,272	140,811		8,164,121
11. Georgia	GA	14,765,549	96,474	54,730	253,430		15,170,184
12. Hawaii	HI	60,312					60,312
13. Idaho	ID	1,032,898	42,802	4,180			1,079,880
14. Illinois	IL	17,880,296	2,519,720	197,602	163,530		20,761,149
15. Indiana	IN	18,106,545	3,111,345	156,974	45,569		21,420,434
16. Iowa	IA	12,004,038	3,916,482	51,287	60,051		16,031,858
17. Kansas	KS	4,462,427	83,435	5,292	12,958		4,564,112
18. Kentucky	KY	10,620,663	266,994	64,345	124,748	350,000	11,426,751
19. Louisiana	LA	981,142	106,243	1,166			1,088,551
20. Maine	ME	185,467					185,467
21. Maryland	MD	3,719,954	237,110	31,590	9,175		3,997,829
22. Massachusetts	MA	896,625		501	13,636		910,763
23. Michigan	MI	14,836,412	3,737,154	244,609	140,656		18,958,832
24. Minnesota	MN	10,572,345	2,911,747	50,466	20,939		13,555,497
25. Mississippi	MS	659,797	300	1,355			661,452
26. Missouri	MO	9,199,190	416,116	39,392	24,102		9,678,801
27. Montana	MT	1,829,961	4,680	4,798			1,839,438
28. Nebraska	NE	2,415,413	91,274	15,977			2,522,664
29. Nevada	NV	542,313	86,327	13,877			642,517
30. New Hampshire	NH	485,686	35,259	2,675	1,618		525,239
31. New Jersey	NJ	923,340					923,340
32. New Mexico	NM	524,901	797,288	284	8,518		1,330,990
33. New York	NY	389,679	13,200	1,561			404,440
34. North Carolina	NC	13,465,156	364,712	96,229	118,781		14,044,878
35. North Dakota	ND	1,501,411	300	3,593			1,505,304
36. Ohio	OH	48,633,395	1,885,440	411,927	773,608		51,704,370
37. Oklahoma	OK	1,260,554	148,671	5,434			1,414,659
38. Oregon	OR	1,568,610	14,008	959			1,583,576
39. Pennsylvania	PA	21,358,588	3,137,720	224,982	92,936		24,814,226
40. Rhode Island	RI	99,491					99,491
41. South Carolina	SC	4,528,620	24,125	24,608	86,144		4,663,497
42. South Dakota	SD	1,452,075	164,615	1,397			1,618,087
43. Tennessee	TN	10,156,865	1,599,453	91,294	44,946		11,892,558
44. Texas	TX	9,792,262	255,854	23,468	12,190		10,083,774
45. Utah	UT	1,734,452	628,419	25,525			2,388,397
46. Vermont	VT	478,119		2,261			480,380
47. Virginia	VA	4,872,723	49,887	40,152	49,060		5,011,823
48. Washington	WA	2,649,747	465,673	6,188	4,473		3,126,081
49. West Virginia	WV	2,647,061	85,374	20,765	9,168		2,762,367
50. Wisconsin	WI	9,884,013	2,054,753	91,703	133,814		12,164,282
51. Wyoming	WY	319,472	40,000	3,019			362,491
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR	2,373					2,373
55. U.S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CAN	27,329					27,329
58. Aggregate Other Alien	OT	4,880					4,880
59. Total		293,085,806	30,728,593	2,094,096	2,401,989	350,000	328,660,484

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI 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? 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

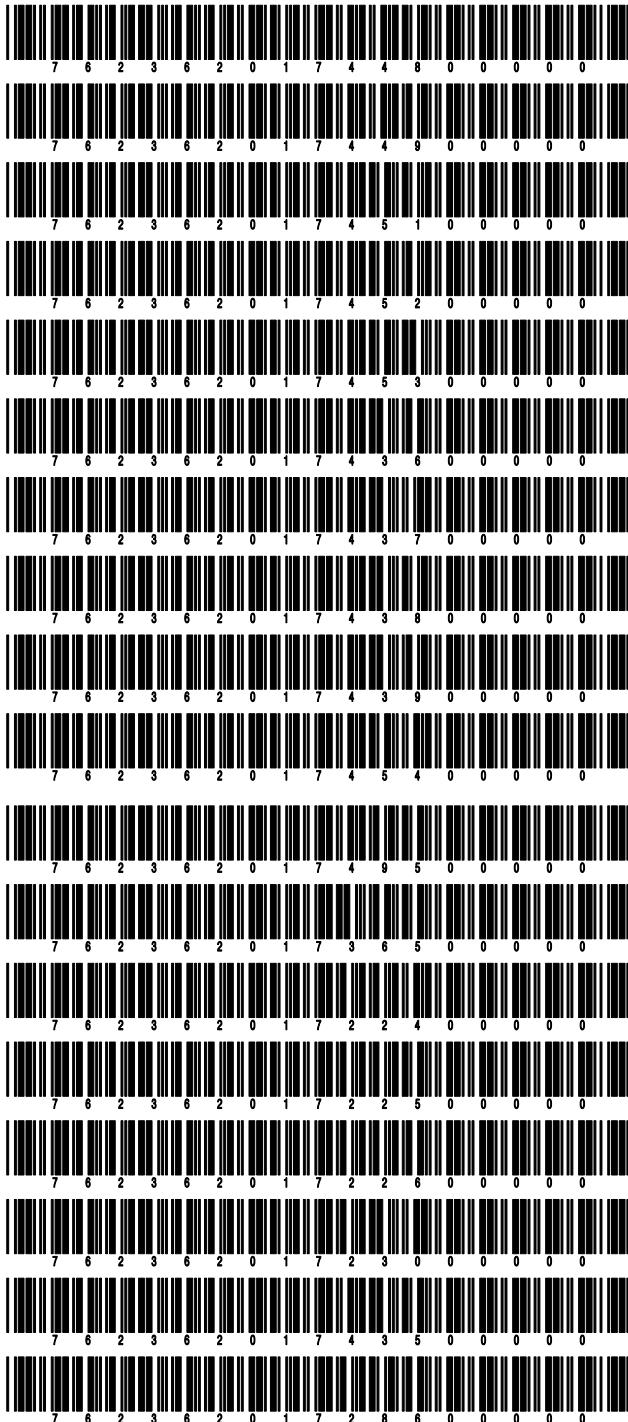
24. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? NO

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 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]
- 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]
- 44. Credit Insurance Experience Exhibit [Document Identifier 230]
- 50. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]
- 52. Variable Annuities Supplement [Document Identifier 286]



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY
OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2504. AGENTS' BALANCES	25,630	25,630		
2505. TUITION REIMBURSEMENT RECEIVABLE	60,712	22,646	38,066	12,127
2597. Summary of remaining write-ins for Line 25 from overflow page	86,341	48,275	38,066	12,127



SUPPLEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Arizona

NAIC Group Code 0244

NAIC Company Code 76236

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

Person Completing This Exhibit Elaine Mackey

Title Secretary & Actuary

Telephone Number 513-870-2000

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										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	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	1588/1590	P	YES	0034000				01/01/1989	Medicare Supplement Policy	820	196	23.9	1				
0199999. Total Experience on Individual Policies																	

GENERAL INTERROGATORIES

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



**SUPPLEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2017
(To Be Filed by March 1)

FOR THE STATE OF Florida.....
NAIC Group Code 0244

NAIC Company Code 76236

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

Person Completing This Exhibit Elaine Mackey

Title Secretary & Actuary

Telephone Number 513-870-2000

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										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	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	1588/1590	P	YES	0034000				01/01/1989	Medicare Supplement Policy	738	374	50.7	1				
0199999. Total Experience on Individual Policies																	

GENERAL INTERROGATORIES

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



**SUPPLEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2017
(To Be Filed by March 1)

FOR THE STATE OF Illinois.....

NAIC Group Code 0244

NAIC Company Code 76236

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

Person Completing This Exhibit Elaine Mackey

Title Secretary & Actuary

Telephone Number 513-870-2000

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										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	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	6655	P	YES	0034000	03/20/1987			01/01/1989	Medicare Supplement Policy	555	243	43.8	1				
0199999. Total Experience on Individual Policies										555	243	43.8	1				

GENERAL INTERROGATORIES

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



**SUPPLEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2017
(To Be Filed by March 1)

FOR THE STATE OF Ohio.....
NAIC Group Code 0244

NAIC Company Code 76236

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

Person Completing This Exhibit Elaine Mackey

Title Secretary & Actuary

Telephone Number 513-870-2000

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										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	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	1588/1590	P.	YES	0034000	10/13/1982			01/01/1989	Medicare Supplement Policy	239			1				
YES	6655	P.	YES	0034000	02/27/1987			01/01/1989	Medicare Supplement Policy	1,048	49	4.7	1				
0199999. Total Experience on Individual Policies										1,287	49	3.8	2				

GENERAL INTERROGATORIES

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



**SUPPLEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2017
(To Be Filed by March 1)

FOR THE STATE OF Washington.....
NAIC Group Code 0244..... NAIC Company Code 76236

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

Person Completing This Exhibit Elaine Mackey

Title Secretary & Actuary Telephone Number 513-870-2000

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										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	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
YES	6655	P	YES	0034000	02/27/1987			01/01/1989	Medicare Supplement Policy			115					
0199999. Total Experience on Individual Policies																	

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY
VM-20 RESERVES SUPPLEMENT – PART 1

Life Insurance Reserves Valued According to VM-20 by Product Type
 For The Year Ended December 31, 2017
 (To Be Filed by March 1)
 (\$000 Omitted Except for Number of Policies)

NAIC Group Code 0244

NAIC Company Code 76236

	Prior Year			Current Year												
	1 Reported Reserve	2 Reported Reserve	3 Deferred Premium Asset	SECTION A						SECTION B				SECTION C		
				4 Net Premium Reserve	5 Deterministic Reserve	6 Stochastic Reserve	7 Number of Policies	8 Face Amount	9 Net Premium Reserve	10 Deterministic Reserve	11 Number of Policies	12 Face Amount	13 Net Premium Reserve	14 Number of Policies	15 Face Amount	
1. Post-Reinsurance-Ceded Reserve																
1.1. Term Life Insurance		3,264						XXX	XXX	3,264	(4,714)	XXX	XXX	XXX	XXX	
1.2. Universal Life With Secondary Guarantee								XXX	XXX			XXX	XXX	XXX	XXX	
1.3. Non-Participating Whole Life								XXX	XXX			XXX	XXX	XXX	XXX	
1.4. Participating Whole Life								XXX	XXX			XXX	XXX	XXX	XXX	
1.5. Universal Life Without Secondary Guarantee								XXX	XXX			XXX	XXX	XXX	XXX	
1.6. Variable Universal Life								XXX	XXX			XXX	XXX	XXX	XXX	
1.7. Variable Life								XXX	XXX			XXX	XXX	XXX	XXX	
1.8. Indexed Life								XXX	XXX			XXX	XXX	XXX	XXX	
1.9. Aggregate Write-Ins for Other Products								XXX	XXX			XXX	XXX	XXX	XXX	
2. Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9)		3,264		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3. Pre-Reinsurance-Ceded Reserve										3,618	(1,414)	12,156	5,824,968	XXX		
3.1. Term Life Insurance		3,618														
3.2. Universal Life With Secondary Guarantee																
3.3. Non-Participating Whole Life																
3.4. Participating Whole Life																
3.5. Universal Life Without Secondary Guarantee																
3.6. Variable Universal Life																
3.7. Variable Life																
3.8. Indexed Life																
3.9. Aggregate Write-Ins for Other Products																
4. Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through 3.9)		3,618		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5. Total Reserves Ceded (Line 4 minus Line 2)		354	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
DETAILS OF WRITE-INS																
1.901.								XXX	XXX			XXX	XXX	XXX	XXX	
1.902.								XXX	XXX			XXX	XXX	XXX	XXX	
1.903.								XXX	XXX			XXX	XXX	XXX	XXX	
1.998. Summary of remaining write-ins for Line 1.9 from overflow page								XXX	XXX			XXX	XXX	XXX	XXX	
1.999. Totals (Lines 1.901 thru 1.903 plus 1.998) (Line 1.9 above)								XXX	XXX			XXX	XXX	XXX	XXX	
3.901.																
3.902.																
3.903.																
3.998. Summary of remaining write-ins for Line 3.9 from overflow page																
3.999. Totals (Lines 3.901 thru 3.903 plus 3.998) (Line 3.9 above)																

SUPPLEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

VM-20 RESERVES SUPPLEMENT – PART 2

Reserves for Policies Not Based on VM-20 as a Result of the Three-Year Transition Period

For The Year Ended December 31, 2017

(To Be Filed by March 1)

(\$000 Omitted Except for Number of Policies)

	Three-Year Transition Period					
	Prior Year		Current Year			
	1 Gross Reserve	2 Net Reserve	3 Gross Reserve	4 Net Reserve	5 Number of Policies	6 Face Amount
1. Life Insurance Reserves						
1.1. Term Life			9,937	9,760	9,044	1,866,705
1.2. Universal Life With Secondary Guarantee			7,432	7,406	554	117,413
1.3. Non-Participating Whole Life			3,634	3,561	10,047	314,609
1.4. Participating Whole Life						
1.5. Universal Life Without Secondary Guarantee			593	545	1,005	85,651
1.6. Variable Universal Life						
1.7. Variable Life						
1.8. Indexed Life						
1.9. Aggregate Write-Ins for Other Products						
2. Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9)			21,596	21,272	20,650	2,384,378
DETAILS OF WRITE-INS						
1.901.						
1.902.						
1.903.						
1.998. Summary of remaining write-ins for Line 1.9 from overflow page						
1.999. Totals (Lines 1.901 thru 1.903 plus 1.998) (Line 1.9 above)						

VM-20 RESERVES SUPPLEMENT – PART 3

Companywide Exemption

For The Year Ended December 31, 2017

(To Be Filed by March 1)

(\$000 Omitted Except for Number of Policies)

Companywide Exemption as defined in the NAIC adopted Valuation Manual (VM)	
1. Has the company filed and been granted a companywide exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2. If the response to Question 1 is "Yes", then check the source of the granted "companywide exemption" definition? (Check either 2.1, 2.2 or 2.3)	
2.1 NAIC Adopted VM <input type="checkbox"/>	
2.2 State Statute (SVL) <input type="checkbox"/> Complete items "a" and "b" as appropriate.	
a. Is the criteria in the State Statute (SVL) different from the NAIC adopted VM?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. If the answer to "a" above is "Yes", provide the criteria the state has used to grant the companywide exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):	.....
2.3 State Regulation <input type="checkbox"/> Complete items "a" and "b" as appropriate.	
a. Is the criteria in the State Regulation different from the NAIC adopted VM?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. If the answer to "a" above is "Yes", provide the criteria the state has used to grant the companywide exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):	.....



SUPPLEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2017
(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 0244 NAIC Company Code 76236 Employer's Identification Number (FEIN) 31-1213778

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 2013	2 2014	3 2015	4 2016	5 2017(a)
1. Prior	870	532	395	307	255
2. 2013	78	304	108	141	116
3. 2014	XXX	144	287	122	101
4. 2015	XXX	XXX	179	326	270
5. 2016	XXX	XXX	XXX	186	154
6. 2017	XXX	XXX	XXX	XXX	322

Section B - Other Accident and Health

1. Prior	348	149	144	85	84
2. 2013	583	118	26	.54	.16
3. 2014	XXX	540	.114	25	.63
4. 2015	XXX	XXX	.552	110	.30
5. 2016	XXX	XXX	XXX	546	.44
6. 2017	XXX	XXX	XXX	XXX	451

Section C - Credit Accident and Health

1. Prior					
2. 2013					
3. 2014	XXX				
4. 2015	XXX				
5. 2016	XX	XX	XX		
6. 2017	XX	XX	XXX	XXX	

NONE

Section D -

1. Prior					
2. 2013					
3. 2014	XXX				
4. 2015	XXX				
5. 2016	XX	XX	XX		
6. 2017	XX	XX	XXX	XXX	

NONE

Section E -

1. Prior					
2. 2013					
3. 2014	XXX				
4. 2015	XXX				
5. 2016	XX	XX	XX		
6. 2017	XX	XX	XXX	XXX	

NONE

Section F -

1. Prior					
2. 2013					
3. 2014	XXX				
4. 2015	XXX				
5. 2016	XX	XX	XX		
6. 2017	XX	XX	XXX	XXX	

NONE

Section G -

1. Prior					
2. 2013					
3. 2014	XXX				
4. 2015	XXX				
5. 2016	XX	XX	XX		
6. 2017	XX	XX	XXX	XXX	

NONE

(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 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses

(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. 2013	1,239	1,166	1,104	XXX	XXX
2. 2014	XXX	1,006	981	1,151	XXX
3. 2015	XXX	XXX	1,224	1,118	1,600
4. 2016	XXX	XXX	XXX	1,111	1,475
5. 2017	XXX	XXX	XXX	XXX	1,106

Section B - Other Accident and Health

1. 2013	1,687	1,464	1,284	XXX	XXX
2. 2014	XXX	1,399	1,117	1,094	XXX
3. 2015	XXX	XXX	1,366	1,079	1,103
4. 2016	XXX	XXX	XXX	1,327	1,402
5. 2017	XXX	XXX	XXX	XXX	1,218

Section C - Credit Accident and Health

1. 2013				XXX	XXX
2. 2014	XXX				XXX
3. 2015	XXX	XX			
4. 2016	XX	XX	XXX		
5. 2017	XX	XX	XXX	XXX	

Section D -

1. 2013				XXX	XXX
2. 2014	XXX				XXX
3. 2015	XXX	XX			
4. 2016	XX	XX	XXX		
5. 2017	XX	XX	XXX	XXX	

Section E -

1. 2013				XXX	XXX
2. 2014	XXX				XXX
3. 2015	XXX	XX			
4. 2016	XX	XX	XXX		
5. 2017	XX	XX	XXX	XXX	

Section F -

1. 2013				XXX	XXX
2. 2014	XXX				XXX
3. 2015	XXX	XX			
4. 2016	XX	XX	XXX		
5. 2017	XX	XX	XXX	XXX	

Section G -

1. 2013				XXX	XXX
2. 2014	XXX				XXX
3. 2015	XXX	XX			
4. 2016	XX	XX	XXX		
5. 2017	XX	XX	XXX	XXX	

NONE

SUPPLEMENT FOR THE YEAR 2017 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
($\$000$ Omitted)

Section A - Group Accident and Health

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 2013	2 2014	3 2015	4 2016	5 2017
1. 2013					
2. 2014	XXX				
3. 2015	XXX	XXX			
4. 2016	XXX	XXX	XXX		
5. 2017	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2013					
2. 2014	XXX				
3. 2015	XXX	XXX			
4. 2016	XXX	XXX	XXX		
5. 2017	XXX	XXX	XXX	XXX	

Section C - Group Accident and Health

1. 2013					
2. 2014	XXX				
3. 2015	XXX	XXX			
4. 2016	XXX	XXX	XXX		
5. 2017	XXX	XXX	XXX	XXX	

Section D - Other Accident and Health

1. 2013					
2. 2014	XXX				
3. 2015	XXX	XXX			
4. 2016	XXX	XXX	XXX		
5. 2017	XXX	XXX	XXX	XXX	

Section E - Other Accident and Health

1. 2013					
2. 2014	XXX				
3. 2015	XXX	XXX			
4. 2016	XXX	XXX	XXX		
5. 2017	XXX	XXX	XXX	XXX	

Section F - Other Accident and Health

1. 2013					
2. 2014	XXX				
3. 2015	XXX	XXX			
4. 2016	XXX	XXX	XXX		
5. 2017	XXX	XXX	XXX	XXX	

Section G - Other Accident and Health

1. 2013					
2. 2014	XXX				
3. 2015	XXX	XXX			
4. 2016	XXX	XXX	XXX		
5. 2017	XXX	XXX	XXX	XXX	

Section H - Other Accident and Health

1. 2013					
2. 2014	XXX				
3. 2015	XXX	XXX			
4. 2016	XXX	XXX	XXX		
5. 2017	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	270
2. Ordinary Life	OTHER	15,370
3. Individual Annuity	OTHER	3,422
4. Supplementary Contracts		
5. Credit Life		
6. Group Life	DEVELOPMENT	193
7. Group Annuities		
8. Group Accident and Health	DEVELOPMENT	7,371
9. Credit Accident and Health		
10. Other Accident and Health	DEVELOPMENT	3,179
11. Total		29,806

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