



LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT  
FOR THE YEAR ENDED DECEMBER 31, 2017  
OF THE CONDITION AND AFFAIRS OF THE

Cincinnati Equitable Life Insurance Company

NAIC Group Code0838NAIC Company Code88064Employer's ID Number35-1452221

(Current)(Prior)

Organized under the Laws of, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

Incorporated/Organized10/19/1977Commenced Business07/11/1978

Statutory Home Office525 Vine Street, Suite 1925Cincinnati, OH, US 45202

(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office525 Vine Street, Suite 1925Cincinnati, OH, US 45202513-621-1826

(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail AddressP.O. BOX 3428Cincinnati, OH, US 45202-3428

(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records525 Vine Street, Suite 1925Cincinnati, OH, US 45202513-621-1826

(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.cineqlife.com

Statutory Statement ContactGregory Allen Baker513-621-1826

(Name)(Area Code) (Telephone Number)

gbaker@cineqlife.com513-621-4531

(E-mail Address)(FAX Number)

OFFICERS

Chairman of the BoardPeter A AlpaughPresident/CEO/CFO/TreasurerGregory A Baker

SecretaryLinda S BalesV.P. Sales & MarketingTonya G Crawford

OTHER

DIRECTORS OR TRUSTEES

Peter A AlpaughAndrea A KesselGregory A Baker

James W KetringDrew F Knowles

State ofOhioSS:

County ofHamilton

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

Peter AlpaughLinda BalesGregory Baker

Chairman of the BoardSecretaryTreasurer

Subscribed and sworn to before me this20th day of February, 2018

a. Is this an original filing? b. If no, 1. State the amendment number..... 2. Date filed ..... 3. Number of pages attached.....

Yes [ X ] No [ ]

Richard Hansman, Jr.

November 8, 2019



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2017

NAIC Group Code 0838

LIFE INSURANCE

NAIC Company Code 88064

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	8,680,001				8,680,001
2. Annuity considerations .....	23,514				23,514
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	8,703,515	0	0	0	8,703,515
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....	4,223,361				4,223,361
10. Matured endowments .....					0
11. Annuity benefits .....	133,768				133,768
12. Surrender values and withdrawals for life contracts .....	14,667				14,667
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	4,371,796	0	0	0	4,371,796
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	13	76,553	0	0	0	0	0	0	13	76,553
17. Incurred during current year Settled during current year:	664	4,223,361							664	4,223,361
18.1 By payment in full .....	657	4,182,594							657	4,182,594
18.2 By payment on compromised claims .....	4	4,402							4	4,402
18.3 Totals paid .....	661	4,186,996	0	0	0	0	0	0	661	4,186,996
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	661	4,186,996	0	0	0	0	0	0	661	4,186,996
19. Unpaid Dec. 31, current year (16+17-18.6) .....	16	112,918	0	0	0	0	0	0	16	112,918
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	6,296	38,510,242	0 (a)	0	0	0	0	0	6,296	38,510,242
21. Issued during year .....	1,569	9,852,245							1,569	9,852,245
22. Other changes to in force (Net) .....	(760)	(4,923,957)							(760)	(4,923,957)
23. In force December 31 of current year .....	7,105	43,438,530	0 (a)	0	0	0	0	0	7,105	43,438,530

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2017

NAIC Group Code 0838

LIFE INSURANCE

NAIC Company Code 88064

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	12,466,694				12,466,694
2. Annuity considerations .....	4,150				4,150
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	12,470,844	0	0	0	12,470,844
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....	6,422,260				6,422,260
10. Matured endowments .....					0
11. Annuity benefits .....	6,671				6,671
12. Surrender values and withdrawals for life contracts .....	4,058				4,058
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	6,432,989	0	0	0	6,432,989
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	25	172,029	0	0	0	0	0	0	25	172,029
17. Incurred during current year Settled during current year:	1,022	6,422,260							1,022	6,422,260
18.1 By payment in full .....	1,013	6,351,568							1,013	6,351,568
18.2 By payment on compromised claims .....	4	16,299							4	16,299
18.3 Totals paid .....	1,017	6,367,867	0	0	0	0	0	0	1,017	6,367,867
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	1,017	6,367,867	0	0	0	0	0	0	1,017	6,367,867
19. Unpaid Dec. 31, current year (16+17-18.6) .....	30	226,422	0	0	0	0	0	0	30	226,422
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	8,528	55,390,113	0 (a)	0	0	0	0	0	8,528	55,390,113
21. Issued during year .....	2,346	14,649,025							2,346	14,649,025
22. Other changes to in force (Net) .....	(1,157)	(7,330,808)							(1,157)	(7,330,808)
23. In force December 31 of current year .....	9,717	62,708,330	0 (a)	0	0	0	0	0	9,717	62,708,330

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2017

NAIC Group Code 0838

LIFE INSURANCE

NAIC Company Code 88064

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	5,336,199				5,336,199
2. Annuity considerations .....	5,428				5,428
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	5,341,627	0	0	0	5,341,627
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....	2,905,753				2,905,753
10. Matured endowments .....					0
11. Annuity benefits .....	3,302				3,302
12. Surrender values and withdrawals for life contracts .....	33,708				33,708
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	2,942,763	0	0	0	2,942,763
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	4	33,504	0	0	0	0	0	0	4	33,504
17. Incurred during current year Settled during current year:	489	2,905,753							489	2,905,753
18.1 By payment in full .....	478	2,837,038							478	2,837,038
18.2 By payment on compromised claims .....	2	1,034							2	1,034
18.3 Totals paid .....	480	2,838,072	0	0	0	0	0	0	480	2,838,072
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	480	2,838,072	0	0	0	0	0	0	480	2,838,072
19. Unpaid Dec. 31, current year (16+17-18.6) .....	13	101,185	0	0	0	0	0	0	13	101,185
POLICY EXHIBIT					No. of Policies					
	20. In force December 31, prior year .....	5,323 31,033,442	0 (a)	0	0	0	0	0	5,323	31,033,442
	21. Issued during year .....	1,228 7,616,070							1,228	7,616,070
	22. Other changes to in force (Net) .....	(617) (3,875,444)							(617)	(3,875,444)
23. In force December 31 of current year .....	5,934	34,774,068	0 (a)	0	0	0	0	0	5,934	34,774,068

(a) Includes Individual Credit Life Insurance prior year \$ , current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ , current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ , current year \$

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

insured under indemnity only products



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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2017

NAIC Group Code 0838

LIFE INSURANCE

NAIC Company Code 88064

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	314,398				314,398
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4) .....	314,398	0	0	0	314,398
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit .....					0
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....	66,076				66,076
10. Matured endowments .....					0
11. Annuity benefits .....					0
12. Surrender values and withdrawals for life contracts .....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....					0
15. Totals .....	66,076	0	0	0	66,076
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	17	66,076							17	66,076
18.1 By payment in full .....	15	61,498							15	61,498
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	15	61,498	0	0	0	0	0	0	15	61,498
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	15	61,498	0	0	0	0	0	0	15	61,498
19. Unpaid Dec. 31, current year (16+17-18.6) .....	2	4,578	0	0	0	0	0	0	2	4,578
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	68	395,631	0 (a)	0	0	0	0	0	68	395,631
21. Issued during year .....	103	521,016							103	521,016
22. Other changes to in force (Net) .....	(21)	(131,322)							(21)	(131,322)
23. In force December 31 of current year .....	150	785,325	0 (a)	0	0	0	0	0	150	785,325

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



8 8 0 6 4 2 0 1 7 4 3 0 3 6 1 0 0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2017

NAIC Group Code 0838

LIFE INSURANCE

NAIC Company Code 88064

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance .....	8,708,309				8,708,309
2. Annuity considerations .....					0
3. Deposit-type contract funds .....		XXX		XXX	0
4. Other considerations .....					0
5. Totals (Sum of Lines 1 to 4)	8,708,309	0	0	0	8,708,309
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....					0
6.2 Applied to pay renewal premiums .....	878				878
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....					0
6.4 Other .....					0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	878	0	0	0	878
Annuities:					
7.1 Paid in cash or left on deposit .....	1,673				1,673
7.2 Applied to provide paid-up annuities .....					0
7.3 Other .....					0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	1,673	0	0	0	1,673
8. Grand Totals (Lines 6.5 plus 7.4)	2,551	0	0	0	2,551
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....	4,933,549				4,933,549
10. Matured endowments .....					0
11. Annuity benefits .....	117				117
12. Surrender values and withdrawals for life contracts .....	29,435				29,435
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....	385				385
15. Totals .....	4,963,486	0	0	0	4,963,486
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	27	128,144	0	0	0	0	0	0	27	128,144
17. Incurred during current year .....	964	4,933,549							964	4,933,549
Settled during current year:										
18.1 By payment in full .....	954	4,880,661							954	4,880,661
18.2 By payment on compromised claims .....	7	14,406							7	14,406
18.3 Totals paid .....	961	4,895,067	0	0	0	0	0	0	961	4,895,067
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	961	4,895,067	0	0	0	0	0	0	961	4,895,067
19. Unpaid Dec. 31, current year (16+17-18.6) .....	30	166,626	0	0	0	0	0	0	30	166,626
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year .....	7,945	39,043,210	0 (a)	0	0	0	0	0	7,945	39,043,210
21. Issued during year .....	2,168	10,823,337							2,168	10,823,337
22. Other changes to in force (Net) .....	(1,109)	(6,217,744)							(1,109)	(6,217,744)
23. In force December 31 of current year .....	9,004	43,648,803	0 (a)	0	0	0	0	0	9,004	43,648,803

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....					
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....					
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....	40,087	40,369		23,118	24,474
25.6 Totals (sum of Lines 25.1 to 25.5) .....	40,087	40,369	0	23,118	24,474
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	40,087	40,369	0	23,118	24,474

(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 Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2017

NAIC Group Code 0838

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	531,450				531,450
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	531,450	0	0	0	531,450
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	231,168				231,168
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	231,168	0	0	0	231,168
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	8,024	0	0	0	0	0	0	2	8,024
17. Incurred during current year	36	231,168							36	231,168
Settled during current year:										
18.1 By payment in full	37	221,441							37	221,441
18.2 By payment on compromised claims									0	0
18.3 Totals paid	37	221,441	0	0	0	0	0	0	37	221,441
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	37	221,441	0	0	0	0	0	0	37	221,441
19. Unpaid Dec. 31, current year (16+17-18.6)	1	17,751	0	0	0	0	0	0	1	17,751
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	294	1,989,104	0 (a)	0	0	0	0	0	294	1,989,104
21. Issued during year	119	734,828							119	734,828
22. Other changes to in force (Net)	(51)	(367,236)							(51)	(367,236)
23. In force December 31 of current year	362	2,356,696	0 (a)	0	0	0	0	0	362	2,356,696

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



8 8 0 6 4 2 0 1 7 4 3 0 5 9 1 0 0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2017

NAIC Group Code 0838

LIFE INSURANCE

NAIC Company Code 88064

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance .....	36,037,051	0	0	0	36,037,051
2. Annuity considerations .....	33,092	0	0	0	33,092
3. Deposit-type contract funds .....	0	XXX	0	XXX	0
4. Other considerations .....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4) .....	36,070,143	0	0	0	36,070,143
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....	0	0	0	0	0
6.2 Applied to pay renewal premiums .....	878	0	0	0	878
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....	0	0	0	0	0
6.4 Other .....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	878	0	0	0	878
Annuities:					
7.1 Paid in cash or left on deposit .....	1,673	0	0	0	1,673
7.2 Applied to provide paid-up annuities .....	0	0	0	0	0
7.3 Other .....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	1,673	0	0	0	1,673
8. Grand Totals (Lines 6.5 plus 7.4) .....	2,551	0	0	0	2,551
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....	18,782,167	0	0	0	18,782,167
10. Matured endowments .....	0	0	0	0	0
11. Annuity benefits .....	143,858	0	0	0	143,858
12. Surrender values and withdrawals for life contracts .....	81,868	0	0	0	81,868
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....	385	0	0	0	385
15. Totals .....	19,008,278	0	0	0	19,008,278
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year .....	71	418,254	0	0	0	0	0	0	71	418,254
17. Incurred during current year Settled during current year:	3,192	18,782,167	0	0	0	0	0	0	3,192	18,782,167
18.1 By payment in full .....	3,154	18,534,800	0	0	0	0	0	0	3,154	18,534,800
18.2 By payment on compromised claims .....	17	36,141	0	0	0	0	0	0	17	36,141
18.3 Totals paid .....	3,171	18,570,941	0	0	0	0	0	0	3,171	18,570,941
18.4 Reduction by compromise .....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected .....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements .....	3,171	18,570,941	0	0	0	0	0	0	3,171	18,570,941
19. Unpaid Dec. 31, current year (16+17-18.6) .....	92	629,480	0	0	0	0	0	0	92	629,480
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year .....	28,454	166,361,742	0 (a)	0	0	0	0	0	28,454	166,361,742
21. Issued during year .....	7,533	44,196,521	0	0	0	0	0	0	7,533	44,196,521
22. Other changes to in force (Net) .....	(3,715)	(22,846,511)	0	0	0	0	0	0	(3,715)	(22,846,511)
23. In force December 31 of current year .....	32,272	187,711,752	0 (a)	0	0	0	0	0	32,272	187,711,752

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b) .....	0	0	0	0	0
24.2 Credit (Group and Individual) .....	0	0	0	0	0
24.3 Collectively renewable policies (b) .....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b) .....	0	0	0	0	0
25.2 Guaranteed renewable (b) .....	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b) .....	0	0	0	0	0
25.4 Other accident only .....	0	0	0	0	0
25.5 All other (b) .....	40,087	40,369	0	23,118	24,474
25.6 Totals (sum of Lines 25.1 to 25.5) .....	40,087	40,369	0	23,118	24,474
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	40,087	40,369	0	23,118	24,474

(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 Equitable Life Insurance Company

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE		1 Amount
1. Reserve as of December 31, Prior Year .....		949,922
2. Current year's realized pre-tax capital gains/(losses) of \$ .....385,800 transferred into the reserve net of taxes of \$ .....135,030		250,770
3. Adjustment for current year's liability gains/(losses) released from the reserve .....		0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3) .....		1,200,692
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4) .....		195,822
6. Reserve as of December 31, current year (Line 4 minus Line 5)		1,004,870

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 .....	187,790	8,032	0	195,822
2. 2018 .....	153,683	16,385	0	170,068
3. 2019 .....	122,390	15,991	0	138,382
4. 2020 .....	104,847	14,157	0	119,004
5. 2021 .....	94,445	12,214	0	106,659
6. 2022 .....	79,755	10,395	0	90,150
7. 2023 .....	63,043	8,808	0	71,851
8. 2024 .....	45,956	7,949	0	53,905
9. 2025 .....	29,279	6,916	0	36,195
10. 2026 .....	13,229	5,664	0	18,893
11. 2027 .....	5,455	4,767	0	10,222
12. 2028 .....	4,926	4,598	0	9,524
13. 2029 .....	4,559	4,414	0	8,973
14. 2030 .....	4,391	4,757	0	9,148
15. 2031 .....	4,231	4,923	0	9,154
16. 2032 .....	3,900	4,914	0	8,814
17. 2033 .....	3,329	5,351	0	8,680
18. 2034 .....	2,756	5,443	0	8,200
19. 2035 .....	2,333	5,713	0	8,045
20. 2036 .....	2,097	6,070	0	8,166
21. 2037 .....	1,875	6,163	0	8,038
22. 2038 .....	1,724	7,132	0	8,856
23. 2039 .....	1,811	8,536	0	10,347
24. 2040 .....	2,225	9,940	0	12,165
25. 2041 .....	2,481	11,783	0	14,264
26. 2042 .....	2,398	13,100	0	15,498
27. 2043 .....	2,195	12,922	0	15,118
28. 2044 .....	1,688	10,285	0	11,973
29. 2045 .....	896	7,384	0	8,280
30. 2046 .....	237	4,483	0	4,720
31. 2047 and Later	(1)	1,582	0	1,581
32. Total (Lines 1 to 31)	949,923	250,770	0	1,200,693

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 .....	471,889	0	471,889	411,407	0	411,407	883,296
2. Realized capital gains/(losses) net of taxes - General Account .....	(46,156)		(46,156)	(5,459)		(5,459)	(51,615)
3. Realized capital gains/(losses) net of taxes - Separate Accounts .....			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account .....			0	651,534		651,534	651,534
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts .....			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves .....			0			0	0
7. Basic contribution .....	164,843	0	164,843	0	98	98	164,941
8. Accumulated balances (Lines 1 through 5 - 6 + 7) .....	590,576	0	590,576	1,057,482	98	1,057,580	1,648,156
9. Maximum reserve .....	796,063	0	796,063	1,381,633	738	1,382,371	2,178,434
10. Reserve objective .....	551,386	0	551,386	1,381,633	566	1,382,199	1,933,584
11. 20% of (Line 10 - Line 8) .....	(7,838)	0	(7,838)	64,830	94	64,924	57,086
12. Balance before transfers (Lines 8 + 11) .....	582,738	0	582,738	1,122,312	192	1,122,504	1,705,242
13. Transfers .....			0			0	0
14. Voluntary contribution .....			0			0	0
15. Adjustment down to maximum/up to zero .....			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	582,738	0	582,738	1,122,312	192	1,122,504	1,705,242

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

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt Obligations .....	1,571,711	XXX	XXX	1,571,711	0.0000	0	0.0000	0	0.0000	0
2.	1	Highest Quality .....	82,664,726	XXX	XXX	82,664,726	0.0004	33,066	0.0023	190,129	0.0030	247,994
3.	2	High Quality .....	30,076,600	XXX	XXX	30,076,600	0.0019	57,146	0.0058	174,444	0.0090	270,689
4.	3	Medium Quality .....	4,769,698	XXX	XXX	4,769,698	0.0093	44,358	0.0230	109,703	0.0340	162,170
5.	4	Low Quality .....	252,688	XXX	XXX	252,688	0.0213	5,382	0.0530	13,392	0.0750	18,952
6.	5	Lower Quality .....	288,846	XXX	XXX	288,846	0.0432	12,478	0.1100	31,773	0.1700	49,104
7.	6	In or Near Default .....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8.		Total Unrated Multi-class Securities Acquired by Conversion ..		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Long-Term Bonds (Sum of Lines 1 through 8)	119,624,270	XXX	XXX	119,624,270	XXX	152,430	XXX	519,442	XXX	748,909
PREFERRED STOCK												
10.	1	Highest Quality .....	605,418	XXX	XXX	605,418	0.0004	242	0.0023	1,392	0.0030	1,816
11.	2	High Quality .....	409,984	XXX	XXX	409,984	0.0019	779	0.0058	2,378	0.0090	3,690
12.	3	Medium Quality .....	1,224,934	XXX	XXX	1,224,934	0.0093	11,392	0.0230	28,173	0.0340	41,648
13.	4	Low Quality .....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14.	5	Lower Quality .....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15.	6	In or Near Default .....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16.		Affiliated Life with AVR .....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total Preferred Stocks (Sum of Lines 10 through 16)	2,240,336	XXX	XXX	2,240,336	XXX	12,413	XXX	31,944	XXX	47,154
SHORT - TERM BONDS												
18.		Exempt Obligations .....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19.	1	Highest Quality .....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
20.	2	High Quality .....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21.	3	Medium Quality .....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22.	4	Low Quality .....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23.	5	Lower Quality .....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24.	6	In or Near Default .....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25.		Total Short - Term Bonds (Sum of Lines 18 through 24)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
DERIVATIVE INSTRUMENTS												
26.		Exchange Traded .....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27.	1	Highest Quality .....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28.	2	High Quality .....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29.	3	Medium Quality .....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30.	4	Low Quality .....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31.	5	Lower Quality .....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32.	6	In or Near Default .....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33.		Total Derivative Instruments ..	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34.		Total (Lines 9 + 17 + 25 + 33)	121,864,605	XXX	XXX	121,864,605	XXX	164,843	XXX	551,386	XXX	796,063

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

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

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

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
COMMON STOCK												
1.		Unaffiliated - Public .....	6,837,773	XXX	XXX	6,837,773	0.0000	0	0.1300 (a)	888,910	0.1300 (a)	888,910
2.		Unaffiliated - Private .....		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
3.		Federal Home Loan Bank .....		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4.		Affiliated - Life with AVR .....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
Affiliated - Investment Subsidiary:												
5.		Fixed Income - Exempt Obligations .....				0	XXX		XXX		XXX	
6.		Fixed Income - Highest Quality .....				0	XXX		XXX		XXX	
7.		Fixed Income - High Quality .....				0	XXX		XXX		XXX	
8.		Fixed Income - Medium Quality .....				0	XXX		XXX		XXX	
9.		Fixed Income - Low Quality .....				0	XXX		XXX		XXX	
10.		Fixed Income - Lower Quality .....				0	XXX		XXX		XXX	
11.		Fixed Income - In/Near Default .....				0	XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public .....				0	0.0000	0	0.1300 (a)	0	0.1300 (a)	0
13.		Unaffiliated Common Stock - Private .....				0	0.0000	0	0.1600	0	0.1600	0
14.		Real Estate .....				0	(b)	0	(b)	0	(b)	0
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual) .....		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
16.		Affiliated - All Other .....	3,079,516	XXX	XXX	3,079,516	0.0000	0	0.1600	492,723	0.1600	492,723
17.		Total Common Stock (Sum of Lines 1 through 16)	9,917,289	0	0	9,917,289	XXX	0	XXX	1,381,633	XXX	1,381,633
REAL ESTATE												
18.		Home Office Property (General Account only) .....				0	0.0000	0	0.0750	0	0.0750	0
19.		Investment Properties .....				0	0.0000	0	0.0750	0	0.0750	0
20.		Properties Acquired in Satisfaction of Debt .....				0	0.0000	0	0.1100	0	0.1100	0
21.		Total Real Estate (Sum of Lines 18 through 20)	0	0	0	0	XXX	0	XXX	0	XXX	0
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22.		Exempt Obligations .....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23.	1	Highest Quality .....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
24.	2	High Quality .....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
25.	3	Medium Quality .....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
26.	4	Low Quality .....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
27.	5	Lower Quality .....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
28.	6	In or Near Default .....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

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

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30.	1	Highest Quality .....	245,958	XXX	XXX	245,958	0.0004	98	0.0023	566	0.0030	738
31.	2	High Quality .....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
32.	3	Medium Quality .....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
33.	4	Low Quality .....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
34.	5	Lower Quality .....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
35.	6	In or Near Default .....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
36.		Affiliated Life with AVR .....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37.		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	245,958	XXX	XXX	245,958	XXX	98	XXX	566	XXX	738
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38.		Mortgages - CM1 - Highest Quality .....			XXX	0	0.0010	0	0.0050	0	0.0065	0
39.		Mortgages - CM2 - High Quality .....			XXX	0	0.0035	0	0.0100	0	0.0130	0
40.		Mortgages - CM3 - Medium Quality .....			XXX	0	0.0060	0	0.0175	0	0.0225	0
41.		Mortgages - CM4 - Low Medium Quality .....			XXX	0	0.0105	0	0.0300	0	0.0375	0
42.		Mortgages - CM5 - Low Quality .....			XXX	0	0.0160	0	0.0425	0	0.0550	0
43.		Residential Mortgages - Insured or Guaranteed .....			XXX	0	0.0003	0	0.0006	0	0.0010	0
44.		Residential Mortgages - All Other .....		XXX	XXX	0	0.0013	0	0.0030	0	0.0040	0
45.		Commercial Mortgages - Insured or Guaranteed .....			XXX	0	0.0003	0	0.0006	0	0.0010	0
		Overdue, Not in Process Affiliated:										
46.		Farm Mortgages .....			XXX	0	0.0420	0	0.0760	0	0.1200	0
47.		Residential Mortgages - Insured or Guaranteed .....			XXX	0	0.0005	0	0.0012	0	0.0020	0
48.		Residential Mortgages - All Other .....			XXX	0	0.0025	0	0.0058	0	0.0090	0
49.		Commercial Mortgages - Insured or Guaranteed .....			XXX	0	0.0005	0	0.0012	0	0.0020	0
50.		Commercial Mortgages - All Other .....			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In Process of Foreclosure Affiliated:										
51.		Farm Mortgages .....			XXX	0	0.0000	0	0.1700	0	0.1700	0
52.		Residential Mortgages - Insured or Guaranteed .....			XXX	0	0.0000	0	0.0040	0	0.0040	0
53.		Residential Mortgages - All Other .....			XXX	0	0.0000	0	0.0130	0	0.0130	0
54.		Commercial Mortgages - Insured or Guaranteed .....			XXX	0	0.0000	0	0.0040	0	0.0040	0
55.		Commercial Mortgages - All Other .....			XXX	0	0.0000	0	0.1700	0	0.1700	0
56.		Total Affiliated (Sum of Lines 38 through 55) .....	0	0	XXX	0	XXX	0	XXX	0	XXX	0
57.		Unaffiliated - In Good Standing With Covenants .....			XXX	0	(c)	0	(c)	0	(c)	0
58.		Unaffiliated - In Good Standing Defeased With Government Securities .....			XXX	0	0.0010	0	0.0050	0	0.0065	0
59.		Unaffiliated - In Good Standing Primarily Senior .....			XXX	0	0.0035	0	0.0010	0	0.0130	0
60.		Unaffiliated - In Good Standing All Other .....			XXX	0	0.0060	0	0.0175	0	0.0225	0
61.		Unaffiliated - Overdue, Not in Process .....			XXX	0	0.0420	0	0.0760	0	0.1200	0
62.		Unaffiliated - In Process of Foreclosure .....			XXX	0	0.0000	0	0.1700	0	0.1700	0
63.		Total Unaffiliated (Sum of Lines 57 through 62) .....	0	0	XXX	0	XXX	0	XXX	0	XXX	0
64.		Total with Mortgage Loan Characteristics (Lines 56 + 63)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

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

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
65.		Unaffiliated Public .....		XXX	XXX	.0	0.0000	.0	0.1300 (a)	.0	0.1300 (a)	.0
66.		Unaffiliated Private .....		XXX	XXX	.0	0.0000	.0	0.1600	.0	0.1600	.0
67.		Affiliated Life with AVR .....		XXX	XXX	.0	0.0000	.0	0.0000	.0	0.0000	.0
68.		Affiliated Certain Other (See SVO Purposes & Procedures Manual) .....		XXX	XXX	.0	0.0000	.0	0.1300	.0	0.1300	.0
69.		Affiliated Other - All Other .....		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
70.		Total with Common Stock Characteristics (Sum of Lines 65 through 69)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
71.		Home Office Property (General Account only) .....				.0	0.0000	.0	0.0750	.0	0.0750	.0
72.		Investment Properties .....				.0	0.0000	.0	0.0750	.0	0.0750	.0
73.		Properties Acquired in Satisfaction of Debt .....				0	0.0000	0	0.1100	0	0.1100	0
74.		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	0	0	0	0	XXX	0	XXX	0	XXX	0
LOW INCOME HOUSING TAX CREDIT INVESTMENTS												
75.		Guaranteed Federal Low Income Housing Tax Credit .....	.0			.0	0.0003	.0	0.0006	.0	0.0010	.0
76.		Non-guaranteed Federal Low Income Housing Tax Credit .....	.0			.0	0.0063	.0	0.0120	.0	0.0190	.0
77.		Guaranteed State Low Income Housing Tax Credit .....	.0			.0	0.0003	.0	0.0006	.0	0.0010	.0
78.		Non-guaranteed State Low Income Housing Tax Credit .....	.0			.0	0.0063	.0	0.0120	.0	0.0190	.0
79.		All Other Low Income Housing Tax Credit .....	0			0	0.0273	0	0.0600	0	0.0975	0
80.		Total LIHTC (Sum of Lines 75 through 79)	0	0	0	0	XXX	0	XXX	0	XXX	0
ALL OTHER INVESTMENTS												
81.		NAIC 1 Working Capital Finance Investments .....		XXX		.0	0.0000	.0	0.0037	.0	0.0037	.0
82.		NAIC 2 Working Capital Finance Investments .....		XXX		.0	0.0000	.0	0.0120	.0	0.0120	.0
83.		Other Invested Assets - Schedule BA .....		XXX		.0	0.0000	.0	0.1300	.0	0.1300	.0
84.		Other Short-Term Invested Assets - Schedule DA .....		XXX		0	0.0000	0	0.1300	0	0.1300	0
85.		Total All Other (Sum of Lines 81, 82, 83 and 84) .....	0	XXX	0	0	XXX	0	XXX	0	XXX	0
86.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)	245,958	0	0	245,958	XXX	98	XXX	566	XXX	738

(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.

### ASSET VALUATION RESERVE (Continued)

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

1 RSAT Number	2 Type	3 CUSIP	4 Description of Asset(s)	5 NAIC Designation or Other Description of Asset	6 Value of Asset	7 AVR Basic Contribution	8 AVR Reserve Objective	9 AVR Maximum Reserve
<div style="font-size: 100px; font-weight: bold; opacity: 0.5;">NONE</div>								
0599999 - Total								



## SCHEDULE F

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Cincinnati Equitable Life Insurance Company

**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT**

					Credit				Other Individual Contracts									
	Total		Group Accident and Health		Accident and Health (Group and Individual)		Collectively Renewable		Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written .....	40,087	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	40,087	XXX
2. Premiums earned .....	40,369	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	40,369	XXX
3. Incurred claims .....	24,474	60.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	24,474	60.6
4. Cost containment expenses .....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0	0	0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4) .....	24,474	60.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	24,474	60.6
6. Increase in contract reserves .....	(4,032)	(10.0)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	(4,032)	(10.0)
7. Commissions (a) .....	6,013	14.9		0.0		0.0		0.0		0.0		0.0		0.0		0.0	6,013	14.9
8. Other general insurance expenses .....	3,059	7.6		0.0		0.0		0.0		0.0		0.0		0.0		0.0	3,059	7.6
9. Taxes, licenses and fees .....	251	0.6		0.0		0.0		0.0		0.0		0.0		0.0		0.0	251	0.6
10. Total other expenses incurred .....	9,323	23.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	9,323	23.1
11. Aggregate write-ins for deductions .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds .....	10,604	26.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	10,604	26.3
13. Dividends or refunds .....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds .....	10,604	26.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	10,604	26.3
DETAILS OF WRITE-INS																		
1101. ....																		
1102. ....																		
1103. ....																		
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Cincinnati Equitable Life Insurance Company

**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)**

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
<b>PART 2. - RESERVES AND LIABILITIES</b>									
A. Premium Reserves:									
1. Unearned premiums .....	0								
2. Advance premiums .....	98								98
3. Reserve for rate credits .....	0								
4. Total premium reserves, current year .....	98	0	0	0	0	0	0	0	98
5. Total premium reserves, prior year .....	380	0	0	0	0	0	0	0	380
6. Increase in total premium reserves .....	(282)	0	0	0	0	0	0	0	(282)
B. Contract Reserves:									
1. Additional reserves (a) .....	0								
2. Reserve for future contingent benefits .....	6,618								6,618
3. Total contract reserves, current year .....	6,618	0	0	0	0	0	0	0	6,618
4. Total contract reserves, prior year .....	10,650	0	0	0	0	0	0	0	10,650
5. Increase in contract reserves .....	(4,032)	0	0	0	0	0	0	0	(4,032)
C. Claim Reserves and Liabilities:									
1. Total current year .....	8,753	0	0	0	0	0	0	0	8,753
2. Total prior year .....	7,397	0	0	0	0	0	0	0	7,397
3. Increase .....	1,356	0	0	0	0	0	0	0	1,356

<b>PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES</b>									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year .....	3,645								3,645
1.2 On claims incurred during current year .....	19,473								19,473
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year .....	0								0
2.2 On claims incurred during current year .....	8,753								8,753
3. Test:									
3.1 Lines 1.1 and 2.1 .....	3,645	0	0	0	0	0	0	0	3,645
3.2 Claim reserves and liabilities, December 31, prior year .....	7,397	0	0	0	0	0	0	0	7,397
3.3 Line 3.1 minus Line 3.2 .....	(3,752)	0	0	0	0	0	0	0	(3,752)

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

(a) Includes \$ ..... premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims .....			24,474	24,474
2. Beginning Claim Reserves and Liabilities .....			7,397	7,397
3. Ending Claim Reserves and Liabilities .....			8,753	8,753
4. Claims Paid	0	0	23,118	23,118
B. Assumed Reinsurance:				
5. Incurred Claims.....				0
6. Beginning Claim Reserves and Liabilities .....				0
7. Ending Claim Reserves and Liabilities .....				0
8. Claims Paid	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred Claims.....				0
10. Beginning Claim Reserves and Liabilities .....				0
11. Ending Claim Reserves and Liabilities .....				0
12. Claims Paid	0	0	0	0
D. Net:				
13. Incurred Claims.....	0	0	24,474	24,474
14. Beginning Claim Reserves and Liabilities .....	0	0	7,397	7,397
15. Ending Claim Reserves and Liabilities .....	0	0	8,753	8,753
16. Claims Paid	0	0	23,118	23,118
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses .....			24,474	24,474
18. Beginning Reserves and Liabilities .....			7,397	7,397
19. Ending Reserves and Liabilities .....			8,753	8,753
20. Paid Claims and Cost Containment Expenses	0	0	23,118	23,118

Schedule S - Part 1 - Section 1

**N O N E**

Schedule S - Part 1 - Section 2

**N O N E**

Schedule S - Part 2

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance	
								9	10		12	13			
															Current Year
0399999. Total General Account - Authorized U.S. Affiliates								0	0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates								0	0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates								0	0	0	0	0	0	0	0
76236	31-1213778	07/01/1982	Cincinnati Life Insurance Company	OH	YRT/I	OL	123,659	2,879	2,744	4,206	0	0	0	0	
82627	06-0839705	03/01/1981	Swiss Re Life & Health America, Inc	NJ	YRT/I	OL	3,267	40	604	207	0	0	0	0	
82627	06-0839705	03/01/1981	Swiss Re Life & Health America, Inc	NJ	ADB/I	OL		2	15	13	0	0	0	0	
0899999. General Account - Authorized U.S. Non-Affiliates								126,926	2,921	3,363	4,426	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates								126,926	2,921	3,363	4,426	0	0	0	0
1199999. Total General Account Authorized								126,926	2,921	3,363	4,426	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates								0	0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates								0	0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates								0	0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates								0	0	0	0	0	0	0	0
2299999. Total General Account Unauthorized								0	0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates								0	0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates								0	0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates								0	0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates								0	0	0	0	0	0	0	0
3399999. Total General Account Certified								0	0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified								126,926	2,921	3,363	4,426	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates								0	0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates								0	0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates								0	0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates								0	0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized								0	0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates								0	0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates								0	0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates								0	0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates								0	0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized								0	0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates								0	0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates								0	0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates								0	0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates								0	0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified								0	0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified								0	0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)								126,926	2,921	3,363	4,426	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)								0	0	0	0	0	0	0	0
9999999 - Totals								126,926	2,921	3,363	4,426	0	0	0	0

Schedule S - Part 3 - Section 2

**N O N E**

Schedule S - Part 4

**N O N E**

Schedule S - Part 4 - Bank Footnote

**N O N E**

Schedule S - Part 5

**N O N E**

Schedule S - Part 5 - Bank Footnote

**N O N E**

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

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts .....	4	6	4	6	5
2. Commissions and reinsurance expense allowances .....	0	0	0	0	0
3. Contract claims .....	1	0	5	0	0
4. Surrender benefits and withdrawals for life contracts .....					
5. Dividends to policyholders .....					
6. Reserve adjustments on reinsurance ceded .....	0	0	0	0	0
7. Increase in aggregate reserve for life and accident and health contracts .....					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected .....	0	0	0	0	0
9. Aggregate reserves for life and accident and health contracts .....	3	3	3	3	3
10. Liability for deposit-type contracts .....					
11. Contract claims unpaid .....	0	0	0	0	0
12. Amounts recoverable on reinsurance .....	0	5	0	0	0
13. Experience rating refunds due or unpaid .....					
14. Policyholders' dividends (not included in Line 10) .....					
15. Commissions and reinsurance expense allowances due .....					
16. Unauthorized reinsurance offset .....	0	0	0	0	0
17. Offset for reinsurance with Certified Reinsurers .....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F) .....	0	0	0	0	0
19. Letters of credit (L) .....	0	0	0	0	0
20. Trust agreements (T) .....	0	0	0	0	0
21. Other (O) .....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust .....					0
23. Funds deposited by and withheld from (F) .....					0
24. Letters of credit (L) .....					0
25. Trust agreements (T) .....					0
26. Other (O) .....					0



SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	133,732,358		133,732,358
2. Reinsurance (Line 16) .....	0	0	0
3. Premiums and considerations (Line 15) .....	1,076,701	0	1,076,701
4. Net credit for ceded reinsurance .....	XXX	2,921	2,921
5. All other admitted assets (balance) .....	6,850,135		6,850,135
6. Total assets excluding Separate Accounts (Line 26) .....	141,659,194	2,921	141,662,115
7. Separate Account assets (Line 27) .....	0		0
8. Total assets (Line 28)	141,659,194	2,921	141,662,115
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
9. Contract reserves (Lines 1 and 2) .....	127,177,369	2,921	127,180,290
10. Liability for deposit-type contracts (Line 3) .....	205,336		205,336
11. Claim reserves (Line 4) .....	665,421	0	665,421
12. Policyholder dividends/reserves (Lines 5 through 7) .....	3,158		3,158
13. Premium & annuity considerations received in advance (Line 8) .....	506,445		506,445
14. Other contract liabilities (Line 9) .....	1,004,870		1,004,870
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount) .....	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount) .....	0		0
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount) .....	0		0
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount) .....			0
19. All other liabilities (balance) .....	2,287,515		2,287,515
20. Total liabilities excluding Separate Accounts (Line 26) .....	131,850,114	2,921	131,853,035
21. Separate Account liabilities (Line 27) .....			0
22. Total liabilities (Line 28) .....	131,850,114	2,921	131,853,035
23. Capital & surplus (Line 38) .....	9,809,080	XXX	9,809,080
24. Total liabilities, capital & surplus (Line 39)	141,659,194	2,921	141,662,115
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
25. Contract reserves .....	2,921		
26. Claim reserves .....	0		
27. Policyholder dividends/reserves .....	0		
28. Premium & annuity considerations received in advance .....	0		
29. Liability for deposit-type contracts .....	0		
30. Other contract liabilities .....	0		
31. Reinsurance ceded assets .....	0		
32. Other ceded reinsurance recoverables .....	0		
33. Total ceded reinsurance recoverables .....	2,921		
34. Premiums and considerations .....	0		
35. Reinsurance in unauthorized companies .....	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers .....	0		
37. Reinsurance with Certified Reinsurers .....	0		
38. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
39. Other ceded reinsurance payables/offsets .....	0		
40. Total ceded reinsurance payable/offsets .....	0		
41. Total net credit for ceded reinsurance	2,921		

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

Allocated by States and Territories

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama .....	AL	.0	.0			0	.0
2.	Alaska .....	AK	.0	.0			0	.0
3.	Arizona .....	AZ	.0	.0			0	.0
4.	Arkansas .....	AR	.0	.0			0	.0
5.	California .....	CA	.0	.0			0	.0
6.	Colorado .....	CO	.0	.0			0	.0
7.	Connecticut .....	CT	.0	.0			0	.0
8.	Delaware .....	DE	.0	.0			0	.0
9.	District of Columbia .....	DC	.0	.0			0	.0
10.	Florida .....	FL	.0	.0			0	.0
11.	Georgia .....	GA	8,680,001	23,514			0	8,703,515
12.	Hawaii .....	HI	.0	.0			0	.0
13.	Idaho .....	ID	.0	.0			0	.0
14.	Illinois .....	IL	.0	.0			0	.0
15.	Indiana .....	IN	12,466,694	4,150			0	12,470,844
16.	Iowa .....	IA	.0	.0			0	.0
17.	Kansas .....	KS	.0	.0			0	.0
18.	Kentucky .....	KY	5,336,199	5,428			0	5,341,627
19.	Louisiana .....	LA	.0	.0			0	.0
20.	Maine .....	ME	.0	.0			0	.0
21.	Maryland .....	MD	.0	.0			0	.0
22.	Massachusetts .....	MA	.0	.0			0	.0
23.	Michigan .....	MI	.0	.0			0	.0
24.	Minnesota .....	MN	.0	.0			0	.0
25.	Mississippi .....	MS	314,398	.0			0	314,398
26.	Missouri .....	MO	.0	.0			0	.0
27.	Montana .....	MT	.0	.0			0	.0
28.	Nebraska .....	NE	.0	.0			0	.0
29.	Nevada .....	NV	.0	.0			0	.0
30.	New Hampshire .....	NH	.0	.0			0	.0
31.	New Jersey .....	NJ	.0	.0			0	.0
32.	New Mexico .....	NM	.0	.0			0	.0
33.	New York .....	NY	.0	.0			0	.0
34.	North Carolina .....	NC	.0	.0			0	.0
35.	North Dakota .....	ND	.0	.0			0	.0
36.	Ohio .....	OH	8,708,309	.0			0	8,708,309
37.	Oklahoma .....	OK	.0	.0			0	.0
38.	Oregon .....	OR	.0	.0			0	.0
39.	Pennsylvania .....	PA	.0	.0			0	.0
40.	Rhode Island .....	RI	.0	.0			0	.0
41.	South Carolina .....	SC	.0	.0			0	.0
42.	South Dakota .....	SD	.0	.0			0	.0
43.	Tennessee .....	TN	531,450	.0			0	531,450
44.	Texas .....	TX	.0	.0			0	.0
45.	Utah .....	UT	.0	.0			0	.0
46.	Vermont .....	VT	.0	.0			0	.0
47.	Virginia .....	VA	.0	.0			0	.0
48.	Washington .....	WA	.0	.0			0	.0
49.	West Virginia .....	WV	.0	.0			0	.0
50.	Wisconsin .....	WI	.0	.0			0	.0
51.	Wyoming .....	WY	.0	.0			0	.0
52.	American Samoa .....	AS	.0	.0			0	.0
53.	Guam .....	GU	.0	.0			0	.0
54.	Puerto Rico .....	PR	.0	.0			0	.0
55.	U.S. Virgin Islands .....	VI	.0	.0			0	.0
56.	Northern Mariana Islands .....	MP	.0	.0			0	.0
57.	Canada .....	CAN	.0	.0			0	.0
58.	Aggregate Other Alien .....	OT	.0	.0			0	.0
59.	Total		36,037,051	33,092	0	0	0	36,070,143

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

[illegible]

# NONE

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Cincinnati Equitable Life Insurance Company

## SCHEDULE Y

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

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	YES
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? .....	YES
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? .....	YES
4. Will an actuarial opinion be filed by March 1? .....	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1? .....	YES
6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? .....	YES
7. Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1? .....	YES
8. Will the Supplemental Investment Risks Interrogatories be filed by April 1? .....	YES
JUNE FILING	
9. Will an audited financial report be filed by June 1? .....	YES
10. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES
AUGUST FILING	
11. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? .....	YES

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

MARCH FILING	
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? .....	NO
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	YES
14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? .....	NO
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? .....	YES
16. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? .....	YES
17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
18. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
19. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
20. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
22. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
24. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
25. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Cincinnati Equitable Life Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
31.	Will the Management Certification That the Valuation Reflects Management’s Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
34.	Will the Worker’s Compensation Carve-Out Supplement be filed by March 1? .....	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? .....	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO
37.	Will an approval from the reporting entity’s state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....	NO
38.	Will an approval from the reporting entity’s state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....	NO
39.	Will an approval from the reporting entity’s state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
40.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1? .....	NO
APRIL FILING		
41.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1? .....	YES
42.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	YES
43.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1? .....	YES
44.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? .....	NO
45.	Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....	YES
46.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1? .....	YES
47.	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1? .....	YES
48.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....	NO
49.	Will the regulator only (non-public) Supplemental Health Care Exhibit’s Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? .....	NO
50.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30? .....	NO
51.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1? .....	NO
52.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1? .....	NO
AUGUST FILING		
53.	Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	NO
Explanations:		
12.	N/A	
14.	N/A	
17.	N/A	
18.	N/A	
19.	N/A	
20.	N/A	
21.	N/A	
22.	N/A	
23.	N/A	
24.	N/A	
25.	N/A	
26.	N/A	
27.	N/A	
28.	N/A	
29.	N/A	
30.	N/A	
31.	N/A	
32.	N/A	
33.	N/A	
34.	N/A	
36.	N/A	
37.	N/A	
38.	N/A	
39.	N/A	
40.	N/A	
44.	N/A	
48.	N/A	
49.	N/A	
50.	N/A	
51.	N/A	
52.	N/A	
53.	N/A	
Bar Codes:		
12.	SIS Stockholder Information Supplement [Document Identifier 420]	
14.	Trusted Surplus Statement [Document Identifier 490]	
17.	Actuarial Opinion on X-Factors [Document Identifier 442]	
18.	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]	
19.	Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]	
20.	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Cincinnati Equitable Life Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]	 <div>880642017446000000</div>
22.	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]	 <div>880642017447000000</div>
23.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]	 <div>880642017448000000</div>
24.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]	 <div>880642017449000000</div>
25.	C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]	 <div>880642017450000000</div>
26.	C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]	 <div>880642017451000000</div>
27.	Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]	 <div>880642017452000000</div>
28.	Modified Guaranteed Annuity Model Regulation [Document Identifier 453]	 <div>880642017453000000</div>
29.	Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII [Document Identifier 436]	 <div>880642017436000000</div>
30.	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII [Document Identifier 437]	 <div>880642017437000000</div>
31.	Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII [Document Identifier 438]	 <div>880642017438000000</div>
32.	Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII [Document Identifier 439]	 <div>880642017439000000</div>
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]	 <div>880642017454000000</div>
34.	Workers' Compensation Carve-Out Supplement [Document Identifier 495]	 <div>880642017495000000</div>
36.	Medicare Part D Coverage Supplement [Document Identifier 365]	 <div>880642017365000000</div>
37.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 <div>880642017224000000</div>
38.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 <div>880642017225000000</div>
39.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 <div>880642017226000000</div>
40.	VM-20 Reserves Supplement [Document Identifier 456]	 <div>880642017456000000</div>
44.	Credit Insurance Experience Exhibit [Document Identifier 230]	 <div>880642017230000000</div>
48.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 <div>880642017216000000</div>
49.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 <div>880642017217000000</div>
50.	Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]	 <div>880642017435000000</div>
51.	Supplemental Term and Universal Life Insurance Reinsurance Exhibit [Document Identifier 345]	 <div>880642017345000000</div>
52.	Variable Annuities Supplement [Document Identifier 286]	 <div>880642017286000000</div>
53.	Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	 <div>880642017223000000</div>

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
2504.	Prepaid Expenses .....	57,029	57,029	0	2,162,986
2505.	FIT Receivable for AMT Loss Carry Forward .....	80,000		80,000	
2597.	Summary of remaining write-ins for Line 25 from overflow page	137,029	57,029	80,000	2,162,986





SUPPLEMENT FOR THE YEAR 2017 OF THE Cincinnati Equitable 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 0838..... NAIC Company Code 88064.....  
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202.....  
Person Completing This Exhibit Greg Baker.....  
Title CFO..... Telephone Number 513-621-1826.....

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
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
N/A	AP355BAUC	B	NO	0030000	10/01/1996	12/31/2004	12/31/2004	12/31/2004	Medicare Supplement	40,369	24,474	60.6	16			0.0	
0199999. Total Experience on Individual Policies										40,369	24,474	60.6	16	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address:

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address:

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



SUPPLEMENT FOR THE YEAR 2017 OF THE Cincinnati Equitable Life Insurance Company

**SCHEDULE O SUPPLEMENT**

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

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

**SUPPLEMENTAL SCHEDULE O - PART 1**

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

**Section A - Group Accident and Health**

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2013	2 2014	3 2015	4 2016	5 2017(a)
1. Prior	0	0	0	0	
2. 2013					
3. 2014	XXX				
4. 2015	XXX	XXX		9	
5. 2016	XXX	XXX	XXX	27	4
6. 2017	XXX	XXX	XXX	XXX	19

**Section B - Other Accident and Health**

1. Prior	(2)	(95)	(95)	(95)	(95)
2. 2013	60	71	71	71	71
3. 2014	XXX	43	51	51	51
4. 2015	XXX	XXX	26	25	25
5. 2016	XXX	XXX	XXX	34	34
6. 2017	XXX	XXX	XXX	XXX	27

**Section C - Credit Accident and Health**

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

**Section D -**

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

**Section E -**

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

**Section F -**

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

**Section G -**

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

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

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 Equitable Life Insurance Company

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses  
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred		Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	2013				XXX	XXX
2.	2014	XX				XXX
3.	2015	XXX	XX			
4.	2016	XXX	XXX	XXX		
5.	2017	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1.	2013	60	59	59	XXX	XXX
2.	2014	XXX	56	51	51	XXX
3.	2015	XXX	XXX	36	35	35
4.	2016	XXX	XXX	XXX	34	30
5.	2017	XXX	XXX	XXX	XXX	28

Section C - Credit Accident and Health

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

Section D -

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

Section F -

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

SCHEDULE O SUPPLEMENT  
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses  
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. 2013 .....	XXX	XXX	XXX	XXX	
2. 2014 .....	XXX	XXX	XXX	XXX	
3. 2015 .....	XXX	XXX	XXX	XXX	
4. 2016 .....	XXX	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 - 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 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 - Group 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 .....			
2. Ordinary Life .....			
3. Individual Annuity .....	Other .....		657
4. Supplementary Contracts .....			
5. Credit Life .....			
6. Group Life .....			
7. Group Annuities .....			
8. Group Accident and Health .....			
9. Credit Accident and Health .....			
10. Other Accident and Health .....	Developed .....		8
11. Total .....			665

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