



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia

NAIC Group Code 0838

DURING THE YEAR 2018

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		9,371,107				9,371,107
2. Annuity considerations		134,066				134,066
3. Deposit-type contract funds			XXX		XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		9,505,173	0	0	0	9,505,173
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		4,775,729				4,775,729
10. Matured endowments						0
11. Annuity benefits		159,649				159,649
12. Surrender values and withdrawals for life contracts		37,595				37,595
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		4,972,973	0	0	0	4,972,973
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year	16	112,918	0	0	0	0	0	0	16	112,918
17. Incurred during current year	728	4,775,729							728	4,775,729
Settled during current year:										
18.1 By payment in full	717	4,743,197							717	4,743,197
18.2 By payment on compromised claims	12	52,378							12	52,378
18.3 Totals paid	729	4,795,575	0	0	0	0	0	0	729	4,795,575
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	729	4,795,575	0	0	0	0	0	0	729	4,795,575
19. Unpaid Dec. 31, current year (16+17-18.6)	15	93,072	0	0	0	0	0	0	15	93,072
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year	7,105	43,438,530	0	(a)	0	0	0	0	7,105	43,438,530
21. Issued during year	1,649	10,423,704							1,649	10,423,704
22. Other changes to in force (Net)	(819)	(5,504,919)							(819)	(5,504,919)
23. In force December 31 of current year	7,935	48,357,315	0	(a)	0	0	0	0	7,935	48,357,315

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Indiana

NAIC Group Code 0838

DURING THE YEAR 2018

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		12,929,575				12,929,575
2. Annuity considerations		1,150				1,150
3. Deposit-type contract funds			XXX		XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		12,930,725	0	0	0	12,930,725
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		6,536,756				6,536,756
10. Matured endowments						0
11. Annuity benefits		16,920				16,920
12. Surrender values and withdrawals for life contracts		631				631
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		6,554,307	0	0	0	6,554,307
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	.30	226,422	0	0	0	0	0	0	.30	226,422
17. Incurred during current year	1,031	6,536,756							1,031	6,536,756
Settled during current year:										
18.1 By payment in full	1,031	6,585,681							1,031	6,585,681
18.2 By payment on compromised claims	10	.39,262							10	.39,262
18.3 Totals paid	1,041	6,624,943	0	0	0	0	0	0	1,041	6,624,943
18.4 Reduction by compromise										0
18.5 Amount rejected										0
18.6 Total settlements	1,041	6,624,943	0	0	0	0	0	0	1,041	6,624,943
19. Unpaid Dec. 31, current year (16+17-18.6)	20	138,235	0	0	0	0	0	0	20	138,235
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year	9,717	62,708,330	0	(a)	0	0	0	0	9,717	62,708,330
21. Issued during year	2,348	14,776,016							2,348	14,776,016
22. Other changes to in force (Net)	(1,174)	(7,689,639)							(1,174)	(7,689,639)
23. In force December 31 of current year	10,891	69,794,707	0	(a)	0	0	0	0	10,891	69,794,707

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky

NAIC Group Code 0838

DURING THE YEAR 2018

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	5,956,208					5,956,208
2. Annuity considerations	4,348					4,348
3. Deposit-type contract funds		XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	5,960,556	0		0	0	5,960,556
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	2,909,473					2,909,473
10. Matured endowments						0
11. Annuity benefits	10,413					10,413
12. Surrender values and withdrawals for life contracts	5,947					5,947
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	2,925,833	0		0	0	2,925,833
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year	13	101,185	0	0	0	0	0	0	13	101,185
17. Incurred during current year	505	2,909,473							505	2,909,473
Settled during current year:										
18.1 By payment in full	504	2,953,425							504	2,953,425
18.2 By payment on compromised claims	6	14,440							6	14,440
18.3 Totals paid	510	2,967,865	0	0	0	0	0	0	510	2,967,865
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	510	2,967,865	0	0	0	0	0	0	510	2,967,865
19. Unpaid Dec. 31, current year (16+17-18.6)	8	42,793	0	0	0	0	0	0	8	42,793
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year	5,934	34,774,068	0	(a)	0	0	0	0	5,934	34,774,068
21. Issued during year	1,274	8,229,984							1,274	8,229,984
22. Other changes to in force (Net)	(629)	(4,214,313)							(629)	(4,214,313)
23. In force December 31 of current year	6,579	38,789,739	0	(a)	0	0	0	0	6,579	38,789,739

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Mississippi

NAIC Group Code 0838

DURING THE YEAR 2018

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 .....	.381,410					.381,410
2. Annuity considerations						0
3. Deposit-type contract funds		XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	381,410	0		0	0	381,410
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 .....	.90,357					.90,357
10. Matured endowments						0
11. Annuity benefits						0
12. Surrender values and withdrawals for life contracts .....	.919					.919
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	91,276	0		0	0	91,276
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year	2	4,578	0	0	0	0	0	0	2	4,578
17. Incurred during current year	24	90,357							24	90,357
Settled during current year:										
18.1 By payment in full	26	94,935							26	94,935
18.2 By payment on compromised claims									0	0
18.3 Totals paid	26	94,935	0	0	0	0	0	0	26	94,935
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	26	94,935	0	0	0	0	0	0	26	94,935
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					5 No. of Policies					
20. In force December 31, prior year	150	785,325	0	(a)	0	0	0	0	150	785,325
21. Issued during year .....	.81	485,036							.81	485,036
22. Other changes to in force (Net)	(28)	(122,312)							(28)	(122,312)
23. In force December 31 of current year	203	1,148,049	0	(a)	0	0	0	0	203	1,148,049

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

NAIC Group Code 0838

DURING THE YEAR 2018

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	8,647,872					8,647,872
2. Annuity considerations	50					50
3. Deposit-type contract funds		XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	8,647,922	0		0	0	8,647,922
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums	953					953
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)	953	0		0	0	953
Annuities:						
7.1 Paid in cash or left on deposit	1,440					1,440
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	1,440	0		0	0	1,440
8. Grand Totals (Lines 6.5 plus 7.4)	2,393	0		0	0	2,393
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits	4,988,284					4,988,284
10. Matured endowments						0
11. Annuity benefits						0
12. Surrender values and withdrawals for life contracts	21,142					21,142
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0	0	0
14. All other benefits, except accident and health						0
15. Totals	5,009,426	0		0	0	5,009,426
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year .....	.30	166,626	0	0	0	0	0	0	.30	166,626
17. Incurred during current year	987	4,988,284							987	4,988,284
Settled during current year:										
18.1 By payment in full	990	5,036,000							990	5,036,000
18.2 By payment on compromised claims	13	37,363							13	37,363
18.3 Totals paid	1,003	5,073,363	0	0	0	0	0	0	1,003	5,073,363
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1,003	5,073,363	0	0	0	0	0	0	1,003	5,073,363
19. Unpaid Dec. 31, current year (16+17-18.6)	14	81,547	0	0	0	0	0	0	14	81,547
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	9,004	43,648,803	0	(a)	0	0	0	0	9,004	43,648,803
21. Issued during year	2,049	10,441,018							2,049	10,441,018
22. Other changes to in force (Net)	(1,130)	(6,099,458)							(1,130)	(6,099,458)
23. In force December 31 of current year	9,923	47,990,363	0	(a)	0	0	0	0	9,923	47,990,363

(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)	29,436	29,693		14,591	12,279
25.6 Totals (sum of Lines 25.1 to 25.5)	29,436	29,693	0	14,591	12,279
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	29,436	29,693	0	14,591	12,279

(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 2018 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

NAIC Group Code 0838

DURING THE YEAR 2018

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	478,329					.478,329
2. Annuity considerations						0
3. Deposit-type contract funds		XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	478,329	0		0	0	478,329
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	141,175					.141,175
10. Matured endowments						0
11. Annuity benefits						0
12. Surrender values and withdrawals for life contracts	3,134					3,134
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	144,309	0		0	0	144,309
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	.1	17,751	0	.0	0	0	0	.0	.1	.17,751
17. Incurred during current year .....	.28	141,175							.28	.141,175
Settled during current year:										
18.1 By payment in full .....	.29	148,926							.29	.148,926
18.2 By payment on compromised claims									0	0
18.3 Totals paid .....	.29	148,926	0	.0	0	0	0	.0	.29	.148,926
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements .....	.29	148,926	0	.0	0	0	0	.0	.29	.148,926
19. Unpaid Dec. 31, current year (16+17-18.6)	0	10,000	0	.0	0	0	0	0	0	10,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	.362	2,356,696	0	(a)	0	0	0	0	.362	2,356,696
21. Issued during year .....	.91	725,255							.91	.725,255
22. Other changes to in force (Net)	(40)	(232,278)							(40)	(232,278)
23. In force December 31 of current year	413	2,849,673	0	(a)	0	0	0	0	413	2,849,673

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Grand Total

NAIC Group Code 0838

DURING THE YEAR 2018

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		37,764,501	0	0	0	37,764,501
2. Annuity considerations		139,614	0	0	0	139,614
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)		37,904,115	0	0	0	37,904,115
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		953	0	0	0	953
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)		953	0	0	0	953
Annuities:						
7.1 Paid in cash or left on deposit		1,440	0	0	0	1,440
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)		1,440	0	0	0	1,440
8. Grand Totals (Lines 6.5 plus 7.4)		2,393	0	0	0	2,393
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		19,441,774	0	0	0	19,441,774
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		186,982	0	0	0	186,982
12. Surrender values and withdrawals for life contracts		69,368	0	0	0	69,368
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		0	0	0	0	0
15. Totals		19,698,124	0	0	0	19,698,124
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	.92	629,480	0	0	0	0	0	0	.92	.629,480
17. Incurred during current year	3,303	19,441,774	0	0	0	0	0	0	3,303	19,441,774
Settled during current year:										
18.1 By payment in full	3,297	19,562,164	0	0	0	0	0	0	3,297	19,562,164
18.2 By payment on compromised claims .....	.41	143,443	0	0	0	0	0	0	.41	143,443
18.3 Totals paid	3,338	19,705,607	0	0	0	0	0	0	3,338	19,705,607
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	3,338	19,705,607	0	0	0	0	0	0	3,338	19,705,607
19. Unpaid Dec. 31, current year (16+17-18.6)	57	365,647	0	0	0	0	0	0	57	365,647
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	32,272	187,711,752	0	(a)		0	0	0	32,272	187,711,752
21. Issued during year	7,492	45,081,013	0	0		0	0	0	7,492	45,081,013
22. Other changes to in force (Net)	(3,820)	(23,862,919)	0	0		0	0	0	(3,820)	(23,862,919)
23. In force December 31 of current year	35,944	208,929,846	0	(a)		0	0	0	35,944	208,929,846

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	29,436	29,693	0	14,591	12,279
25.6 Totals (sum of Lines 25.1 to 25.5)	29,436	29,693	0	14,591	12,279
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	29,436	29,693	0	14,591	12,279

(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 2018 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	1,004,870
2. Current year's realized pre-tax capital gains/(losses) of \$ (73,876) transferred into the reserve net of taxes of \$ (15,514)	(58,362)
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)	946,509
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	160,047
6. Reserve as of December 31, current year (Line 4 minus Line 5)	786,462

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. 2018	170,068	(10,021)	0	160,047
2. 2019	138,382	(19,169)	0	119,213
3. 2020	119,004	(16,785)	0	102,218
4. 2021	106,659	(14,222)	0	92,438
5. 2022	90,150	(11,644)	0	78,507
6. 2023	71,851	(9,011)	0	62,839
7. 2024	53,905	(6,701)	0	47,204
8. 2025	36,195	(5,058)	0	31,137
9. 2026	18,893	(3,282)	0	15,612
10. 2027	10,222	(1,491)	0	8,730
11. 2028	9,524	535	0	10,059
12. 2029	8,973	1,570	0	10,544
13. 2030	9,148	1,577	0	10,725
14. 2031	9,154	1,688	0	10,842
15. 2032	8,814	1,747	0	10,561
16. 2033	8,680	1,806	0	10,486
17. 2034	8,200	1,913	0	10,113
18. 2035	8,045	1,965	0	10,011
19. 2036	8,166	2,069	0	10,235
20. 2037	8,038	2,172	0	10,210
21. 2038	8,856	2,224	0	11,080
22. 2039	10,347	2,327	0	12,674
23. 2040	12,165	2,431	0	14,595
24. 2041	14,264	2,482	0	16,747
25. 2042	15,498	2,637	0	18,135
26. 2043	15,118	2,689	0	17,807
27. 2044	11,973	2,534	0	14,507
28. 2045	8,280	2,017	0	10,297
29. 2046	4,720	1,448	0	6,168
30. 2047	1,581	879	0	2,460
31. 2048 and Later	0	310	0	310
32. Total (Lines 1 to 31)	1,004,871	(58,362)	0	946,509

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cincinnati Equitable Life Insurance Company

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year	582,738	0	582,738	1,122,312	192	1,122,504	1,705,242
2. Realized capital gains/(losses) net of taxes - General Account	(26,318)	0	(26,318)	786,921	0	786,921	760,603
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account	0	0	0	(821,698)	0	(821,698)	(821,698)
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	177,440	0	177,440	0	98	98	177,538
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	733,861	0	733,861	1,087,535	289	1,087,824	1,821,685
9. Maximum reserve	881,521	0	881,521	582,639	732	583,371	1,464,892
10. Reserve objective	605,378	0	605,378	582,639	562	583,200	1,188,578
11. 20% of (Line 10 - Line 8)	(25,697)	0	(25,697)	(100,979)	54	(100,925)	(126,621)
12. Balance before transfers (Lines 8 + 11)	708,164	0	708,164	986,556	344	986,900	1,695,064
13. Transfers	173,357	0	173,357	(173,746)	389	(173,357)	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero	0	0	0	(230,171)	0	(230,171)	(230,171)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	881,521	0	881,521	582,639	733	583,372	1,464,893

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cincinnati Equitable Life Insurance Company

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.	1	Exempt Obligations	1,058,608	XXX	XXX	1,058,608	0.0000	0	0.0000	0	0.0000	0
2.		Highest Quality	86,122,018	XXX	XXX	86,122,018	0.0004	34,449	0.0023	198,081	0.0030	258,366
3.		High Quality	47,512,580	XXX	XXX	47,512,580	0.0019	90,274	0.0058	275,573	0.0090	427,613
4.		Medium Quality	3,294,632	XXX	XXX	3,294,632	0.0093	30,640	0.0230	75,777	0.0340	112,017
5.		Low Quality	247,784	XXX	XXX	247,784	0.0213	5,278	0.0530	13,133	0.0750	18,584
6.		Lower Quality	187,640	XXX	XXX	187,640	0.0432	8,106	0.1100	20,640	0.1700	31,899
7.		In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Long-Term Bonds (Sum of Lines 1 through 8)	138,423,262	XXX	XXX	138,423,262	XXX	168,747	XXX	583,203	XXX	848,479
PREFERRED STOCK												
10.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11.		High Quality	612,764	XXX	XXX	612,764	0.0019	1,164	0.0058	3,554	0.0090	5,515
12.		Medium Quality	809,594	XXX	XXX	809,594	0.0093	7,529	0.0230	18,621	0.0340	27,526
13.		Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14.		Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15.		In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.	Total Preferred Stocks (Sum of Lines 10 through 16)		1,422,359	XXX	XXX	1,422,359	XXX	8,693	XXX	22,175	XXX	33,041
SHORT - TERM BONDS												
18.	1	Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19.		Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
20.		High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21.		Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22.		Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23.		Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24.		In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25.	Total Short - Term Bonds (Sum of Lines 18 through 24)		0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
DERIVATIVE INSTRUMENTS												
26.	1	Exchange Traded		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27.		Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28.		High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29.		Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30.		Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31.		Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32.		In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33.	Total Derivative Instruments		0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34.	Total (Lines 9 + 17 + 25 + 33)		139,845,621	XXX	XXX	139,845,621	XXX	177,440	XXX	605,378	XXX	881,521

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cincinnati Equitable Life Insurance Company

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

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cincinnati Equitable Life Insurance Company

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
1.		COMMON STOCK	597,742	XXX	XXX	597,742	0.0000	0	0.1300 (a)	77,707	0.1300 (a)	77,707
2.		Unaffiliated - Public	597,742	XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
3.		Unaffiliated - Private	0	XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4.		Federal Home Loan Bank	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
Affiliated - Life with AVR		Affiliated - Investment Subsidiary:										
5.		Fixed Income - Exempt Obligations	0			0	XXX		XXX		XXX	
6.		Fixed Income - Highest Quality	0			0	XXX		XXX		XXX	
7.		Fixed Income - High Quality	0			0	XXX		XXX		XXX	
8.		Fixed Income - Medium Quality	0			0	XXX		XXX		XXX	
9.		Fixed Income - Low Quality	0			0	XXX		XXX		XXX	
10.		Fixed Income - Lower Quality	0			0	XXX		XXX		XXX	
11.		Fixed Income - In/Near Default	0			0	XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public	0	0	0	0	0.0000	0	0.2000 (a)	0	0.2000 (a)	0
13.		Unaffiliated Common Stock - Private	0			0	0.0000	0	0.1600	0	0.1600	0
14.		Real Estate	0			0	(b)	0	(b)	0	(b)	0
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)	0	XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
16.		Affiliated - All Other	3,155,826	XXX	XXX	3,155,826	0.0000	0	0.1600	504,932	0.1600	504,932
17.		Total Common Stock (Sum of Lines 1 through 16)	3,753,568	0	0	3,753,568	XXX	0	XXX	582,639	XXX	582,639
18.		REAL ESTATE	0			0						
19.		Home Office Property (General Account only)	0			0	0.0000	0	0.0750	0	0.0750	0
20.		Investment Properties	0			0	0.0000	0	0.0750	0	0.0750	0
21.		Properties Acquired in Satisfaction of Debt	0			0	0.0000	0	0.1100	0	0.1100	0
Total Real Estate (Sum of Lines 18 through 20)		0	0	0	0	XXX		0	XXX	0	XXX	0
22.	1	OTHER INVESTED ASSETS	0			0						
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
Exempt Obligations		Exempt Obligations	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
Highest Quality		Highest Quality	0	XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
High Quality		High Quality	0	XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
Medium Quality		Medium Quality	0	XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
Low Quality		Low Quality	0	XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
Lower Quality		Lower Quality	0	XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
In or Near Default		In or Near Default	0	XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
Total with Bond Characteristics (Sum of Lines 22 through 28)		0	XXX	XXX	0	XXX		0	XXX	0	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cincinnati Equitable Life Insurance Company

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30.	1	Highest Quality	244,155	XXX	XXX	244,155	0.0004	98	0.0023	562	0.0030	732
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)	244,155	XXX	XXX	244,155	XXX	98	XXX	562	XXX	732
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38.		Mortgages - CM1 - Highest Quality			XXX	0	0.0010	0	0.0050	0	0.0065	0
39.		Mortgages - CM2 - High Quality			XXX	0	0.0035	0	0.0100	0	0.0130	0
40.		Mortgages - CM3 - Medium Quality			XXX	0	0.0060	0	0.0175	0	0.0225	0
41.		Mortgages - CM4 - Low Medium Quality			XXX	0	0.0105	0	0.0300	0	0.0375	0
42.		Mortgages - CM5 - Low Quality			XXX	0	0.0160	0	0.0425	0	0.0550	0
43.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
44.		Residential Mortgages - All Other			XXX	0	0.0013	0	0.0030	0	0.0040	0
45.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
		Overdue, Not in Process Affiliated:										
46.		Farm Mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
47.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
48.		Residential Mortgages - All Other			XXX	0	0.0025	0	0.0058	0	0.0090	0
49.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
50.		Commercial Mortgages - All Other			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In Process of Foreclosure Affiliated:										
51.		Farm Mortgages			XXX	0	0.0000	0	0.1700	0	0.1700	0
52.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
53.		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0130	0	0.0130	0
54.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
55.		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1700	0	0.1700	0
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	0.0100	0	0.0130	0
60.		Unaffiliated - In Good Standing All Other			XXX	0	0.0060	0	0.0175	0	0.0225	0
61.		Unaffiliated - Overdue, Not in Process			XXX	0	0.0420	0	0.0760	0	0.1200	0
62.		Unaffiliated - In Process of Foreclosure			XXX	0	0.0000	0	0.1700	0	0.1700	0
63.		Total Unaffiliated (Sum of Lines 57 through 62)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
64.		Total with Mortgage Loan Characteristics (Lines 56 + 63)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cincinnati Equitable Life Insurance Company

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
65.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK	0	XXX	XXX	0	0.0000	0	0.2000 (a)	0	0.2000 (a)	0
66.		Unaffiliated Public		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
67.		Unaffiliated Private		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
68.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
69.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
70.		Affiliated Other - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
		Total with Common Stock Characteristics (Sum of Lines 65 through 69)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
71.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE	0									
72.		Home Office Property (General Account only)				0	0.0000	0	0.0750	0	0.0750	0
73.		Investment Properties				0	0.0000	0	0.0750	0	0.0750	0
74.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	0	0	0	0	XXX	0	XXX	0	XXX	0
75.		LOW INCOME HOUSING TAX CREDIT INVESTMENTS	0									
76.		Guaranteed Federal Low Income Housing Tax Credit				0	0.0003	0	0.0006	0	0.0010	0
77.		Non-guaranteed Federal Low Income Housing Tax Credit				0	0.0063	0	0.0120	0	0.0190	0
78.		Guaranteed State Low Income Housing Tax Credit				0	0.0003	0	0.0006	0	0.0010	0
79.		Non-guaranteed State Low Income Housing Tax Credit				0	0.0063	0	0.0120	0	0.0190	0
80.		All Other Low Income Housing Tax Credit				0	0.0273	0	0.0600	0	0.0975	0
		Total LIHTC (Sum of Lines 75 through 79)	0	0	0	0	XXX	0	XXX	0	XXX	0
81.		ALL OTHER INVESTMENTS	244,155	XXX		0	0.0000	0	0.0037	0	0.0037	0
82.		NAIC 1 Working Capital Finance Investments		XXX		0	0.0000	0	0.0120	0	0.0120	0
83.		NAIC 2 Working Capital Finance Investments		XXX		0	0.0000	0	0.1300	0	0.1300	0
84.		Other Invested Assets - Schedule BA		XXX		0	0.0000	0	0.1300	0	0.1300	0
85.		Other Short-Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1300	0	0.1300	0
		Total All Other (Sum of Lines 81, 82, 83 and 84)	0	XXX	0	0	XXX	0	XXX	0	XXX	0
		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)	244,155	0	0	244,155	XXX	98	XXX	562	XXX	732

(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 Replications (Synthetic) Assets

N O N E

Schedule F - Claims

N O N E

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts											
	1 Amount	2 %							1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %		
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																				
1. Premiums written	29,436	XXX			XXX			XXX											29,436	XXX
2. Premiums earned	29,533	XXX			XXX			XXX											29,533	XXX
3. Incurred claims	12,279	41.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	12,279	41.6
4. Cost containment expenses	0	0.0																	0	0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	12,279	41.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	12,279	41.6
6. Increase in contract reserves	(3,973)	(13.5)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	(3,973)	(13.5)
7. Commissions (a)	4,415	14.9																	4,415	14.9
8. Other general insurance expenses	2,009	6.8																	2,009	6.8
9. Taxes, licenses and fees	412	1.4																	412	1.4
10. Total other expenses incurred	6,836	23.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	6,836	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	0	0.0
12. Gain from underwriting before dividends or refunds	14,391	48.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	14,391	48.7
13. Dividends or refunds	0	0.0																	0	0.0
14. Gain from underwriting after dividends or refunds	14,391	48.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	14,391	48.7
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	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	0	0.0

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	0								
2. Advance premiums	0								
3. Reserve for rate credits	0								
4. Total premium reserves, current year	0	0	0	0	0	0	0	0	0
5. Total premium reserves, prior year	.98	0	0	0	0	0	0	0	.98
6. Increase in total premium reserves	(98)	0	0	0	0	0	0	0	(98)
B. Contract Reserves:									
1. Additional reserves (a)	0								
2. Reserve for future contingent benefits	2,645								2,645
3. Total contract reserves, current year	2,645	0	0	0	0	0	0	0	2,645
4. Total contract reserves, prior year.	6,618	0	0	0	0	0	0	0	6,618
5. Increase in contract reserves	(3,973)	0	0	0	0	0	0	0	(3,973)
C. Claim Reserves and Liabilities:									
1. Total current year	.6,441	0	0	0	0	0	0	0	.6,441
2. Total prior year	8,753	0	0	0	0	0	0	0	8,753
3. Increase	(2,312)	0	0	0	0	0	0	0	(2,312)

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	2,816								2,816
1.2 On claims incurred during current year	11,775								11,775
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	0								
2.2 On claims incurred during current year	6,441								6,441
3. Test:									
3.1 Lines 1.1 and 2.1	2,816	0	0	0	0	0	0	0	2,816
3.2 Claim reserves and liabilities, December 31, prior year	8,753	0	0	0	0	0	0	0	8,753
3.3 Line 3.1 minus Line 3.2	(5,937)	0	0	0	0	0	0	0	(5,937)

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cincinnati Equitable Life Insurance Company
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims			12,279	12,279
2. Beginning Claim Reserves and Liabilities			8,753	8,753
3. Ending Claim Reserves and Liabilities			6,441	6,441
4. Claims Paid	0	0	14,591	14,591
B. Assumed Reinsurance:				
5. Incurred Claims.....			0	0
6. Beginning Claim Reserves and Liabilities			0	0
7. Ending Claim Reserves and Liabilities			0	0
8. Claims Paid	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred Claims.....			0	0
10. Beginning Claim Reserves and Liabilities			0	0
11. Ending Claim Reserves and Liabilities			0	0
12. Claims Paid	0	0	0	0
D. Net:				
13. Incurred Claims.....	0	0	12,279	12,279
14. Beginning Claim Reserves and Liabilities	0	0	8,753	8,753
15. Ending Claim Reserves and Liabilities	0	0	6,441	6,441
16. Claims Paid	0	0	14,591	14,591
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses			12,279	12,279
18. Beginning Reserves and Liabilities			8,753	8,753
19. Ending Reserves and Liabilities			6,441	6,441
20. Paid Claims and Cost Containment Expenses	0	0	14,591	14,591

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 2018 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0	0
76236 .. 31-1213778 .. 07/01/1982 .. Cincinnati Life Insurance Company	OH	.....LAH - Yearly renewable term - Individual	OL	118,937	3,009	2,879	4,393							
82627 .. 06-0839705 .. 03/01/1981 .. Swiss Re Life & Health America, Inc	MO	.....LAH - Yearly renewable term - Individual	OL	3,236	.41	.40	.458							
82627 .. 06-0839705 .. 03/01/1981 .. Swiss Re Life & Health America, Inc	MO	.....LAH - Accidental death benefit - Individual	OL	0	2	14								
0899999. General Account - Authorized U.S. Non-Affiliates							122,173	3,050	2,921	4,865	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							122,173	3,050	2,921	4,865	0	0	0	0
1199999. Total General Account Authorized							122,173	3,050	2,921	4,865	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							122,173	3,050	2,921	4,865	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)							122,173	3,050	2,921	4,865	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							122,173	3,050	2,921	4,865	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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cincinnati Equitable Life Insurance Company

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

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts .....	.5	4	6	4	6
2. Commissions and reinsurance expense allowances .....	.0	0	0	0	0
3. Contract claims .....	.0	1	0	.5	0
4. Surrender benefits and withdrawals for life contracts					
5. Dividends to policyholders					
6. Reserve adjustments on reinsurance ceded .....	.0	0	0	0	0
7. Increase in aggregate reserve for life and accident and health contracts					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected .....	.0	0	0	0	0
9. Aggregate reserves for life and accident and health contracts .....	.3	3	3	3	3
10. Liability for deposit-type contracts					
11. Contract claims unpaid .....	.0	0	0	0	0
12. Amounts recoverable on reinsurance .....	.0	0	.5	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					
23. Funds deposited by and withheld from (F)					
24. Letters of credit (L)					
25. Trust agreements (T)					
26. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	152,254,238		152,254,238
2. Reinsurance (Line 16)	0	0	0
3. Premiums and considerations (Line 15)	1,096,965	0	1,096,965
4. Net credit for ceded reinsurance	XXX	3,050	3,050
5. All other admitted assets (balance)	4,979,416		4,979,416
6. Total assets excluding Separate Accounts (Line 26)	158,330,619	3,050	158,333,669
7. Separate Account assets (Line 27)	0		0
8. Total assets (Line 28)	158,330,619	3,050	158,333,669
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	144,474,489	3,050	144,477,539
10. Liability for deposit-type contracts (Line 3)	207,151		207,151
11. Claim reserves (Line 4)	382,713	0	382,713
12. Policyholder dividends/reserves (Lines 5 through 7)	3,055		3,055
13. Premium & annuity considerations received in advance (Line 8)	486,107		486,107
14. Other contract liabilities (Line 9)	786,462		786,462
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)	2,653,731		2,653,731
20. Total liabilities excluding Separate Accounts (Line 26)	148,993,707	3,050	148,996,757
21. Separate Account liabilities (Line 27)			0
22. Total liabilities (Line 28)	148,993,707	3,050	148,996,757
23. Capital & surplus (Line 38)	9,336,912	XXX	9,336,912
24. Total liabilities, capital & surplus (Line 39)	158,330,619	3,050	158,333,669
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	3,050		
26. Claim reserves	0		
27. Policyholder dividends/reserves	0		
28. Premium & annuity considerations received in advance	0		
29. Liability for deposit-type contracts	0		
30. Other contract liabilities	0		
31. Reinsurance ceded assets	0		
32. Other ceded reinsurance recoverables	0		
33. Total ceded reinsurance recoverables	3,050		
34. Premiums and considerations	0		
35. Reinsurance in unauthorized companies	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers	0		
37. Reinsurance with Certified Reinsurers	0		
38. Funds held under reinsurance treaties with Certified Reinsurers	0		
39. Other ceded reinsurance payables/offsets	0		
40. Total ceded reinsurance payable/offsets	0		
41. Total net credit for ceded reinsurance	3,050		

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

Allocated by States and Territories

States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	Direct Business Only			
			3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama.....	AL	.0	.0		0	0
2. Alaska.....	AK	.0	.0		0	0
3. Arizona.....	AZ	.0	.0		0	0
4. Arkansas.....	AR	.0	.0		0	0
5. California.....	CA	.0	.0		0	0
6. Colorado.....	CO	0	.0		0	0
7. Connecticut.....	CT	.0	.0		0	0
8. Delaware.....	DE	.0	.0		0	0
9. District of Columbia.....	DC	.0	.0		0	0
10. Florida.....	FL	0	.0		0	0
11. Georgia.....	GA	9,371,107	134,066		0	9,505,173
12. Hawaii.....	HI	.0	.0		0	0
13. Idaho.....	ID	.0	.0		0	0
14. Illinois.....	IL	0	.0		0	0
15. Indiana.....	IN	12,929,575	1,150		0	12,930,725
16. Iowa.....	IA	.0	.0		0	0
17. Kansas.....	KS	.0	.0		0	0
18. Kentucky.....	KY	5,956,208	4,348		0	5,960,556
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	381,410	.0		0	381,410
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	8,647,872	.50		0	8,647,922
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	478,329	.0		0	478,329
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.....		37,764,501	139,614	0	0	37,904,115

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

NON

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE Y

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

CEC repaid \$2.5 million plus interest to shareholders

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 Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (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
<p>The following supplemental reports are required to be filed as part of your annual statement filing <u>if your company is engaged in the type of business covered by the supplement. 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.</u> 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.</p>		
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?	NO
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 2018 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

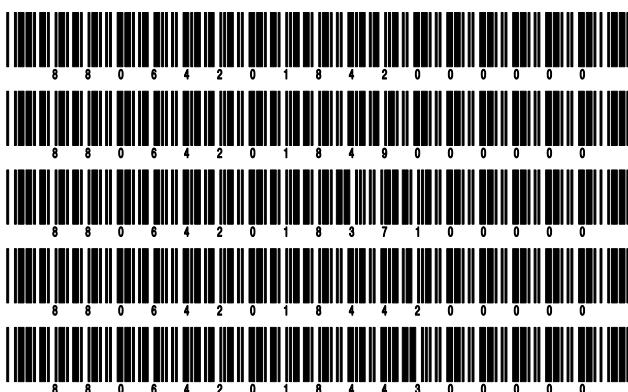
AUGUST FILING

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

- 12.
- 14.
- 15.
- 17.
- 18.
- 19.
- 20.
- 21.
- 22.
- 23.
- 24.
- 25.
- 26.
- 27.
- 28.
- 29.
- 30.
- 31.
- 32.
33. Not Required
34. Not Required
36. Not Required
- 37.
- 38.
- 39.
- 40.
- 44.
- 48.
- 49.
- 50.
- 51.
- 52.
- 53.

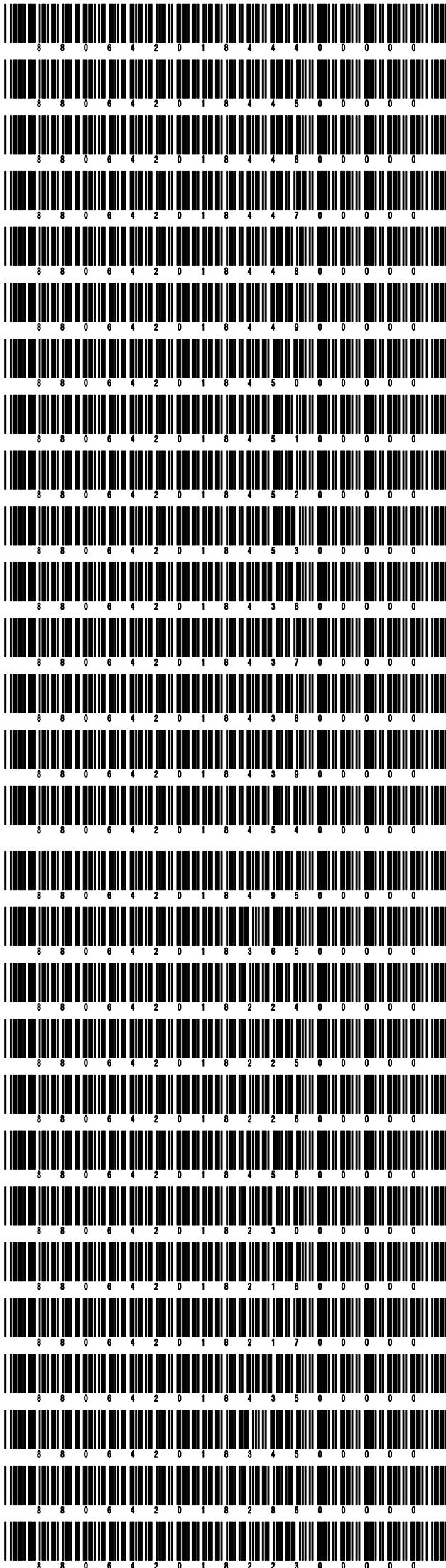
Bar Codes:

12. SIS Stockholder Information Supplement [Document Identifier 420]
14. Trusteed Surplus Statement [Document Identifier 490]
15. Participating Opinion for Exhibit 5 [Document Identifier 371]
17. Actuarial Opinion on X-Factors [Document Identifier 442]
18. Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]
20. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]
21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]
22. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]
23. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]
24. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]
25. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]
26. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]
27. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]
28. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]
29. Actuarial Certifications Related to Hedging required by Actuarial Guideline XLII [Document Identifier 436]
30. Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII [Document Identifier 437]
31. Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII [Document Identifier 438]
32. Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII [Document Identifier 439]
33. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]
34. Workers' Compensation Carve-Out Supplement [Document Identifier 495]
35. Medicare Part D Coverage Supplement [Document Identifier 365]
36. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
37. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
38. Relief from the Requirements for Audit Committees [Document Identifier 226]
39. VM-20 Reserves Supplement [Document Identifier 456]
40. Credit Insurance Experience Exhibit [Document Identifier 230]
41. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
42. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
43. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]
44. Supplemental Term and Universal Life Insurance Reinsurance Exhibit [Document Identifier 345]
45. Variable Annuities Supplement [Document Identifier 286]
46. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Cincinnati Equitable Life Insurance Company
OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
2504. Prepaid Expenses	58,945	58,945	0	0
2505. FIT Receivable for AMT Loss Carry Forward			0	80,000
2597. Summary of remaining write-ins for Line 25 from overflow page	58,945	58,945	0	80,000



SUPPLEMENT FOR THE YEAR 2018 OF THE Cincinnati Equitable Life Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
 (To Be Filed by March 1)

FOR THE STATE OF Ohio.....

NAIC Group Code 0838

NAIC Company Code 88064

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

Person Completing This Exhibit

Title

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018					
										11	Incurred Claims		14	15	Incurred Claims		18		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16	17	Percent of Premiums Earned	Number of Covered Lives
N/A	AP355BAUC	B	NO	003000	10/01/1996	12/31/2004	12/31/2004	12/31/2004	Medicare Supplement	29,464	12,279	41.7	12				0.0		
0199999. Total Experience on Individual Policies										29,464	12,279	41.7	12	0	0	0	0.0	0	

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2018
(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 2014	2 2015	3 2016	4 2017	5 2018(a)
1. Prior					
2. 2014					
3. 2015	XXX				
4. 2016	XX	XX			
5. 2017	XXX	XX	XXX		
6. 2018	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior	(82)	(82)	(82)	(82)	(82)
2. 2014	43	.51	.51	.51	.51
3. 2015	XXX	26	25	25	25
4. 2016	XXX	XXX	34	34	34
5. 2017	XXX	XXX	XXX	27	30
6. 2018	XXX	XXX	XXX	XXX	12

Section C - Credit Accident and Health

1. Prior					
2. 2014					
3. 2015	XXX				
4. 2016	XXX				
5. 2017	XX	XX	XX		
6. 2018	XX	XX	XXX	XXX	XXX

Section D -

1. Prior					
2. 2014					
3. 2015	XXX				
4. 2016	XXX				
5. 2017	XX	XX	XX		
6. 2018	XX	XX	XXX	XXX	XXX

Section E -

1. Prior					
2. 2014					
3. 2015	XXX				
4. 2016	XXX				
5. 2017	XX	XX	XX		
6. 2018	XX	XX	XXX	XXX	XXX

Section F -

1. Prior					
2. 2014					
3. 2015	XXX				
4. 2016	XXX				
5. 2017	XX	XX	XX		
6. 2018	XX	XX	XXX	XXX	XXX

Section G -

1. Prior					
2. 2014					
3. 2015	XXX				
4. 2016	XXX				
5. 2017	XX	XX	XX		
6. 2018	XX	XX	XXX	XXX	XXX

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

Supplement Schedule O - Part 2 Section A

N O N E

Supplement Schedule O - Part 2 Section B

N O N E

Supplement Schedule O - Part 2 Section C

N O N E

Supplement Schedule O - Part 2 Section D

N O N E

Supplement Schedule O - Part 2 Section E

N O N E

Supplement Schedule O - Part 2 Section F

N O N E

Supplement Schedule O - Part 2 Section G

N O N E

SUPPLEMENT FOR THE YEAR 2018 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 2014	2 2015	3 2016	4 2017	5 2018
1. 2014				XXX	XXX
2. 2015	XXX				XXX
3. 2016	XXX	XXX			
4. 2017	XXX	XXX	XXX		
5. 2018	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2014	56	51	51	XXX	XXX
2. 2015	XXX	36	35	35	XXX
3. 2016	XXX	XXX	34	30	30
4. 2017	XXX	XXX	XXX	28	22
5. 2018	XXX	XXX	XXX	XXX	18

Section C - Credit Accident and Health

1. 2014				XXX	XXX
2. 2015	XXX				XXX
3. 2016	XXX	XXX	XXX		
4. 2017	XXX	XXX	XXX		
5. 2018	XXX	XXX	XXX	XXX	

Section D -

1. 2014				XXX	XXX
2. 2015	XXX				XXX
3. 2016	XXX	XXX	XXX		
4. 2017	XXX	XXX	XXX		
5. 2018	XXX	XXX	XXX	XXX	

Section E -

1. 2014				XXX	XXX
2. 2015	XXX				XXX
3. 2016	XXX	XXX	XXX		
4. 2017	XXX	XXX	XXX		
5. 2018	XXX	XXX	XXX	XXX	

Section F -

1. 2014				XXX	XXX
2. 2015	XXX				XXX
3. 2016	XXX	XXX	XXX		
4. 2017	XXX	XXX	XXX		
5. 2018	XXX	XXX	XXX	XXX	

Section G -

1. 2014				XXX	XXX
2. 2015	XXX				XXX
3. 2016	XXX	XXX	XXX		
4. 2017	XXX	XXX	XXX		
5. 2018	XXX	XXX	XXX	XXX	

NONE

SUPPLEMENT FOR THE YEAR 2018 OF THE Cincinnati Equitable Life Insurance Company
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses

(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. 2014					
2. 2015	XX				
3. 2016	XX	XX			
4. 2017	XXX	XX			
5. 2018	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2014				
2. 2015	XXX			
3. 2016	XXX	XXX		
4. 2017	XXX	XXX	XXX	
5. 2018	XX	XXX	XX	XXX

Section C - Group Accident and Health

1. 2014				
2. 2015	XXX			
3. 2016	XXX	XXX		
4. 2017	XXX	XXX	XXX	
5. 2018	XX	XXX	XX	XXX

Section D - Other Accident and Health

1. 2014				
2. 2015	XXX			
3. 2016	XXX	XXX		
4. 2017	XXX	XXX	XXX	
5. 2018	XX	XXX	XX	XXX

Section E - Group Accident and Health

1. 2014				
2. 2015	XXX			
3. 2016	XXX	XXX		
4. 2017	XXX	XXX	XXX	
5. 2018	XX	XXX	XX	XXX

Section F - Other Accident and Health

1. 2014				
2. 2015	XXX			
3. 2016	XXX	XXX		
4. 2017	XXX	XXX	XXX	
5. 2018	XX	XXX	XX	XXX

Section G - Group Accident and Health

1. 2014				
2. 2015	XXX			
3. 2016	XXX	XXX		
4. 2017	XXX	XXX	XXX	
5. 2018	XX	XXX	XX	XXX

Section H - Other Accident and Health

Line of Business	1 Methodology	2 Amount
1. Industrial Life		
2. Ordinary Life	Other	366
3. Individual Annuity	Other	11
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	6
11. Total		383

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

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