



LIFE, AND ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2019
OF THE CONDITION AND AFFAIRS OF THE

Cincinnati Life Insurance Company

NAIC Group Code02440244NAIC Company Code76236Employer's ID Number31-1213778
(Current)(Prior)

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

Country of DomicileUnited States of America

Licensed as business type:Life, Accident and Health [X] Fraternal Benefit Societies []

Incorporated/Organized07/02/1987Commenced Business02/01/1988

Statutory Home Office6200 SOUTH GILMORE ROADFAIRFIELD, OH, US 45014-5141
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office6200 SOUTH GILMORE ROADFAIRFIELD, OH, US 45014-5141513-870-2000
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address6200 SOUTH GILMORE ROADFAIRFIELD, OH, US 45014-5141
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records6200 SOUTH GILMORE ROADFAIRFIELD, OH, US 45014-5141513-870-2000
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website AddressWWW.CINFIN.COM

Statutory Statement ContactJOSEPH DAVID WURZELBACHER513-870-2000-4902
(Name)(Area Code) (Telephone Number)
JOE_WURZELBACHER@CINFIN.COM513-603-5500
(E-mail Address)(FAX Number)

OFFICERS

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

OTHER

TERESA CURRIN CRACAS, SENIOR VICE PRESIDENT	THERESA ANN HOFFER, SENIOR VICE PRESIDENT	THOMAS CHRISTOPHER HOGAN #, SENIOR VICE PRESIDENT
MARTIN FRANCIS HOLLENBECK, SENIOR VICE PRESIDENT	JOHN SCOTT KELLINGTON, SENIOR VICE PRESIDENT	LISA ANNE LOVE, SENIOR VICE PRESIDENT
STEPHEN MICHAEL SPRAY #, SENIOR VICE PRESIDENT		

DIRECTORS OR TRUSTEES

WILLIAM FORREST BAHL	GREGORY THOMAS BIER	ROGER ANDREW BROWN
TERESA CURRIN CRACAS	MARTIN FRANCIS HOLLENBECK	STEVEN JUSTUS JOHNSTON
JOHN SCOTT KELLINGTON	LISA ANNE LOVE	WILLIAM RODNEY MCMULLEN
MARTIN JOSEPH MULLEN	DAVID PUTNAM OSBORN	THOMAS REID SCHIFF
MICHAEL JAMES SEWELL	STEPHEN MICHAEL SPRAY #	KENNETH WILLIAM STECHER
LARRY RUSSELL WEBB		

State ofOhioSS:

County ofButler

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

STEVEN JUSTUS JOHNSTON
CEO & PRESIDENT

MICHAEL JAMES SEWELL
CFO & SENIOR VICE PRESIDENT

TODD HANCOCK PENDERY
TREASURER & VICE PRESIDENT

Subscribed and sworn to before me this

20th day of February 2020

Karen S. Donner
Notary Public
October 26, 2024

a. Is this an original filing? Yes [X] No []

b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	6,154,922			255	6,155,177
2. Annuity considerations	55,331				55,331
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	6,210,253			255	6,210,508
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,804,870			7,000	3,811,870
10. Matured endowments					
11. Annuity benefits	1,061,952				1,061,952
12. Surrender values and withdrawals for life contracts	365,102			316	365,419
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	5,231,924			7,316	5,239,241
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	61	3,804,870					5	7,000	66	3,811,870
Settled during current year:										
18.1 By payment in full	61	3,804,870						7,000	61	3,811,870
18.2 By payment on compromised claims										
18.3 Totals paid	61	3,804,870						7,000	61	3,811,870
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	61	3,804,870						7,000	61	3,811,870
19. Unpaid Dec. 31, current year (16+17-18.6)							5		5	
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	7,872	1,872,076,126	(a)				61	73,093	7,933	1,872,149,219
21. Issued during year	601	147,416,036							601	147,416,036
22. Other changes to in force (Net)	(597)	(117,589,540)					(8)	(10,000)	(605)	(117,599,540)
23. In force December 31 of current year	7,876	1,901,902,623	(a)				53	63,093	7,929	1,901,965,716

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)	36	66			20
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	44,025	52,982		21,763	(160,395)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	5	5		30	30
25.5 All other (b)	596	712			168
25.6 Totals (sum of Lines 25.1 to 25.5)	44,626	53,699		21,793	(160,197)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	44,662	53,765		21,793	(160,177)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

NAIC Group Code 0244		LIFE INSURANCE			NAIC Company Code 76236	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		86,558				86,558
2. Annuity considerations						
3. Deposit-type contract funds			XXX		XXX	
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)		86,558				86,558
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						
6.4 Other						
6.5 Totals (Sum of Lines 6.1 to 6.4)						
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (Sum of Lines 7.1 to 7.3)						
8. Grand Totals (Lines 6.5 plus 7.4)						
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		50,000				50,000
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts ...		939				939
13. Aggregate write-ins for miscellaneous direct claims and benefits paid						
14. All other benefits, except accident and health						
15. Totals		50,939				50,939
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page						
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)						

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year	1	50,000						1	50,000
Settled during current year:										
18.1	By payment in full	1	50,000						1	50,000
18.2	By payment on compromised claims									
18.3	Totals paid	1	50,000						1	50,000
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements	1	50,000						1	50,000
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	89	31,093,088	(a)					89	31,093,088
21.	Issued during year	9	3,800,000						9	3,800,000
22.	Other changes to in force (Net)	5	783,897						5	783,897
23.	In force December 31 of current year	103	35,676,985	(a)					103	35,676,985

(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 Policyholder Dividends Paid, Refunds to Members 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/certificates (b)				
24.4	Medicare Title XVIII exempt from state taxes or fees				
Other Individual Policies:					
25.1	Non-cancelable (b)				
25.2	Guaranteed renewable (b)				
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only				
25.5	All other (b)				
25.6	Totals (sum of Lines 25.1 to 25.5)				
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)				

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE					
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4
		Ordinary	Credit Life (Group and Individual)	Group	Industrial
					Total
1.	Life insurance	3,172,979			81
2.	Annuity considerations	242,525			
3.	Deposit-type contract funds		XXX		XXX
4.	Other considerations				
5.	Totals (Sum of Lines 1 to 4)	3,415,504			81
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1	Paid in cash or left on deposit				
6.2	Applied to pay renewal premiums				
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period				
6.4	Other				
6.5	Totals (Sum of Lines 6.1 to 6.4)				
Annuities:					
7.1	Paid in cash or left on deposit				
7.2	Applied to provide paid-up annuities				
7.3	Other				
7.4	Totals (Sum of Lines 7.1 to 7.3)				
8.	Grand Totals (Lines 6.5 plus 7.4)				
DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	931,443			931,443
10.	Matured endowments				
11.	Annuity benefits	562,501			562,501
12.	Surrender values and withdrawals for life contracts	91,694			674
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid				
14.	All other benefits, except accident and health				
15.	Totals	1,585,638			674
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398.	Summary of Line 13 from overflow page				
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)				

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year	7	931,443						7	931,443
Settled during current year:										
18.1	By payment in full	7	931,443						7	931,443
18.2	By payment on compromised claims									
18.3	Totals paid	7	931,443						7	931,443
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements	7	931,443						7	931,443
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	2,935	1,106,530,430	(a)			29	22,500	2,964	1,106,552,930
21.	Issued during year	180	95,866,059						180	95,866,059
22.	Other changes to in force (Net)	(127)	(45,295,557)				(1)	(1,000)	(128)	(45,296,557)
23.	In force December 31 of current year	2,988	1,157,100,932	(a)			28	21,500	3,016	1,157,122,432

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (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)	22,417	17,920	28,710	75,775
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)	22,417	17,920	28,710	75,775
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	22,417	17,920	28,710	75,775

(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 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

NAIC Group Code 0244		LIFE INSURANCE			NAIC Company Code 76236	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance	3,333,302			173	3,333,476
2.	Annuity considerations	592,205				592,205
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	3,925,507			173	3,925,681
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	2,706,073				2,706,073
10.	Matured endowments	2,422				2,422
11.	Annuity benefits	213,047				213,047
12.	Surrender values and withdrawals for life contracts ...	97,227				97,227
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals	3,018,770				3,018,770
DETAILS OF WRITE-INS						
1301.	.....					
1302.	.....					
1303.	.....					
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year	11	2,708,495						11	2,708,495
Settled during current year:										
18.1	By payment in full	11	2,708,495						11	2,708,495
18.2	By payment on compromised claims									
18.3	Totals paid	11	2,708,495						11	2,708,495
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements	11	2,708,495						11	2,708,495
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	2,989	1,153,045,948	(a)	1	20,435,943	16	14,593	3,006	1,173,496,484
21.	Issued during year	149	66,989,385						149	66,989,385
22.	Other changes to in force (Net)	(203)	(80,892,118)			(16,092)	(3)	(2,500)	(206)	(80,910,710)
23.	In force December 31 of current year	2,935	1,139,143,215	(a)	1	20,419,851	13	12,093	2,949	1,159,575,159

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)	.68	.79		.10
24.4	Medicare Title XVIII exempt from state taxes or fees				
Other Individual Policies:					
25.1	Non-cancelable (b)				.10
25.2	Guaranteed renewable (b)	11,366	11,459		.30
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only				
25.5	All other (b)	.37	.49		.20
25.6	Totals (sum of Lines 25.1 to 25.5)	11,402	11,508		.59
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,470	11,587		.69

(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 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	8,254,197			689	8,254,887
2. Annuity considerations	631,438				631,438
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	8,885,636			689	8,886,325
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,029,027			1,000	2,030,027
10. Matured endowments	1,000			2,330	3,330
11. Annuity benefits	1,442,094				1,442,094
12. Surrender values and withdrawals for life contracts	278,776			825	279,601
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	3,750,897			4,154	3,755,051
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	38	2,030,027					4	3,330	42	2,033,357
Settled during current year:										
18.1 By payment in full	38	2,030,027					4	3,330	42	2,033,357
18.2 By payment on compromised claims										
18.3 Totals paid	38	2,030,027					4	3,330	42	2,033,357
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	38	2,030,027					4	3,330	42	2,033,357
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	10,894	2,576,419,483	(a)				312	300,834	11,206	2,576,720,317
21. Issued during year	736	216,580,837							736	216,580,837
22. Other changes to in force (Net)	(653)	(74,834,092)					(8)	(7,750)	(661)	(74,841,842)
23. In force December 31 of current year	10,977	2,718,166,228	(a)				304	293,084	11,281	2,718,459,312

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	11,527	9,879		28,347	75,381
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	114	148			20
25.5 All other (b)	(407)	(407)		243	245
25.6 Totals (sum of Lines 25.1 to 25.5)	11,235	9,621		28,590	75,645
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,235	9,621		28,590	75,645

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	3,128,034				3,128,034
2. Annuity considerations	312,484				312,484
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	3,440,518				3,440,518
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,204,889				3,204,889
10. Matured endowments					
11. Annuity benefits	160,081				160,081
12. Surrender values and withdrawals for life contracts	55,855				55,855
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	3,420,824				3,420,824
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	13	3,204,889							13	3,204,889
Settled during current year:										
18.1 By payment in full	13	3,204,889							13	3,204,889
18.2 By payment on compromised claims										
18.3 Totals paid	13	3,204,889							13	3,204,889
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	13	3,204,889							13	3,204,889
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,459	982,199,531	(a)				19	22,093	2,478	982,221,624
21. Issued during year	241	125,057,967							241	125,057,967
22. Other changes to in force (Net)	(121)	(34,963,438)						500	(121)	(34,962,938)
23. In force December 31 of current year	2,579	1,072,294,060	(a)				19	22,593	2,598	1,072,316,653

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (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)	17,763	16,053		65,335	55,005
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)	17,763	16,053		65,335	55,005
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	17,763	16,053		65,335	55,005

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons
insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,399,106				1,399,106
2. Annuity considerations	12,500				12,500
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	1,411,607				1,411,607
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,128,701				5,128,701
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	40,798				40,798
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	5,169,499				5,169,499
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	5	5,128,701							5	5,128,701
Settled during current year:										
18.1 By payment in full	5	5,128,701							5	5,128,701
18.2 By payment on compromised claims										
18.3 Totals paid	5	5,128,701							5	5,128,701
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	5	5,128,701							5	5,128,701
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,144	413,249,521	(a)				2	2,093	1,146	413,251,614
21. Issued during year	155	63,130,001							155	63,130,001
22. Other changes to in force (Net)	(60)	(16,197,527)						408	(60)	(16,197,120)
23. In force December 31 of current year	1,239	460,181,995	(a)				2	2,501	1,241	460,184,496

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					10
25.2 Guaranteed renewable (b)	2,420	2,441			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	2,420	2,441			10
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,420	2,441			10

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons
insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	535,342				535,342
2. Annuity considerations	17,600				17,600
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	552,942				552,942
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	36,210				36,210
10. Matured endowments					
11. Annuity benefits	413,696				413,696
12. Surrender values and withdrawals for life contracts	12,426				12,426
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	462,332				462,332
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	36,210							1	36,210
Settled during current year:										
18.1 By payment in full	1	36,210							1	36,210
18.2 By payment on compromised claims										
18.3 Totals paid	1	36,210							1	36,210
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	36,210							1	36,210
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	562	202,270,324	(a)				4	4,593	566	202,274,917
21. Issued during year	68	23,130,628							68	23,130,628
22. Other changes to in force (Net)	(13)	(26,872,906)							(13)	(26,872,906)
23. In force December 31 of current year	617	198,528,046	(a)				4	4,593	621	198,532,639

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,537	3,556			1,696
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	3,537	3,556			1,696
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,537	3,556			1,696

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2019

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	217,755			1,102	218,857
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	217,755			1,102	218,857
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits				1,500	1,500
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts				1,965	1,965
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals				3,465	3,465
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year							2	1,500	2	1,500
Settled during current year:										
18.1 By payment in full							2	1,500	2	1,500
18.2 By payment on compromised claims										
18.3 Totals paid							2	1,500	2	1,500
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements							2	1,500	2	1,500
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	188	72,743,937	(a)				252	278,500	440	73,022,437
21. Issued during year	23	10,125,000							23	10,125,000
22. Other changes to in force (Net)	(10)	630,000					(12)	(13,750)	(22)	616,250
23. In force December 31 of current year	201	83,498,937	(a)				240	264,750	441	83,763,687

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,346	4,365			2,690
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,346	4,365			2,690
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,346	4,365			2,690

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons
insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	8,348,041			340	8,348,381
2. Annuity considerations	357,920				357,920
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	8,705,961			340	8,706,301
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,973,661			1,685	2,975,346
10. Matured endowments					
11. Annuity benefits	2,586,194				2,586,194
12. Surrender values and withdrawals for life contracts	1,482,601				1,482,601
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	7,042,456			1,685	7,044,141
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	57	2,973,661					2	1,685	59	2,975,346
Settled during current year:										
18.1 By payment in full	57	2,973,661					2	1,685	59	2,975,346
18.2 By payment on compromised claims										
18.3 Totals paid	57	2,973,661					2	1,685	59	2,975,346
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	57	2,973,661					2	1,685	59	2,975,346
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	9,630	2,382,176,713	(a)				91	85,308	9,721	2,382,262,021
21. Issued during year	662	148,630,229							662	148,630,229
22. Other changes to in force (Net)	(472)	(54,189,471)						(185)	(472)	(54,189,656)
23. In force December 31 of current year	9,820	2,476,617,471	(a)				91	85,123	9,911	2,476,702,594

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)	422	560			79
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					30
25.2 Guaranteed renewable (b)	156,743	148,705		133,731	103,909
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	10	17			10
25.5 All other (b)	745	1,359		25	45
25.6 Totals (sum of Lines 25.1 to 25.5)	157,497	150,080		133,757	103,994
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	157,919	150,641		133,757	104,073

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons
insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE					
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4
		Ordinary	Credit Life (Group and Individual)	Group	Industrial
					Total
1.	Life insurance	17,210,331			317
2.	Annuity considerations	251,505			
3.	Deposit-type contract funds		XXX		XXX
4.	Other considerations				
5.	Totals (Sum of Lines 1 to 4)	17,461,836			317
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1	Paid in cash or left on deposit				
6.2	Applied to pay renewal premiums				
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period				
6.4	Other				
6.5	Totals (Sum of Lines 6.1 to 6.4)				
Annuities:					
7.1	Paid in cash or left on deposit				
7.2	Applied to provide paid-up annuities				
7.3	Other				
7.4	Totals (Sum of Lines 7.1 to 7.3)				
8.	Grand Totals (Lines 6.5 plus 7.4)				
DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	9,349,136			3,000
10.	Matured endowments				
11.	Annuity benefits	2,044,191			
12.	Surrender values and withdrawals for life contracts	974,576			1,962
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid				
14.	All other benefits, except accident and health				
15.	Totals	12,367,903			4,962
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398.	Summary of Line 13 from overflow page				
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)				

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year	137	9,349,136				3	3,000	140	9,352,136
Settled during current year:										
18.1	By payment in full	137	9,349,136				3	3,000	140	9,352,136
18.2	By payment on compromised claims									
18.3	Totals paid	137	9,349,136				3	3,000	140	9,352,136
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements	137	9,349,136				3	3,000	140	9,352,136
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	25,056	4,644,202,117	(a)			169	153,475	25,225	4,644,355,592
21.	Issued during year	2,577	403,291,669						2,577	403,291,669
22.	Other changes to in force (Net)	(2,038)	(274,669,072)				(5)	(4,093)	(2,043)	(274,673,165)
23.	In force December 31 of current year	25,595	4,772,824,713	(a)			164	149,383	25,759	4,772,974,096

(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	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b)	4,819	4,832	1,468	1,468
24.1	Federal Employees Health Benefits Plan premium (b)				
24.2	Credit (Group and Individual)				
24.3	Collectively renewable policies/certificates (b)	(26)	(26)		
24.4	Medicare Title XVIII exempt from state taxes or fees				
Other Individual Policies:					
25.1	Non-cancelable (b)				10
25.2	Guaranteed renewable (b)	320,623	291,829	476,860	(65,823)
25.3	Non-renewable for stated reasons only (b)				10
25.4	Other accident only	760	796		30
25.5	All other (b)	214	241		40
25.6	Totals (sum of Lines 25.1 to 25.5)	321,597	292,866	476,860	(65,734)
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	326,390	297,672	478,328	(64,266)

(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 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Hawaii

NAIC Group Code 0244

LIFE INSURANCE

DURING THE YEAR 2019

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	92,619				92,619
2. Annuity considerations	32,000				32,000
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	124,619				124,619
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,520				5,520
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	5,520				5,520
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	5,520							1	5,520
Settled during current year:										
18.1 By payment in full	1	5,520							1	5,520
18.2 By payment on compromised claims										
18.3 Totals paid	1	5,520							1	5,520
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	5,520							1	5,520
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	110	29,757,214	(a)				4	4,500	114	29,761,714
21. Issued during year	10	2,280,000							10	2,280,000
22. Other changes to in force (Net)	(6)	(1,586,449)							(6)	(1,586,449)
23. In force December 31 of current year	114	30,450,765	(a)				4	4,500	118	30,455,265

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (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 products0 and number of persons
insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,304,866				1,304,866
2. Annuity considerations	155,011				155,011
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	1,459,877				1,459,877
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	250,000				250,000
10. Matured endowments					
11. Annuity benefits	44,946				44,946
12. Surrender values and withdrawals for life contracts	14,115				14,115
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	309,061				309,061
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	250,000							1	250,000
Settled during current year:										
18.1 By payment in full	1	250,000							1	250,000
18.2 By payment on compromised claims										
18.3 Totals paid	1	250,000							1	250,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	250,000							1	250,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,225	491,109,377	(a)				1	1,000	1,226	491,110,377
21. Issued during year	82	45,886,601							82	45,886,601
22. Other changes to in force (Net)	(31)	(425,362)							(31)	(425,362)
23. In force December 31 of current year	1,276	536,570,616	(a)				1	1,000	1,277	536,571,616

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,363	3,331		5,591	32,136
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	3,363	3,331		5,591	32,136
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,363	3,331		5,591	32,136

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons
insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Illinois

NAIC Group Code 0244

LIFE INSURANCE

DURING THE YEAR 2019

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	19,940,359			247	19,940,606
2. Annuity considerations	4,763,208				4,763,208
3. Deposit-type contract funds	85,713	XXX		XXX	85,713
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	24,789,280			247	24,789,527
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	17,616,352				17,616,352
10. Matured endowments	3,275				3,275
11. Annuity benefits	8,562,849				8,562,849
12. Surrender values and withdrawals for life contracts	1,247,601				1,247,601
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	27,430,077				27,430,077
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	151	17,619,627							151	17,619,627
Settled during current year:										
18.1 By payment in full	151	17,619,627							151	17,619,627
18.2 By payment on compromised claims										
18.3 Totals paid	151	17,619,627							151	17,619,627
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	151	17,619,627							151	17,619,627
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	27,580	6,237,807,786	(a)		1	20,000	27	25,186	27,608	6,237,852,972
21. Issued during year	2,334	544,370,133							2,334	544,370,133
22. Other changes to in force (Net)	(2,085)	(386,410,532)							(2,085)	(386,410,532)
23. In force December 31 of current year	27,829	6,395,767,387	(a)		1	20,000	27	25,186	27,857	6,395,812,573

(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	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,310	3,818			50,000
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	1,215	1,889			218
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	347,602	352,352		278,284	751,173
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	139	150			30
25.5 All other (b)	(362)	(347)		3,815	3,853
25.6 Totals (sum of Lines 25.1 to 25.5)	347,379	352,155		282,099	755,056
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	351,904	357,861		282,099	805,274

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



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

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2019

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	19,571,034			1,126	19,572,159
2. Annuity considerations	1,525,982				1,525,982
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	21,097,016			1,126	21,098,142
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	15,341,426				15,341,426
10. Matured endowments					
11. Annuity benefits	4,130,392				4,130,392
12. Surrender values and withdrawals for life contracts	1,401,707			1,962	1,403,669
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	20,873,524			1,962	20,875,486
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	159	15,341,426							159	15,341,426
Settled during current year:										
18.1 By payment in full	159	15,341,426							159	15,341,426
18.2 By payment on compromised claims										
18.3 Totals paid	159	15,341,426							159	15,341,426
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	159	15,341,426							159	15,341,426
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	32,205	5,624,223,589	(a)			10,000	232	282,951	32,437	5,624,516,541
21. Issued during year	3,679	411,899,446							3,679	411,899,446
22. Other changes to in force (Net)	(3,507)	(415,219,501)					(6)	(9,500)	(3,513)	(415,229,001)
23. In force December 31 of current year	32,377	5,620,903,534	(a)			10,000	226	273,451	32,603	5,621,186,986

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (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)	211,439	197,597		115,026	236,283
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	105	141			10
25.5 All other (b)	235	289			49
25.6 Totals (sum of Lines 25.1 to 25.5)	211,779	198,027		115,026	236,343
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	211,779	198,027		115,026	236,343

(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 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Iowa

NAIC Group Code 0244

LIFE INSURANCE

DURING THE YEAR 2019

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	13,125,108			9	13,125,117
2. Annuity considerations	7,043,886				7,043,886
3. Deposit-type contract funds	175,000	XXX		XXX	175,000
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	20,343,994			9	20,344,003
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	7,572,373				7,572,373
10. Matured endowments	1,000				1,000
11. Annuity benefits	21,801,876				21,801,876
12. Surrender values and withdrawals for life contracts	497,022				497,022
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	29,872,271				29,872,271
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	52	7,573,373							52	7,573,373
Settled during current year:										
18.1 By payment in full	52	7,573,373							52	7,573,373
18.2 By payment on compromised claims										
18.3 Totals paid	52	7,573,373							52	7,573,373
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	52	7,573,373							52	7,573,373
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	15,988	4,303,229,633	(a)				6	5,000	15,994	4,303,234,633
21. Issued during year	1,584	431,045,773							1,584	431,045,773
22. Other changes to in force (Net)	(948)	(208,242,629)							(948)	(208,242,629)
23. In force December 31 of current year	16,624	4,526,032,777	(a)				6	5,000	16,630	4,526,037,777

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (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)	88,492	91,423		99,601	67,203
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	9,414	11,840		1,680	2,152
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	97,906	103,263		101,281	69,354
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	97,906	103,263		101,281	69,354

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	4,525,012				4,525,012
2. Annuity considerations	192,144				192,144
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	4,717,156				4,717,156
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,620,877		50,000		1,670,877
10. Matured endowments					
11. Annuity benefits	1,315,174				1,315,174
12. Surrender values and withdrawals for life contracts	226,190				226,190
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	3,162,242		50,000		3,212,242
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	16	1,620,877			2	50,000			18	1,670,877
Settled during current year:										
18.1 By payment in full	16	1,620,877			2	50,000			18	1,670,877
18.2 By payment on compromised claims										
18.3 Totals paid	16	1,620,877			2	50,000			18	1,670,877
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	16	1,620,877			2	50,000			18	1,670,877
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4,563	1,679,995,093	(a)				1	1,000	4,564	1,679,996,093
21. Issued during year	530	135,356,363							530	135,356,363
22. Other changes to in force (Net)	(375)	(102,604,825)							(375)	(102,604,825)
23. In force December 31 of current year	4,718	1,712,746,631	(a)				1	1,000	4,719	1,712,747,631

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members 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/certificates (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)	22,035	21,831			6,102
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)	22,035	21,831			6,102
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	22,035	21,831			6,102

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons
insured under indemnity only products0 .



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

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2019

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	11,389,946			704	11,390,650
2. Annuity considerations	67,753				67,753
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	11,457,699			704	11,458,403
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	7,527,631			1,500	7,529,131
10. Matured endowments				375	375
11. Annuity benefits	340,140				340,140
12. Surrender values and withdrawals for life contracts	562,596			1,473	564,069
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	8,430,366			3,348	8,433,714
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	91	7,527,631					2	1,875	93	7,529,506
Settled during current year:										
18.1 By payment in full	91	7,527,631					2	1,875	93	7,529,506
18.2 By payment on compromised claims										
18.3 Totals paid	91	7,527,631					2	1,875	93	7,529,506
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	91	7,527,631					2	1,875	93	7,529,506
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	17,710	3,456,631,866	(a)				250	252,365	17,960	3,456,884,231
21. Issued during year	2,110	302,529,465							2,110	302,529,465
22. Other changes to in force (Net)	(1,639)	(212,778,451)					(8)	(8,375)	(1,647)	(212,786,826)
23. In force December 31 of current year	18,181	3,546,382,880	(a)				242	243,990	18,423	3,546,626,870

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)	373	532			59
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	195,109	191,214		192,987	152,478
25.3 Non-renewable for stated reasons only (b)					405
25.4 Other accident only	79	82			30
25.5 All other (b)	1,771	2,416		920	1,490
25.6 Totals (sum of Lines 25.1 to 25.5)	196,959	193,711		193,907	154,403
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	197,332	194,243		193,907	154,463

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons
insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,402,640				1,402,640
2. Annuity considerations	77,388				77,388
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	1,480,028				1,480,028
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	293,692				293,692
10. Matured endowments				593	593
11. Annuity benefits	19,384				19,384
12. Surrender values and withdrawals for life contracts	15,942				15,942
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	329,017			593	329,610
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	10	293,692					1	593	11	294,284
Settled during current year:										
18.1 By payment in full	10	293,692					1	593	11	294,284
18.2 By payment on compromised claims										
18.3 Totals paid	10	293,692					1	593	11	294,284
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	10	293,692					1	593	11	294,284
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,220	272,514,228	(a)				7	5,500	1,227	272,519,728
21. Issued during year	149	47,764,305							149	47,764,305
22. Other changes to in force (Net)	(99)	(5,211,742)							(99)	(5,211,742)
23. In force December 31 of current year	1,270	315,066,791	(a)				7	5,500	1,277	315,072,291

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					10
25.2 Guaranteed renewable (b)	1,166	1,177			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only		1			10
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,166	1,177			20
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,166	1,177			20

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons
insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maine

NAIC Group Code 0244

LIFE INSURANCE

DURING THE YEAR 2019

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	252,265				252,265
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	252,265				252,265
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	300,000				300,000
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	300,000				300,000
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	300,000							1	300,000
Settled during current year:										
18.1 By payment in full	1	300,000							1	300,000
18.2 By payment on compromised claims										
18.3 Totals paid	1	300,000							1	300,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	300,000							1	300,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	271	63,900,617	(a)				2	2,000	273	63,902,617
21. Issued during year	19	5,995,000							19	5,995,000
22. Other changes to in force (Net)	2	(3,261,627)							2	(3,261,627)
23. In force December 31 of current year	292	66,633,990	(a)				2	2,000	294	66,635,990

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	4,096,674			460	4,097,133
2. Annuity considerations	564,564				564,564
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	4,661,238			460	4,661,697
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	519,750			593	520,342
10. Matured endowments	2,000			1,185	3,185
11. Annuity benefits	814,038				814,038
12. Surrender values and withdrawals for life contracts	96,501			202	96,703
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	1,432,289			1,979	1,434,268
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	12	521,750					2	1,778	14	523,527
Settled during current year:										
18.1 By payment in full	12	521,750					2	1,778	14	523,527
18.2 By payment on compromised claims										
18.3 Totals paid	12	521,750					2	1,778	14	523,527
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	12	521,750					2	1,778	14	523,527
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3,865	1,444,247,441	(a)				196	191,537	4,061	1,444,438,978
21. Issued during year	332	128,910,548							332	128,910,548
22. Other changes to in force (Net)	(208)	(68,094,728)					(11)	(8,685)	(219)	(68,103,413)
23. In force December 31 of current year	3,989	1,505,063,261	(a)				185	182,852	4,174	1,505,246,113

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members 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/certificates (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)	40,711	36,707			4,742
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	45	45			10
25.6 Totals (sum of Lines 25.1 to 25.5)	40,756	36,752			4,752
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	40,756	36,752			4,752

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons
insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2019

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,371,460				1,371,460
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	1,371,460				1,371,460
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	55,000				55,000
10. Matured endowments					
11. Annuity benefits	171,976				171,976
12. Surrender values and withdrawals for life contracts	9,186			242	9,428
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	236,162			242	236,404
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	2	55,000							2	55,000
Settled during current year:										
18.1 By payment in full	2	55,000							2	55,000
18.2 By payment on compromised claims										
18.3 Totals paid	2	55,000							2	55,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	55,000							2	55,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,088	418,108,428	(a)				14	14,278	1,102	418,122,705
21. Issued during year	199	66,129,004							199	66,129,004
22. Other changes to in force (Net)	(70)	(20,422,185)							(70)	(20,422,185)
23. In force December 31 of current year	1,217	463,815,247	(a)				14	14,278	1,231	463,829,524

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	14,137	15,046			8,685
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)	14,137	15,046			8,685
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,137	15,046			8,685

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons
insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	15,906,762			6,394	15,913,155
2. Annuity considerations	2,524,354				2,524,354
3. Deposit-type contract funds	50,848	XXX		XXX	50,848
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	18,481,964			6,394	18,488,358
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	8,120,541			38,500	8,159,041
10. Matured endowments	4,000			593	4,593
11. Annuity benefits	6,017,417		8,902		6,026,319
12. Surrender values and withdrawals for life contracts	757,993			15,035	773,028
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	14,899,951		8,902	54,127	14,962,980
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	86	8,124,541					34	39,093	120	8,163,633
Settled during current year:										
18.1 By payment in full	86	8,124,541					34	39,093	120	8,163,633
18.2 By payment on compromised claims										
18.3 Totals paid	86	8,124,541					34	39,093	120	8,163,633
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	86	8,124,541					34	39,093	120	8,163,633
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	20,171	5,491,734,069	(a)				2,251	2,541,927	22,422	5,494,275,996
21. Issued during year	1,390	372,648,222							1,390	372,648,222
22. Other changes to in force (Net)	(1,268)	(277,502,922)					(92)	(120,719)	(1,360)	(277,623,641)
23. In force December 31 of current year	20,293	5,586,879,369	(a)				2,159	2,421,208	22,452	5,589,300,577

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (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)	378,764	309,396		137,350	302,120
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	31	33			20
25.5 All other (b)	390	449			109
25.6 Totals (sum of Lines 25.1 to 25.5)	379,185	309,878		137,350	302,248
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	379,185	309,878		137,350	302,248

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Minnesota

NAIC Group Code 0244

LIFE INSURANCE

DURING THE YEAR 2019

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	11,034,845				11,034,845
2. Annuity considerations	6,092,700				6,092,700
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	17,127,545				17,127,545
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	7,271,735		137,500		7,409,235
10. Matured endowments					
11. Annuity benefits	6,908,906				6,908,906
12. Surrender values and withdrawals for life contracts	313,390				313,390
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	14,494,031		137,500		14,631,531
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	30	7,271,735			1	137,500			31	7,409,235
Settled during current year:										
18.1 By payment in full	30	7,271,735			1	137,500			31	7,409,235
18.2 By payment on compromised claims										
18.3 Totals paid	30	7,271,735			1	137,500			31	7,409,235
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	30	7,271,735			1	137,500			31	7,409,235
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	12,537	4,851,713,365	(a)				10	9,500	12,547	4,851,722,865
21. Issued during year	746	321,865,749							746	321,865,749
22. Other changes to in force (Net)	(646)	(235,588,363)							(646)	(235,588,363)
23. In force December 31 of current year	12,637	4,937,990,750	(a)				10	9,500	12,647	4,938,000,250

(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	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	13,531	13,568		7,796	7,796
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	22	22			
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	70,807	62,405		44,994	6,416
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	11	14			10
25.6 Totals (sum of Lines 25.1 to 25.5)	70,818	62,419		44,994	6,426
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	84,371	76,009		52,790	14,222

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE					
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4
		Ordinary	Credit Life (Group and Individual)	Group	Industrial
					Total
1.	Life insurance	1,126,410			197
2.	Annuity considerations	300			300
3.	Deposit-type contract funds		XXX		XXX
4.	Other considerations				
5.	Totals (Sum of Lines 1 to 4)	1,126,710			197
1,126,907					
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1	Paid in cash or left on deposit				
6.2	Applied to pay renewal premiums				
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period				
6.4	Other				
6.5	Totals (Sum of Lines 6.1 to 6.4)				
Annuities:					
7.1	Paid in cash or left on deposit				
7.2	Applied to provide paid-up annuities				
7.3	Other				
7.4	Totals (Sum of Lines 7.1 to 7.3)				
8.	Grand Totals (Lines 6.5 plus 7.4)				
DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	2,188,644			2,188,644
10.	Matured endowments				
11.	Annuity benefits	7,648			7,648
12.	Surrender values and withdrawals for life contracts	71,713			1,262
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid				
14.	All other benefits, except accident and health				
15.	Totals	2,268,005			1,262
2,269,267					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398.	Summary of Line 13 from overflow page				
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)				

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year	10	2,188,644						10	2,188,644
Settled during current year:										
18.1	By payment in full	10	2,188,644						10	2,188,644
18.2	By payment on compromised claims									
18.3	Totals paid	10	2,188,644						10	2,188,644
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements	10	2,188,644						10	2,188,644
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	1,053	241,425,997	(a)			20	20,186	1,073	241,446,183
21.	Issued during year	247	70,831,750						247	70,831,750
22.	Other changes to in force (Net)	(78)	(10,176,544)				(1)	(250)	(79)	(10,176,794)
23.	In force December 31 of current year	1,222	302,081,203	(a)			19	19,936	1,241	302,101,139

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)				
24.4	Medicare Title XVIII exempt from state taxes or fees				
Other Individual Policies:					
25.1	Non-cancelable (b)				
25.2	Guaranteed renewable (b)	1,261	1,271		40
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only	13	15		10
25.5	All other (b)	148	161		30
25.6	Totals (sum of Lines 25.1 to 25.5)	1,421	1,447		79
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,421	1,447		79

(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 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	9,970,588				9,970,588
2. Annuity considerations	952,390				952,390
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	10,922,978				10,922,978
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	6,659,285				6,659,285
10. Matured endowments					
11. Annuity benefits	2,639,958				2,639,958
12. Surrender values and withdrawals for life contracts	784,949				784,949
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	10,084,192				10,084,192
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	69	6,659,285							69	6,659,285
Settled during current year:										
18.1 By payment in full	69	6,659,285							69	6,659,285
18.2 By payment on compromised claims										
18.3 Totals paid	69	6,659,285							69	6,659,285
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	69	6,659,285							69	6,659,285
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	11,774	3,216,724,135	(a)				8	8,000	11,782	3,216,732,135
21. Issued during year	1,013	363,464,029							1,013	363,464,029
22. Other changes to in force (Net)	(843)	(237,243,148)							(843)	(237,243,148)
23. In force December 31 of current year	11,944	3,342,945,016	(a)				8	8,000	11,952	3,342,953,016

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (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)	49,150	50,158		19,400	147,281
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	61	71			20
25.6 Totals (sum of Lines 25.1 to 25.5)	49,211	50,229		19,400	147,301
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	49,211	50,229		19,400	147,301

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



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

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,364,341				2,364,341
2. Annuity considerations	1,510				1,510
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	2,365,851				2,365,851
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	700,000				700,000
10. Matured endowments					
11. Annuity benefits	907				907
12. Surrender values and withdrawals for life contracts	40,264				40,264
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	741,172				741,172
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	3	700,000							3	700,000
Settled during current year:										
18.1 By payment in full	3	700,000							3	700,000
18.2 By payment on compromised claims										
18.3 Totals paid	3	700,000							3	700,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	700,000							3	700,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,873	771,438,436	(a)				1	1,000	1,874	771,439,436
21. Issued during year	234	108,153,015							234	108,153,015
22. Other changes to in force (Net)	(68)	(19,129,226)							(68)	(19,129,226)
23. In force December 31 of current year	2,039	860,462,225	(a)				1	1,000	2,040	860,463,225

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,883	4,926		340	577
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,883	4,926		340	577
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,883	4,926		340	577

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons
insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nebraska

NAIC Group Code 0244

LIFE INSURANCE

DURING THE YEAR 2019

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,772,881				2,772,881
2. Annuity considerations	451,893				451,893
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	3,224,774				3,224,774
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,045,869				1,045,869
10. Matured endowments					
11. Annuity benefits	1,023,410				1,023,410
12. Surrender values and withdrawals for life contracts	35,420				35,420
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	2,104,699				2,104,699
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	10	1,045,869							10	1,045,869
Settled during current year:										
18.1 By payment in full	10	1,045,869							10	1,045,869
18.2 By payment on compromised claims										
18.3 Totals paid	10	1,045,869							10	1,045,869
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	10	1,045,869							10	1,045,869
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,780	926,109,299	(a)				1	500	2,781	926,109,799
21. Issued during year	218	79,150,026							218	79,150,026
22. Other changes to in force (Net)	(135)	(29,714,548)							(135)	(29,714,548)
23. In force December 31 of current year	2,863	975,544,777	(a)				1	500	2,864	975,545,277

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (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)	17,920	18,783			20
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	779	893			49
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	18,699	19,676			69
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	18,699	19,676			69

(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 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

NAIC Group Code 0244		LIFE INSURANCE			NAIC Company Code 76236	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance	587,190			292	587,481
2.	Annuity considerations	4,535				4,535
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	591,725			292	592,016
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	648,080				648,080
10.	Matured endowments					
11.	Annuity benefits	57,899				57,899
12.	Surrender values and withdrawals for life contracts ...	2,312				2,312
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals	708,291				708,291
DETAILS OF WRITE-INS						
1301.	.....					
1302.	.....					
1303.	.....					
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year	5	648,080						5	648,080
Settled during current year:										
18.1	By payment in full	5	648,080						5	648,080
18.2	By payment on compromised claims									
18.3	Totals paid	5	648,080						5	648,080
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements	5	648,080						5	648,080
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	500	158,656,367	(a)			33	36,186	533	158,692,552
21.	Issued during year	24	13,285,001						24	13,285,001
22.	Other changes to in force (Net)	(7)	(2,644,415)				(2)	(2,000)	(9)	(2,646,415)
23.	In force December 31 of current year	517	169,296,952	(a)			31	34,186	548	169,331,138

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (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)	8,350	8,419		20
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only				
25.5	All other (b)	74	74		10
25.6	Totals (sum of Lines 25.1 to 25.5)	8,424	8,494		30
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,424	8,494		30

(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 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2019

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	632,759				632,759
2. Annuity considerations	32,000				32,000
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	664,759				664,759
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	250,000				250,000
10. Matured endowments					
11. Annuity benefits	16,385				16,385
12. Surrender values and withdrawals for life contracts	20,170				20,170
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	286,555				286,555
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	250,000							1	250,000
Settled during current year:										
18.1 By payment in full	1	250,000							1	250,000
18.2 By payment on compromised claims										
18.3 Totals paid	1	250,000							1	250,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	250,000							1	250,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	565	204,279,366	(a)						565	204,279,366
21. Issued during year	73	24,515,001							73	24,515,001
22. Other changes to in force (Net)	(26)	(10,946,569)							(26)	(10,946,569)
23. In force December 31 of current year	612	217,847,798	(a)						612	217,847,798

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,639	4,537			720
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,639	4,537			720
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,639	4,537			720

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons
insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Jersey

NAIC Group Code 0244

LIFE INSURANCE

DURING THE YEAR 2019

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,551,070				1,551,070
2. Annuity considerations	50,300				50,300
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	1,601,370				1,601,370
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	243,228				243,228
10. Matured endowments					
11. Annuity benefits	140,851				140,851
12. Surrender values and withdrawals for life contracts	142,632				142,632
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	526,710				526,710
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	5	243,228							5	243,228
Settled during current year:										
18.1 By payment in full	5	243,228							5	243,228
18.2 By payment on compromised claims										
18.3 Totals paid	5	243,228							5	243,228
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	5	243,228							5	243,228
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,019	412,020,552	(a)				28	33,778	1,047	412,054,330
21. Issued during year	202	89,819,149							202	89,819,149
22. Other changes to in force (Net)	(65)	(26,971,436)					(1)	(1,000)	(66)	(26,972,436)
23. In force December 31 of current year	1,156	474,868,265	(a)				27	32,778	1,183	474,901,043

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)	32	35			10
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	84	55			148
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)	84	55			148
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	116	90			158

(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 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	582,371				582,371
2. Annuity considerations	188,716				188,716
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	771,087				771,087
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	111,100				111,100
10. Matured endowments					
11. Annuity benefits	337,268				337,268
12. Surrender values and withdrawals for life contracts	17,089				17,089
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	465,457				465,457
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	2	111,100							2	111,100
Settled during current year:										
18.1 By payment in full	2	111,100							2	111,100
18.2 By payment on compromised claims										
18.3 Totals paid	2	111,100							2	111,100
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	111,100							2	111,100
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	483	129,136,222	(a)				1	1,001	484	129,137,222
21. Issued during year	65	25,540,009							65	25,540,009
22. Other changes to in force (Net)	(21)	(10,230,038)					2	1,500	(19)	(10,228,538)
23. In force December 31 of current year	527	144,446,193	(a)				3	2,501	530	144,448,693

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (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)	10,312	10,269			7,017
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)	10,312	10,269			7,017
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,312	10,269			7,017

(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 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	454,003			8	454,011
2. Annuity considerations	12,400				12,400
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	466,403			8	466,411
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	349,567			1,000	350,567
10. Matured endowments					
11. Annuity benefits	19,412				19,412
12. Surrender values and withdrawals for life contracts	15,758			6,888	22,645
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	384,736			7,888	392,624
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	3	349,567					1	1,000	4	350,567
Settled during current year:										
18.1 By payment in full	3	349,567					1	1,000	4	350,567
18.2 By payment on compromised claims										
18.3 Totals paid	3	349,567					1	1,000	4	350,567
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	349,567					1	1,000	4	350,567
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	484	182,484,479	(a)				43	37,073	527	182,521,552
21. Issued during year										
22. Other changes to in force (Net)	(4)	12,895,531					(4)	(1,500)	(8)	12,894,031
23. In force December 31 of current year	480	195,380,010	(a)				39	35,573	519	195,415,583

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,584	1,305		121,803	133,059
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)	1,584	1,305		121,803	133,059
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,584	1,305		121,803	133,059

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons
insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2019

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	15,129,370			99	15,129,469
2. Annuity considerations	1,305,572				1,305,572
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	16,434,942			99	16,435,041
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	8,375,247			3,000	8,378,247
10. Matured endowments	5,000				5,000
11. Annuity benefits	735,580		1,246		736,825
12. Surrender values and withdrawals for life contracts	919,037			1,054	920,091
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	10,034,864		1,246	4,054	10,040,164
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	119	8,380,247					3	3,000	122	8,383,247
Settled during current year:										
18.1 By payment in full	119	8,380,247					3	3,000	122	8,383,247
18.2 By payment on compromised claims										
18.3 Totals paid	119	8,380,247					3	3,000	122	8,383,247
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	119	8,380,247					3	3,000	122	8,383,247
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	18,532	4,268,279,083	(a)				125	124,596	18,657	4,268,403,679
21. Issued during year	1,329	321,378,220							1,329	321,378,220
22. Other changes to in force (Net)	(1,217)	(210,982,588)					(6)	(5,500)	(1,223)	(210,988,088)
23. In force December 31 of current year	18,644	4,378,674,715	(a)				119	119,096	18,763	4,378,793,811

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (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)	218,558	213,162		113,743	196,785
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	316	380		1,000	1,083
25.5 All other (b)	468	644			138
25.6 Totals (sum of Lines 25.1 to 25.5)	219,342	214,187		114,743	198,007
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	219,342	214,187		114,743	198,007

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons
insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,714,047				1,714,047
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	1,714,047				1,714,047
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,350,000				2,350,000
10. Matured endowments					
11. Annuity benefits	1,017,713				1,017,713
12. Surrender values and withdrawals for life contracts	579				579
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	3,368,292				3,368,292
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	4	2,350,000							4	2,350,000
Settled during current year:										
18.1 By payment in full	4	2,350,000							4	2,350,000
18.2 By payment on compromised claims										
18.3 Totals paid	4	2,350,000							4	2,350,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	2,350,000							4	2,350,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,728	696,465,316	(a)						1,728	696,465,316
21. Issued during year	115	63,205,013							115	63,205,013
22. Other changes to in force (Net)	(97)	(27,643,332)							(97)	(27,643,332)
23. In force December 31 of current year	1,746	732,026,997	(a)						1,746	732,026,997

(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	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,725	3,735		7,419	7,419
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,593	3,624			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	3,593	3,624			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,318	7,359		7,419	7,419

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2019

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	51,756,538		14,610	17,917	51,789,065
2. Annuity considerations	1,700,760				1,700,760
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	53,457,298		14,610	17,917	53,489,825
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	30,733,587		8,535,867	132,426	39,401,880
10. Matured endowments	1,538,805			15,241	1,554,047
11. Annuity benefits	6,371,433		9,523		6,380,956
12. Surrender values and withdrawals for life contracts	6,274,936			22,101	6,297,037
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	44,918,761		8,545,390	169,768	53,633,920
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	499	32,272,392			17	8,535,867	152	147,667	668	40,955,927
Settled during current year:										
18.1 By payment in full	499	32,272,392			17	8,535,867	152	147,667	668	40,955,927
18.2 By payment on compromised claims										
18.3 Totals paid	499	32,272,392			17	8,535,867	152	147,667	668	40,955,927
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	499	32,272,392			17	8,535,867	152	147,667	668	40,955,927
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	76,225	15,804,214,662	(a)		5	2,230,975,190	11,044	10,784,257	87,274	18,045,974,109
21. Issued during year	5,492	1,176,606,982				24,120,509			5,492	1,200,727,491
22. Other changes to in force (Net)	(5,356)	(1,007,572,051)				34,746,685	(461)	(468,427)	(5,817)	(973,293,793)
23. In force December 31 of current year	76,361	15,973,249,593	(a)		5	2,289,842,384	10,583	10,315,830	86,949	18,273,407,807

(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	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	5,746	5,891		1,671,222	1,671,222
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	761	912		250	381
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					20
25.2 Guaranteed renewable (b)	1,169,856	976,239		901,812	1,632,656
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	1,163	1,266			455
25.5 All other (b)	3,446	3,895			593
25.6 Totals (sum of Lines 25.1 to 25.5)	1,174,466	981,400		901,812	1,633,724
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,180,973	988,203		2,573,284	3,305,326

(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 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oklahoma

NAIC Group Code 0244

LIFE INSURANCE

DURING THE YEAR 2019

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,449,829				1,449,829
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	1,449,829				1,449,829
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,434,253				1,434,253
10. Matured endowments					
11. Annuity benefits	2,395				2,395
12. Surrender values and withdrawals for life contracts	28,811				28,811
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	1,465,459				1,465,459
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	12	1,434,253							12	1,434,253
Settled during current year:										
18.1 By payment in full	12	1,434,253							12	1,434,253
18.2 By payment on compromised claims										
18.3 Totals paid	12	1,434,253							12	1,434,253
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	12	1,434,253							12	1,434,253
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,907	332,679,225	(a)				5	5,000	1,912	332,684,225
21. Issued during year	379	65,429,327							379	65,429,327
22. Other changes to in force (Net)	(292)	(23,658,095)					1	1,000	(291)	(23,657,095)
23. In force December 31 of current year	1,994	374,450,457	(a)				6	6,000	2,000	374,456,457

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					20
25.2 Guaranteed renewable (b)	7,460	7,526			
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)	7,460	7,526			20
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,460	7,526			20

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons
insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE					
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	5
		Ordinary	Credit Life (Group and Individual)	Group	Total
1.	Life insurance	2,186,002			2,186,002
2.	Annuity considerations	15,016			15,016
3.	Deposit-type contract funds		XXX		
4.	Other considerations			XXX	
5.	Totals (Sum of Lines 1 to 4)	2,201,018			2,201,018
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1	Paid in cash or left on deposit				
6.2	Applied to pay renewal premiums				
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period				
6.4	Other				
6.5	Totals (Sum of Lines 6.1 to 6.4)				
Annuities:					
7.1	Paid in cash or left on deposit				
7.2	Applied to provide paid-up annuities				
7.3	Other				
7.4	Totals (Sum of Lines 7.1 to 7.3)				
8.	Grand Totals (Lines 6.5 plus 7.4)				
DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	32,631			32,631
10.	Matured endowments				
11.	Annuity benefits	18,562			18,562
12.	Surrender values and withdrawals for life contracts	17,970			17,970
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid				
14.	All other benefits, except accident and health				
15.	Totals	69,162			69,162
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398.	Summary of Line 13 from overflow page				
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)				

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year	3	32,631						3	32,631
Settled during current year:										
18.1	By payment in full	3	32,631						3	32,631
18.2	By payment on compromised claims									
18.3	Totals paid	3	32,631						3	32,631
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements	3	32,631						3	32,631
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	1,885	755,353,991	(a)			2	5,000	1,887	755,358,991
21.	Issued during year	310	161,035,027						310	161,035,027
22.	Other changes to in force (Net)	(143)	(37,751,211)				1	1,000	(142)	(37,750,211)
23.	In force December 31 of current year	2,052	878,637,807	(a)			3	6,000	2,055	878,643,807

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (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)	771	518		20
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only	4	5		10
25.5	All other (b)	25	26		10
25.6	Totals (sum of Lines 25.1 to 25.5)	799	549		40
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	799	549		40

(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 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	23,066,657			6,686	23,073,343
2. Annuity considerations	1,129,512				1,129,512
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	24,196,169			6,686	24,202,855
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	11,697,353			45,343	11,742,696
10. Matured endowments	8,191			7,898	16,089
11. Annuity benefits	6,857,842				6,857,842
12. Surrender values and withdrawals for life contracts	1,308,053			5,211	1,313,263
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	19,871,439			58,451	19,929,890
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	206	11,705,544					54	53,240	260	11,758,784
Settled during current year:										
18.1 By payment in full	206	11,705,544					54	53,240	260	11,758,784
18.2 By payment on compromised claims										
18.3 Totals paid	206	11,705,544					54	53,240	260	11,758,784
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	206	11,705,544					54	53,240	260	11,758,784
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	31,948	6,907,939,148	(a)				2,255	2,173,631	34,203	6,910,112,779
21. Issued during year	1,984	505,788,454							1,984	505,788,454
22. Other changes to in force (Net)	(1,833)	(364,680,073)					(79)	(76,824)	(1,912)	(364,756,897)
23. In force December 31 of current year	32,099	7,049,047,529	(a)				2,176	2,096,806	34,275	7,051,144,335

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)	198	271			40
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	316,630	314,932		131,659	178,220
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	47	49			30
25.5 All other (b)	647	715			158
25.6 Totals (sum of Lines 25.1 to 25.5)	317,324	315,697		131,659	178,408
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	317,521	315,968		131,659	178,447

(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 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2019

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	143,387				143,387
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	143,387				143,387
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	35,000				35,000
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	1,834				1,834
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	36,834				36,834
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	2	35,000							2	35,000
Settled during current year:										
18.1 By payment in full	2	35,000							2	35,000
18.2 By payment on compromised claims										
18.3 Totals paid	2	35,000							2	35,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	35,000							2	35,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	130	50,764,720	(a)		1	15,000	1	1,000	132	50,780,720
21. Issued during year	14	5,930,000							14	5,930,000
22. Other changes to in force (Net)	(3)	(3,650,000)				(2,500)			(3)	(3,652,500)
23. In force December 31 of current year	141	53,044,720	(a)		1	12,500	1	1,000	143	53,058,220

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons
insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2019

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	5,192,211			158	5,192,369
2. Annuity considerations	7,118				7,118
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	5,199,329			158	5,199,487
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,852,619			1,000	4,853,619
10. Matured endowments					
11. Annuity benefits	221,117				221,117
12. Surrender values and withdrawals for life contracts	615,357				615,357
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	5,689,093			1,000	5,690,093
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	52	4,852,619					1	1,000	53	4,853,619
Settled during current year:										
18.1 By payment in full	52	4,852,619					1	1,000	53	4,853,619
18.2 By payment on compromised claims										
18.3 Totals paid	52	4,852,619					1	1,000	53	4,853,619
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	52	4,852,619					1	1,000	53	4,853,619
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	7,212	1,409,006,233	(a)				44	35,528	7,256	1,409,041,761
21. Issued during year	689	169,906,070							689	169,906,070
22. Other changes to in force (Net)	(523)	(103,124,961)					(1)	(1,000)	(524)	(103,125,961)
23. In force December 31 of current year	7,378	1,475,787,342	(a)				43	34,528	7,421	1,475,821,870

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					20
25.2 Guaranteed renewable (b)	95,338	69,111			(35,059)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	47	47			10
25.5 All other (b)	193	249			79
25.6 Totals (sum of Lines 25.1 to 25.5)	95,577	69,407			(34,950)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	95,577	69,407			(34,950)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,714,894			14	1,714,908
2. Annuity considerations	457,440				457,440
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	2,172,334			14	2,172,348
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,020,000				1,020,000
10. Matured endowments					
11. Annuity benefits	1,127,746				1,127,746
12. Surrender values and withdrawals for life contracts	27,949				27,949
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	2,175,695				2,175,695
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	5	1,020,000							5	1,020,000
Settled during current year:										
18.1 By payment in full	5	1,020,000							5	1,020,000
18.2 By payment on compromised claims										
18.3 Totals paid	5	1,020,000							5	1,020,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	5	1,020,000							5	1,020,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,740	623,789,151	(a)				4	3,000	1,744	623,792,151
21. Issued during year	300	78,942,705							300	78,942,705
22. Other changes to in force (Net)	(106)	(18,195,639)							(106)	(18,195,639)
23. In force December 31 of current year	1,934	684,536,217	(a)				4	3,000	1,938	684,539,217

(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	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,007	1,010		4,647	4,647
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,168	4,212			20
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	106	130			10
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,273	4,343			30
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,280	5,353		4,647	4,677

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2019

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	11,478,079			1,239	11,479,319
2. Annuity considerations	4,624,544				4,624,544
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	16,102,623			1,239	16,103,862
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	10,625,637			1,000	10,626,637
10. Matured endowments					
11. Annuity benefits	3,170,660				3,170,660
12. Surrender values and withdrawals for life contracts	279,390				279,390
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	14,075,687			1,000	14,076,687
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	61	10,625,637					1	1,000	62	10,626,637
Settled during current year:										
18.1 By payment in full	61	10,625,637					1	1,000	62	10,626,637
18.2 By payment on compromised claims										
18.3 Totals paid	61	10,625,637					1	1,000	62	10,626,637
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	61	10,625,637					1	1,000	62	10,626,637
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	12,992	3,977,489,586	(a)				176	238,185	13,168	3,977,727,772
21. Issued during year	1,370	385,770,973							1,370	385,770,973
22. Other changes to in force (Net)	(908)	(220,630,988)					(6)	(2,250)	(914)	(220,633,238)
23. In force December 31 of current year	13,454	4,142,629,571	(a)				170	235,935	13,624	4,142,865,507

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)	1,478	1,482			.89
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	150,223	150,448			27,202
25.3 Non-renewable for stated reasons only (b)					218
25.4 Other accident only	155	195			.59
25.5 All other (b)	893	1,342		1,972	2,303
25.6 Totals (sum of Lines 25.1 to 25.5)	151,271	151,986		1,972	29,782
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	152,748	153,468		1,972	29,871

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons
insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	11,666,823			385	11,667,208
2. Annuity considerations	744,296				744,296
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	12,411,119			385	12,411,504
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	10,990,107				10,990,107
10. Matured endowments	2,324				2,324
11. Annuity benefits	1,254,195				1,254,195
12. Surrender values and withdrawals for life contracts	849,919			587	850,507
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	13,096,546			587	13,097,133
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	168	10,992,431							168	10,992,431
Settled during current year:										
18.1 By payment in full	168	10,992,431							168	10,992,431
18.2 By payment on compromised claims										
18.3 Totals paid	168	10,992,431							168	10,992,431
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	168	10,992,431							168	10,992,431
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	21,065	2,774,539,488	(a)				78	77,278	21,143	2,774,616,766
21. Issued during year	2,888	429,567,449							2,888	429,567,449
22. Other changes to in force (Net)	(2,462)	(162,351,799)						500	(2,462)	(162,351,299)
23. In force December 31 of current year	21,491	3,041,755,138	(a)				78	77,778	21,569	3,041,832,916

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)	(26)	(26)			
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	32,449	32,979		12,040	(45,909)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	44	85			10
25.5 All other (b)	84	95			20
25.6 Totals (sum of Lines 25.1 to 25.5)	32,577	33,158		12,040	(45,879)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	32,551	33,133		12,040	(45,879)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Utah

NAIC Group Code 0244

LIFE INSURANCE

DURING THE YEAR 2019

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,919,163				1,919,163
2. Annuity considerations	28,671				28,671
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	1,947,835				1,947,835
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,375,000				2,375,000
10. Matured endowments					
11. Annuity benefits	132,898				132,898
12. Surrender values and withdrawals for life contracts	7,731				7,731
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	2,515,629				2,515,629
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	6	2,375,000							6	2,375,000
Settled during current year:										
18.1 By payment in full	6	2,375,000							6	2,375,000
18.2 By payment on compromised claims										
18.3 Totals paid	6	2,375,000							6	2,375,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	6	2,375,000							6	2,375,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,823	902,799,015	(a)				1	500	1,824	902,799,515
21. Issued during year	146	62,914,034							146	62,914,034
22. Other changes to in force (Net)	(153)	(60,486,727)							(153)	(60,486,727)
23. In force December 31 of current year	1,816	905,226,322	(a)				1	500	1,817	905,226,822

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (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)	22,505	22,703			
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)	22,505	22,703			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	22,505	22,703			

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons
insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Vermont
NAIC Group Code 0244

LIFE INSURANCE

DURING THE YEAR 2019
NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	484,851				484,851
2. Annuity considerations	11,477				11,477
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	496,328				496,328
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	500,000				500,000
10. Matured endowments					
11. Annuity benefits	3,650				3,650
12. Surrender values and withdrawals for life contracts	6,673				6,673
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	510,324				510,324
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	2	500,000							2	500,000
Settled during current year:										
18.1 By payment in full	2	500,000							2	500,000
18.2 By payment on compromised claims										
18.3 Totals paid	2	500,000							2	500,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	500,000							2	500,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	630	176,482,596	(a)						630	176,482,596
21. Issued during year	24	7,430,000							24	7,430,000
22. Other changes to in force (Net)	(35)	(8,135,575)							(35)	(8,135,575)
23. In force December 31 of current year	619	175,777,021	(a)						619	175,777,021

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,658	2,571			10
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	2,658	2,571			10
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,658	2,571			10

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons
insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	5,515,530			1,182	5,516,712
2. Annuity considerations	161,173				161,173
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	5,676,703			1,182	5,677,885
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,944,808			6,000	2,950,808
10. Matured endowments				324	324
11. Annuity benefits	1,107,056				1,107,056
12. Surrender values and withdrawals for life contracts	191,740			1,533	193,274
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	4,243,605			7,858	4,251,462
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	46	2,944,808					6	6,324	52	2,951,132
Settled during current year:										
18.1 By payment in full	46	2,944,808					6	6,324	52	2,951,132
18.2 By payment on compromised claims										
18.3 Totals paid	46	2,944,808					6	6,324	52	2,951,132
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	46	2,944,808					6	6,324	52	2,951,132
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	6,897	1,621,278,928	(a)				176	220,749	7,073	1,621,499,676
21. Issued during year	495	120,356,142							495	120,356,142
22. Other changes to in force (Net)	(409)	(64,275,690)					(9)	(17,343)	(418)	(64,293,032)
23. In force December 31 of current year	6,983	1,677,359,380	(a)				167	203,406	7,150	1,677,562,786

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)	135	180			20
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	85,693	79,378		71,153	123,702
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	213	238			89
25.6 Totals (sum of Lines 25.1 to 25.5)	85,906	79,616		71,153	123,791
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	86,041	79,797		71,153	123,811

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	3,558,120				3,558,120
2. Annuity considerations	348,859				348,859
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	3,906,979				3,906,979
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,207,179				2,207,179
10. Matured endowments					
11. Annuity benefits	467,615				467,615
12. Surrender values and withdrawals for life contracts	39,585				39,585
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	2,714,379				2,714,379
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	7	2,207,179							7	2,207,179
Settled during current year:										
18.1 By payment in full	7	2,207,179							7	2,207,179
18.2 By payment on compromised claims										
18.3 Totals paid	7	2,207,179							7	2,207,179
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	7	2,207,179							7	2,207,179
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,639	1,317,305,102	(a)				5	5,000	2,644	1,317,310,102
21. Issued during year	349	173,112,342							349	173,112,342
22. Other changes to in force (Net)	(200)	(85,065,487)					1	593	(199)	(85,064,895)
23. In force December 31 of current year	2,788	1,405,351,957	(a)				6	5,593	2,794	1,405,357,550

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (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)	(31,579)	11,067			88,237
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	21	37			10
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	(31,558)	11,103			88,247
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	(31,558)	11,103			88,247

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2019

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,882,948			4,544	2,887,492
2. Annuity considerations	53,597				53,597
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	2,936,545			4,544	2,941,089
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	734,438			17,250	751,688
10. Matured endowments	1,000			1,093	2,093
11. Annuity benefits	771,118				771,118
12. Surrender values and withdrawals for life contracts	291,974			4,153	296,127
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	1,798,531			22,496	1,821,026
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	44	735,438					14	18,343	58	753,781
Settled during current year:										
18.1 By payment in full	43	615,438					14	18,343	57	633,781
18.2 By payment on compromised claims	1	120,000							1	120,000
18.3 Totals paid	44	735,438					14	18,343	58	753,781
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	44	735,438					14	18,343	58	753,781
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4,670	624,901,427	(a)				949	887,559	5,619	625,788,986
21. Issued during year	362	47,742,173							362	47,742,173
22. Other changes to in force (Net)	(393)	(33,435,662)					(33)	(36,185)	(426)	(33,471,847)
23. In force December 31 of current year	4,639	639,207,939	(a)				916	851,374	5,555	640,059,313

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)	11,299	13,310		2,942	4,614
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	33,928	33,103		14,400	34,355
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	191	198			79
25.5 All other (b)	498	526			119
25.6 Totals (sum of Lines 25.1 to 25.5)	34,617	33,827		14,400	34,552
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	45,916	47,137		17,342	39,166

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wisconsin

NAIC Group Code 0244

LIFE INSURANCE

DURING THE YEAR 2019

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	10,499,761				10,499,761
2. Annuity considerations	1,679,360				1,679,360
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	12,179,122				12,179,122
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,225,548				4,225,548
10. Matured endowments					
11. Annuity benefits	2,692,462				2,692,462
12. Surrender values and withdrawals for life contracts	357,962				357,962
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	7,275,972				7,275,972
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	46	4,225,548							46	4,225,548
Settled during current year:										
18.1 By payment in full	46	4,225,548							46	4,225,548
18.2 By payment on compromised claims										
18.3 Totals paid	46	4,225,548							46	4,225,548
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	46	4,225,548							46	4,225,548
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	13,780	3,994,734,887	(a)				7	6,000	13,787	3,994,740,887
21. Issued during year	999	308,235,166							999	308,235,166
22. Other changes to in force (Net)	(921)	(263,239,377)					(1)	(1,000)	(922)	(263,240,377)
23. In force December 31 of current year	13,858	4,039,730,677	(a)				6	5,000	13,864	4,039,735,677

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)	45	60			10
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	238,763	225,865		51,458	51,527
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	696	1,071		760	842
25.5 All other (b)	223	329			138
25.6 Totals (sum of Lines 25.1 to 25.5)	239,682	227,266		52,218	52,508
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	239,727	227,326		52,218	52,518

(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 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE					
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4
		Ordinary	Credit Life (Group and Individual)	Group	Industrial
					Total
1.	Life insurance	467,830			467,830
2.	Annuity considerations				
3.	Deposit-type contract funds		XXX		XXX
4.	Other considerations				
5.	Totals (Sum of Lines 1 to 4)	467,830			467,830
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1	Paid in cash or left on deposit				
6.2	Applied to pay renewal premiums				
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period				
6.4	Other				
6.5	Totals (Sum of Lines 6.1 to 6.4)				
Annuities:					
7.1	Paid in cash or left on deposit				
7.2	Applied to provide paid-up annuities				
7.3	Other				
7.4	Totals (Sum of Lines 7.1 to 7.3)				
8.	Grand Totals (Lines 6.5 plus 7.4)				
DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	100,000			100,000
10.	Matured endowments				
11.	Annuity benefits				
12.	Surrender values and withdrawals for life contracts				
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid				
14.	All other benefits, except accident and health				
15.	Totals	100,000			100,000
DETAILS OF WRITE-INS					
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of Line 13 from overflow page				
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)				

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol.s. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol.s. & Certifs.	Amount	No. of Pol.s. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year	1	100,000						1	100,000
Settled during current year:										
18.1	By payment in full	1	100,000						1	100,000
18.2	By payment on compromised claims									
18.3	Totals paid	1	100,000						1	100,000
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements	1	100,000						1	100,000
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	349	139,926,122	(a)			1	1,185	350	139,927,307
21.	Issued during year	39	21,550,004						39	21,550,004
22.	Other changes to in force (Net)	(23)	(8,060,535)						(23)	(8,060,535)
23.	In force December 31 of current year	365	153,415,591	(a)			1	1,185	366	153,416,776

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)				
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:				
25.1	Non-cancelable (b)				
25.2	Guaranteed renewable (b)	3,019	3,045		
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only				
25.5	All other (b)				
25.6	Totals (sum of Lines 25.1 to 25.5)	3,019	3,045		
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,019	3,045		

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons
insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Guam

NAIC Group Code 0244

LIFE INSURANCE

DURING THE YEAR 2019

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	885				885
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	885				885
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
				(a)						
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)	1	1,500,000							1	1,500,000
23. In force December 31 of current year	1	1,500,000		(a)					1	1,500,000

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (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 products0 and number of persons
insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	7,692				7,692
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	7,692				7,692
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	9	698,585	(a)						9	698,585
21. Issued during year										
22. Other changes to in force (Net)	2	3,435,950							2	3,435,950
23. In force December 31 of current year	11	4,134,535	(a)						11	4,134,535

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members 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/certificates (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 products0 and number of persons
insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

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

DURING THE YEAR 2019

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	12,209				12,209
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	12,209				12,209
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)	10	3,736,957							10	3,736,957
23. In force December 31 of current year	10	3,736,957	(a)						10	3,736,957

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2019

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members 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/certificates (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 products0 and number of persons
insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2019

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	40,558				40,558
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	40,558				40,558
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts	1,924				1,924
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	1,924				1,924
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	47	22,943,680	(a)						47	22,943,680
21. Issued during year										
22. Other changes to in force (Net)	(3)	451,178							(3)	451,178
23. In force December 31 of current year	44	23,394,858	(a)						44	23,394,858

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (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 products0 and number of persons
insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Other Aliens

DURING THE YEAR 2019

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	72,140				72,140
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	72,140				72,140
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	16	10,332,483	(a)				1	1,000	17	10,333,483
21. Issued during year										
22. Other changes to in force (Net)	60	35,100,075							60	35,100,075
23. In force December 31 of current year	76	45,432,558	(a)				1	1,000	77	45,433,558

(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	Policyholder Dividends Paid, Refunds to Members 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/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons
insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2019

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	326,855,295		14,610	44,616	326,914,521
2. Annuity considerations	39,473,940				39,473,940
3. Deposit-type contract funds	311,561	XXX		XXX	311,561
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	366,640,796		14,610	44,616	366,700,022
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	204,138,087		8,723,367	261,796	213,123,250
10. Matured endowments	1,569,017			29,630	1,598,647
11. Annuity benefits	88,806,633		19,671		88,826,304
12. Surrender values and withdrawals for life contracts	20,893,968			67,444	20,961,411
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	315,407,705		8,743,038	358,870	324,509,613
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	2,334	205,707,104			20	8,723,367	287	291,426	2,641	214,721,897
Settled during current year:										
18.1 By payment in full	2,333	205,587,104			20	8,723,367	282	291,426	2,635	214,601,897
18.2 By payment on compromised claims	1	120,000							1	120,000
18.3 Totals paid	2,334	205,707,104			20	8,723,367	282	291,426	2,636	214,721,897
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2,334	205,707,104			20	8,723,367	282	291,426	2,636	214,721,897
19. Unpaid Dec. 31, current year (16+17-18.6)							5		5	
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	429,106	102,455,178,207	(a)		8	2,251,456,133	18,965	19,001,013	448,079	104,725,635,353
21. Issued during year	37,925	9,000,356,480				24,120,509			37,925	9,024,476,989
22. Other changes to in force (Net)	(31,420)	(5,654,315,162)				34,728,093	(753)	(794,335)	(32,173)	(5,620,381,404)
23. In force December 31 of current year	435,611	105,801,219,525	(a)		8	2,310,304,735	18,212	18,206,678	453,831	108,129,730,938

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	32,138	32,854		1,692,551	1,742,551
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	16,029	19,345		3,192	5,548
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					129
25.2 Guaranteed renewable (b)	4,420,605	4,091,876		3,066,389	4,196,251
25.3 Non-renewable for stated reasons only (b)					633
25.4 Other accident only	14,239	17,585		3,470	4,998
25.5 All other (b)	10,247	13,186		6,976	9,747
25.6 Totals (sum of Lines 25.1 to 25.5)	4,445,091	4,122,646		3,076,835	4,211,757
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,493,258	4,174,846		4,772,578	5,959,856

(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 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE		1 Amount
1. Reserve as of December 31, Prior Year		2,035,136
2. Current year's realized pre-tax capital gains/(losses) of \$ (489,089) transferred into the reserve net of taxes of \$ (102,709)		(386,380)
3. Adjustment for current year's liability gains/(losses) released from the reserve		
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)		1,648,756
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)		1,280,869
6. Reserve as of December 31, current year (Line 4 minus Line 5)		367,887

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. 2019	1,445,677	(164,808)		1,280,869
2. 2020	708,459	(198,871)		509,588
3. 2021	351,366	(31,587)		319,779
4. 2022	231,997	(21,199)		210,798
5. 2023	200,446	(10,524)		189,922
6. 2024	168,223	659		168,882
7. 2025	127,967	6,056		134,022
8. 2026	41,364	5,453		46,817
9. 2027	(42,372)	4,816		(37,556)
10. 2028	(68,342)	4,108		(64,234)
11. 2029	(89,990)	3,439		(86,551)
12. 2030	(108,003)	2,772		(105,231)
13. 2031	(121,663)	2,185		(119,478)
14. 2032	(120,301)	1,539		(118,762)
15. 2033	(135,314)	851		(134,464)
16. 2034	(156,143)	174		(155,968)
17. 2035	(149,261)	(77)		(149,339)
18. 2036	(119,238)	95		(119,143)
19. 2037	(86,803)	298		(86,505)
20. 2038	(49,556)	512		(49,043)
21. 2039	(9,834)	697		(9,137)
22. 2040	9,003	828		9,832
23. 2041	5,734	865		6,599
24. 2042	1,720	884		2,604
25. 2043		939		939
26. 2044		957		957
27. 2045		902		902
28. 2046		718		718
29. 2047		515		515
30. 2048		313		313
31. 2049 and Later		110		110
32. Total (Lines 1 to 31)	2,035,136	(386,380)		1,648,756

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year	32,634,978		32,634,978				32,634,978
2. Realized capital gains/(losses) net of taxes - General Account	(4,128,102)		(4,128,102)	8,672		8,672	(4,119,430)
3. Realized capital gains/(losses) net of taxes - Separate Accounts	276,619		276,619				276,619
4. Unrealized capital gains/(losses) net of deferred taxes - General Account					(4,634,836)	(4,634,836)	(4,634,836)
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts							
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves							
7. Basic contribution	8,529,525		8,529,525		39,908	39,908	8,569,434
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	37,313,021		37,313,021	8,672	(4,594,927)	(4,586,256)	32,726,765
9. Maximum reserve	40,421,757		40,421,757		2,007,418	2,007,418	42,429,175
10. Reserve objective	24,455,507		24,455,507		1,901,478	1,901,478	26,356,984
11. 20% of (Line 10 - Line 8)	(2,571,503)		(2,571,503)	(1,734)	1,299,281	1,297,547	(1,273,956)
12. Balance before transfers (Lines 8 + 11)	34,741,518		34,741,518	6,937	(3,295,646)	(3,288,709)	31,452,809
13. Transfers							
14. Voluntary contribution							
15. Adjustment down to maximum/up to zero				(6,937)	3,295,646	3,288,709	3,288,709
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	34,741,518		34,741,518				34,741,518

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	249,830	XXX	XXX	249,830	0.0000		0.0000		0.0000	
2.	1	Highest Quality	1,199,348,068	XXX	XXX	1,199,348,068	0.0005	599,674	0.0016	1,918,957	0.0033	3,957,849
3.	2	High Quality	2,090,661,285	XXX	XXX	2,090,661,285	0.0021	4,390,389	0.0064	13,380,232	0.0106	22,161,010
4.	3	Medium Quality	131,731,886	XXX	XXX	131,731,886	0.0099	1,304,146	0.0263	3,464,549	0.0376	4,953,119
5.	4	Low Quality	19,189,382	XXX	XXX	19,189,382	0.0245	470,140	0.0572	1,097,633	0.0817	1,567,772
6.	5	Lower Quality	12,760,575	XXX	XXX	12,760,575	0.0630	803,916	0.1128	1,439,393	0.1880	2,398,988
7.	6	In or Near Default	20,000	XXX	XXX	20,000	0.0000		0.2370	4,740	0.2370	4,740
8.		Total Unrated Multi-class Securities Acquired by Conversion ..		XXX	XXX		XXX		XXX		XXX	
9.		Total Long-Term Bonds (Sum of Lines 1 through 8)	3,453,961,027	XXX	XXX	3,453,961,027	XXX	7,568,265	XXX	21,305,503	XXX	35,043,478
PREFERRED STOCK												
10.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
11.	2	High Quality	11,546,800	XXX	XXX	11,546,800	0.0021	24,248	0.0064	73,900	0.0106	122,396
12.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
13.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
14.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
15.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
16.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
17.		Total Preferred Stocks (Sum of Lines 10 through 16)	11,546,800	XXX	XXX	11,546,800	XXX	24,248	XXX	73,900	XXX	122,396
SHORT - TERM BONDS												
18.		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
19.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
20.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
21.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
22.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
23.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
24.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
25.		Total Short - Term Bonds (Sum of Lines 18 through 24)		XXX	XXX		XXX		XXX		XXX	
DERIVATIVE INSTRUMENTS												
26.		Exchange Traded		XXX	XXX		0.0005		0.0016		0.0033	
27.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
28.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
29.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
30.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
31.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
32.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
33.		Total Derivative Instruments		XXX	XXX		XXX		XXX		XXX	
34.		Total (Lines 9 + 17 + 25 + 33)	3,465,507,827	XXX	XXX	3,465,507,827	XXX	7,592,513	XXX	21,379,403	XXX	35,165,874

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		0.0011		0.0057		0.0074	
36.		Farm Mortgages - CM2 - High Quality			XXX		0.0040		0.0114		0.0149	
37.		Farm Mortgages - CM3 - Medium Quality			XXX		0.0069		0.0200		0.0257	
38.		Farm Mortgages - CM4 - Low Medium Quality			XXX		0.0120		0.0343		0.0428	
39.		Farm Mortgages - CM5 - Low Quality			XXX		0.0183		0.0486		0.0628	
40.		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
41.		Residential Mortgages - All Other			XXX		0.0015		0.0034		0.0046	
42.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
43.		Commercial Mortgages - All Other - CM1 - Highest Quality			XXX		0.0011		0.0057		0.0074	
44.		Commercial Mortgages - All Other - CM2 - High Quality			XXX		0.0040		0.0114		0.0149	
45.		Commercial Mortgages - All Other - CM3 - Medium Quality			XXX		0.0069		0.0200		0.0257	
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality			XXX		0.0120		0.0343		0.0428	
47.		Commercial Mortgages - All Other - CM5 - Low Quality			XXX		0.0183		0.0486		0.0628	
		Overdue, Not in Process:										
48.		Farm Mortgages			XXX		0.0480		0.0868		0.1371	
49.		Residential Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
50.		Residential Mortgages - All Other			XXX		0.0029		0.0066		0.0103	
51.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
52.		Commercial Mortgages - All Other			XXX		0.0480		0.0868		0.1371	
		In Process of Foreclosure:										
53.		Farm Mortgages			XXX		0.0000		0.1942		0.1942	
54.		Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
55.		Residential Mortgages - All Other			XXX		0.0000		0.0149		0.0149	
56.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
57.		Commercial Mortgages - All Other			XXX		0.0000		0.1942		0.1942	
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)			XXX		XXX		XXX		XXX	
59.		Schedule DA Mortgages			XXX		0.0034		0.0114		0.0149	
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)			XXX		XXX		XXX		XXX	

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		XXX	XXX		0.0000		0.1580 (a)		0.1580 (a)	
2.		Unaffiliated - Private		XXX	XXX		0.0000		0.1945		0.1945	
3.		Federal Home Loan Bank		XXX	XXX		0.0000		0.0061		0.0097	
4.		Affiliated - Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
Affiliated - Investment Subsidiary:												
5.		Fixed Income - Exempt Obligations					XXX		XXX		XXX	
6.		Fixed Income - Highest Quality					XXX		XXX		XXX	
7.		Fixed Income - High Quality					XXX		XXX		XXX	
8.		Fixed Income - Medium Quality					XXX		XXX		XXX	
9.		Fixed Income - Low Quality					XXX		XXX		XXX	
10.		Fixed Income - Lower Quality					XXX		XXX		XXX	
11.		Fixed Income - In/Near Default					XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public					0.0000		0.1580 (a)		0.1580 (a)	
13.		Unaffiliated Common Stock - Private					0.0000		0.1945		0.1945	
14.		Real Estate					(b)		(b)		(b)	
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX		0.0000		0.1580		0.1580	
16.		Affiliated - All Other		XXX	XXX		0.0000		0.1945		0.1945	
17.		Total Common Stock (Sum of Lines 1 through 16)					XXX		XXX		XXX	
REAL ESTATE												
18.		Home Office Property (General Account only)					0.0000		0.0912		0.0912	
19.		Investment Properties					0.0000		0.0912		0.0912	
20.		Properties Acquired in Satisfaction of Debt					0.0000		0.1337		0.1337	
21.		Total Real Estate (Sum of Lines 18 through 20)					XXX		XXX		XXX	
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22.		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
23.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
24.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
25.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
26.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
27.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
28.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)		XXX	XXX		XXX		XXX		XXX	

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	37,319,511	XXX	XXX	37,319,511	0.0005	18,660	0.0016	59,711	0.0033	123,154
31.	2	High Quality	10,118,415	XXX	XXX	10,118,415	0.0021	21,249	0.0064	64,758	0.0106	107,255
32.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
33.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
34.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
35.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
36.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
37.		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	47,437,926	XXX	XXX	47,437,926	XXX	39,908	XXX	124,469	XXX	230,410
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38.		Mortgages - CM1 - Highest Quality			XXX		0.0011		0.0057		0.0074	
39.		Mortgages - CM2 - High Quality			XXX		0.0040		0.0114		0.0149	
40.		Mortgages - CM3 - Medium Quality			XXX		0.0069		0.0200		0.0257	
41.		Mortgages - CM4 - Low Medium Quality			XXX		0.0120		0.0343		0.0428	
42.		Mortgages - CM5 - Low Quality			XXX		0.0183		0.0486		0.0628	
43.		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
44.		Residential Mortgages - All Other		XXX	XXX		0.0015		0.0034		0.0046	
45.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
		Overdue, Not in Process Affiliated:										
46.		Farm Mortgages			XXX		0.0480		0.0868		0.1371	
47.		Residential Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
48.		Residential Mortgages - All Other			XXX		0.0029		0.0066		0.0103	
49.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
50.		Commercial Mortgages - All Other			XXX		0.0480		0.0868		0.1371	
		In Process of Foreclosure Affiliated:										
51.		Farm Mortgages			XXX		0.0000		0.1942		0.1942	
52.		Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
53.		Residential Mortgages - All Other			XXX		0.0000		0.0149		0.0149	
54.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
55.		Commercial Mortgages - All Other			XXX		0.0000		0.1942		0.1942	
56.		Total Affiliated (Sum of Lines 38 through 55)			XXX		XXX		XXX		XXX	
57.		Unaffiliated - In Good Standing With Covenants			XXX		(c)		(c)		(c)	
58.		Unaffiliated - In Good Standing Defeased With Government Securities			XXX		0.0011		0.0057		0.0074	
59.		Unaffiliated - In Good Standing Primarily Senior			XXX		0.0040		0.0114		0.0149	
60.		Unaffiliated - In Good Standing All Other			XXX		0.0069		0.0200		0.0257	
61.		Unaffiliated - Overdue, Not in Process			XXX		0.0480		0.0868		0.1371	
62.		Unaffiliated - In Process of Foreclosure			XXX		0.0000		0.1942		0.1942	
63.		Total Unaffiliated (Sum of Lines 57 through 62)			XXX		XXX		XXX		XXX	
64.		Total with Mortgage Loan Characteristics (Lines 56 + 63)			XXX		XXX		XXX		XXX	

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		0.0000		0.1580 (a)		0.1580 (a)	
66.		Unaffiliated Private		XXX	XXX		0.0000		0.1945		0.1945	
67.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
68.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX		0.0000		0.1580		0.1580	
69.		Affiliated Other - All Other		XXX	XXX		0.0000		0.1945		0.1945	
70.		Total with Common Stock Characteristics (Sum of Lines 65 through 69)		XXX	XXX		XXX		XXX		XXX	
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
71.		Home Office Property (General Account only)					0.0000		0.0912		0.0912	
72.		Investment Properties	19,484,743			19,484,743	0.0000		0.0912	1,777,009	0.0912	1,777,009
73.		Properties Acquired in Satisfaction of Debt					0.0000		0.1337		0.1337	
74.		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	19,484,743			19,484,743	XXX		XXX	1,777,009	XXX	1,777,009
LOW INCOME HOUSING TAX CREDIT INVESTMENTS												
75.		Guaranteed Federal Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
76.		Non-guaranteed Federal Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
77.		Guaranteed State Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
78.		Non-guaranteed State Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
79.		All Other Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
80.		Total LIHTC (Sum of Lines 75 through 79)					XXX		XXX		XXX	
ALL OTHER INVESTMENTS												
81.		NAIC 1 Working Capital Finance Investments		XXX			0.0000		0.0042		0.0042	
82.		NAIC 2 Working Capital Finance Investments		XXX			0.0000		0.0137		0.0137	
83.		Other Invested Assets - Schedule BA		XXX			0.0000		0.1580		0.1580	
84.		Other Short-Term Invested Assets - Schedule DA		XXX			0.0000		0.1580		0.1580	
85.		Total All Other (Sum of Lines 81, 82, 83 and 84)		XXX			XXX		XXX		XXX	
86.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)	66,922,670			66,922,670	XXX	39,908	XXX	1,901,478	XXX	2,007,418

(a) Times the company's weighted average portfolio beta (Minimum .1215, Maximum .2431).
(b) Determined using the same factors and breakdowns used for directly owned real estate.
(c) This will be the factor associated with the risk category determined in the company generated worksheet.

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE

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
NONE								
05999999 - Total								

SCHEDULE F

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	2,332,859	XXX	1,085,029	XXX		XXX		XXX		XXX	1,236,828	XXX		XXX	7,704	XXX	3,298	XXX
2. Premiums earned	2,301,790	XXX	1,085,029	XXX		XXX		XXX		XXX	1,205,566	XXX		XXX	7,839	XXX	3,356	XXX
3. Incurred claims	1,787,128	77.6	790,492	72.9							1,000,397	83.0			(5,253)	(67.0)	1,492	44.5
4. Cost containment expenses	1,732	0.1	1,732	0.2														
5. Incurred claims and cost containment expenses (Lines 3 and 4)	1,788,860	77.7	792,224	73.0							1,000,397	83.0			(5,253)	(67.0)	1,492	44.5
6. Increase in contract reserves	143,070	6.2									143,070	11.9						
7. Commissions (a)	(188,470)	(8.2)	(52,788)	(4.9)							(135,747)	(11.3)			46	0.6	19	0.6
8. Other general insurance expenses	996,309	43.3	58,123	5.4	3,284						919,121	76.2			5,206	66.4	10,575	315.1
9. Taxes, licenses and fees	178,490	7.8	50,538	4.7	7						127,934	10.6			6	0.1	5	0.1
10. Total other expenses incurred	986,329	42.9	55,873	5.1	3,291						911,308	75.6			5,258	67.1	10,599	315.8
11. Aggregate write-ins for deductions																		
12. Gain from underwriting before dividends or refunds	(616,469)	(26.8)	236,932	21.8	(3,291)						(849,209)	(70.4)			7,834	99.9	(8,735)	(260.3)
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds	(616,469)	(26.8)	236,932	21.8	(3,291)						(849,209)	(70.4)			7,834	99.9	(8,735)	(260.3)
DETAILS OF WRITE-INS																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)																		

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

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	271,472	768				270,600		73	31
2. Advance premiums	78,022					78,006		11	5
3. Reserve for rate credits									
4. Total premium reserves, current year	349,494	768				348,606		84	36
5. Total premium reserves, prior year	318,425	768				317,319		203	135
6. Increase in total premium reserves	31,069					31,287		(119)	(99)
B. Contract Reserves:									
1. Additional reserves (a)	7,002,229					7,002,229			
2. Reserve for future contingent benefits									
3. Total contract reserves, current year	7,002,229					7,002,229			
4. Total contract reserves, prior year	6,859,159					6,859,159			
5. Increase in contract reserves	143,070					143,070			
C. Claim Reserves and Liabilities:									
1. Total current year	10,056,790	6,730,925				3,322,579		1,194	2,092
2. Total prior year	9,876,892	6,932,327				2,912,194		29,326	3,045
3. Increase	179,898	(201,402)				410,385		(28,132)	(953)

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	1,021,213	800,072				195,935		22,836	2,370
1.2 On claims incurred during current year	586,017	191,822				394,077		43	75
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	8,451,989	6,020,682				2,431,175		48	84
2.2 On claims incurred during current year	1,604,801	710,243				891,404		1,146	2,008
3. Test:									
3.1 Lines 1.1 and 2.1	9,473,202	6,820,754				2,627,110		22,884	2,454
3.2 Claim reserves and liabilities, December 31, prior year	9,876,892	6,932,327				2,912,194		29,326	3,045
3.3 Line 3.1 minus Line 3.2	(403,690)	(111,573)				(285,084)		(6,442)	(591)

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written	3,895,323	1,055,769		22		2,839,499		19	14
2. Premiums earned	3,980,895	1,055,769		22		2,925,071		19	14
3. Incurred claims	4,172,728	776,660				3,394,723		489	856
4. Commissions	577,005	52,788				524,217			

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims	5,065,878		893,978	5,959,856
2. Beginning Claim Reserves and Liabilities	20,855,698		3,680,417	24,536,116
3. Ending Claim Reserves and Liabilities	21,864,884		3,858,509	25,723,394
4. Claims Paid	4,056,692		715,887	4,772,578
B. Assumed Reinsurance:				
5. Incurred Claims.....				
6. Beginning Claim Reserves and Liabilities				
7. Ending Claim Reserves and Liabilities				
8. Claims Paid				
C. Ceded Reinsurance:				
9. Incurred Claims.....	3,546,820		625,909	4,172,729
10. Beginning Claim Reserves and Liabilities	12,562,359		2,216,887	14,779,246
11. Ending Claim Reserves and Liabilities	13,403,158		2,365,263	15,768,421
12. Claims Paid	2,706,021		477,533	3,183,554
D. Net:				
13. Incurred Claims.....	1,519,058		268,069	1,787,127
14. Beginning Claim Reserves and Liabilities	8,293,340		1,463,531	9,756,870
15. Ending Claim Reserves and Liabilities	8,461,727		1,493,246	9,954,973
16. Claims Paid	1,350,670		238,354	1,589,024
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses	1,520,790		268,069	1,788,859
18. Beginning Reserves and Liabilities	8,293,340		1,463,531	9,756,870
19. Ending Reserves and Liabilities	8,461,727		1,493,246	9,954,973
20. Paid Claims and Cost Containment Expenses	1,352,402		238,354	1,590,756

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 1 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Amount of In Force at End of Year	9 Reserve	10 Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
0399999. Total General Account - U.S. Affiliates												
0699999. Total General Account - Non-U.S. Affiliates												
0799999. Total General Account - Affiliates												
88064	35-1452221	08/18/1982	CINCINNATI EQUITABLE LIFE INSURANCE CO	OH	YRT/I	OL	114,317	3,131	4,599			
68276	48-1024691	01/01/1981	EMPLOYERS REASSURANCE CORPORATION	KS	YRT/I	OL	85,583	4,737	3,948			
0899999. General Account - U.S. Non-Affiliates							199,900	7,868	8,547			
1099999. Total General Account - Non-Affiliates							199,900	7,868	8,547			
1199999. Total General Account							199,900	7,868	8,547			
1499999. Total Separate Accounts - U.S. Affiliates												
1799999. Total Separate Accounts - Non-U.S. Affiliates												
1899999. Total Separate Accounts - Affiliates												
2199999. Total Separate Accounts - Non-Affiliates												
2299999. Total Separate Accounts												
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)							199,900	7,868	8,547			
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)												
9999999 - Totals							199,900	7,868	8,547			

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

[illegible]

SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9	10		12	13		
								Current Year	Prior Year		Current Year	Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates														
0699999. Total General Account - Authorized Non-U.S. Affiliates														
0799999. Total General Account - Authorized Affiliates														
68276	48-1024691	01/01/1990	EMPLOYERS REASSURANCE CORPORATION	KS	CO / I	OL	51,845,041	18,835,670	18,426,309	360,497				
68276	48-1024691	01/01/1990	EMPLOYERS REASSURANCE CORPORATION	KS	YRT / I	AXXX	1,501,527	12,304	16,214	26,655				
68276	48-1024691	01/01/1990	EMPLOYERS REASSURANCE CORPORATION	KS	YRT / I	XXXL	969,518	6,247	8,222	13,669				
68276	48-1024691	01/01/1990	EMPLOYERS REASSURANCE CORPORATION	KS	YRT / I	OL	2,489,489	10,477	12,510	22,432				
68276	48-1024691	01/01/1990	EMPLOYERS REASSURANCE CORPORATION	KS	DIS / I	OL		393,684	355,035	22,371				
86258	13-2572994	08/01/2001	GENERAL RE LIFE CORPORATION	CT	CO / I	XXXL	54,610,736	3,172,032	3,149,652	88,206				
86258	13-2572994	01/01/1967	GENERAL RE LIFE CORPORATION	CT	YRT / I	AXXX	98,037	98	136	124				
86258	13-2572994	01/01/1967	GENERAL RE LIFE CORPORATION	CT	YRT / I	XXXL	147,537	339	424	632				
86258	13-2572994	01/01/1967	GENERAL RE LIFE CORPORATION	CT	DIS / I	OL		24,581	23,683	822				
97071	13-3126819	03/01/1981	SCOR GLOBAL LIFE USA REINSURANCE COMPANY	DE	CO / I	OL	2,290,482	32,258	29,169	51,575				
97071	13-3126819	08/13/1969	SCOR GLOBAL LIFE USA REINSURANCE COMPANY	DE	YRT / I	OL	830,022,576	366,635	160,402	509,657				
97071	13-3126819	08/13/1969	SCOR GLOBAL LIFE USA REINSURANCE COMPANY	DE	YRT / I	XXXL	20,617,193	6,980	3,362	3,411				
97071	13-3126819	07/30/1986	SCOR GLOBAL LIFE USA REINSURANCE COMPANY	DE	ACO / I	OL			250,372					
97071	13-3126819	08/13/1969	SCOR GLOBAL LIFE USA REINSURANCE COMPANY	DE	OTH / G	OL			33,390	409,360				
88340	59-2859797	04/01/2002	HANNOVER LIFE REASSURANCE COMPANY	FL	CO / I	XXXL	371,293,082	12,033,968	12,832,440	571,187				
88340	59-2859797	04/01/2002	HANNOVER LIFE REASSURANCE COMPANY	FL	YRT / I	AXXX	13,452,636	24,567	25,077	42,656				
88340	59-2859797	04/01/2002	HANNOVER LIFE REASSURANCE COMPANY	FL	YRT / I	XXXL	2,694,567,221	3,580,800	3,281,730	2,894,398				
88340	59-2859797	04/01/2002	HANNOVER LIFE REASSURANCE COMPANY	FL	YRT / I	OL	1,121,271,734	561,047	311,070	816,882				
88340	59-2859797	04/01/2002	HANNOVER LIFE REASSURANCE COMPANY	FL	DIS / I	OL		56,308	60,813	16,701				
65056	38-1659835	01/01/1999	JACKSON NATIONAL LIFE INSURANCE COMPANY	MI	CO / I	OL	6,667,547	4,277,294	4,535,770	43,080				
65676	35-0472300	09/15/1997	LINCOLN NATIONAL LIFE INSURANCE COMPANY	IN	CO / I	XXXL	1,348,198,296	15,456,295	17,288,631	2,046,996				
65676	35-0472300	09/15/1997	LINCOLN NATIONAL LIFE INSURANCE COMPANY	IN	CO / I	OL	1,548,535,717	7,914,663	8,776,570	2,523,544				
65676	35-0472300	09/15/1997	LINCOLN NATIONAL LIFE INSURANCE COMPANY	IN	YRT / I	AXXX	14,839,379	146,210	155,932	196,945				
65676	35-0472300	09/15/1997	LINCOLN NATIONAL LIFE INSURANCE COMPANY	IN	YRT / I	XXXL	20,925,634	152,850	152,835	213,906				
65676	35-0472300	09/15/1997	LINCOLN NATIONAL LIFE INSURANCE COMPANY	IN	YRT / I	OL	134,247,022	449,386	416,048	743,370				
65676	35-0472300	09/15/1997	LINCOLN NATIONAL LIFE INSURANCE COMPANY	IN	DIS / I	OL		1,094,770	1,251,534	92,582				
66346	58-0828824	02/01/1988	MUNICH AMERICAN REASSURANCE COMPANY	GA	CO / I	XXXL	55,090,739	3,174,080	3,151,524	88,940				
66346	58-0828824	02/01/1988	MUNICH AMERICAN REASSURANCE COMPANY	GA	CO / I	OL	1,520,000	7,195	17,002	2,912				
66346	58-0828824	10/01/1994	MUNICH AMERICAN REASSURANCE COMPANY	GA	YRT / I	AXXX	141,866,248	489,558	431,409	539,666				
66346	58-0828824	10/01/1994	MUNICH AMERICAN REASSURANCE COMPANY	GA	YRT / I	XXXL	2,050,353,660	4,831,762	4,500,345	4,833,513				
66346	58-0828824	10/01/1994	MUNICH AMERICAN REASSURANCE COMPANY	GA	YRT / I	OL	1,573,129,612	729,138	406,227	896,372				
66346	58-0828824	02/01/1988	MUNICH AMERICAN REASSURANCE COMPANY	GA	DIS / I	OL		78,131	75,296	12,404				
66346	58-0828824	02/01/1988	MUNICH AMERICAN REASSURANCE COMPANY	GA	ADB / I	OL		448,694	430,672	187,218				
67466	95-1079000	04/01/2002	PACIFIC LIFE INSURANCE COMPANY	NE	CO / I	XXXL	1,378,905,845	44,274,662	46,698,013	2,114,041				
67466	95-1079000	04/01/2002	PACIFIC LIFE INSURANCE COMPANY	NE	YRT / I	AXXX	3,222,381	28,151	38,026	35,967				
67466	95-1079000	04/01/2002	PACIFIC LIFE INSURANCE COMPANY	NE	YRT / I	XXXL	3,711,725	29,167	36,082	39,911				
67466	95-1079000	04/01/2002	PACIFIC LIFE INSURANCE COMPANY	NE	YRT / I	OL	9,316,472	52,018	49,043	75,890				
67466	95-1079000	04/01/2002	PACIFIC LIFE INSURANCE COMPANY	NE	DIS / I	OL		188,609	198,318	14,967				
93572	43-1235868	09/01/1995	RGA REINSURANCE COMPANY	MO	YRT / I	AXXX	195,875,138	803,450	701,060	934,005				
93572	43-1235868	09/01/1995	RGA REINSURANCE COMPANY	MO	YRT / I	XXXL	6,730,435,368	14,880,805	14,230,512	14,423,873				
93572	43-1235868	09/01/1995	RGA REINSURANCE COMPANY	MO	YRT / I	OL	71,054,434	302,849	269,945	695,356				
93572	43-1235868	09/01/1995	RGA REINSURANCE COMPANY	MO	DIS / I	OL		92,035	89,893	35,508				
93572	43-1235868	02/01/2004	RGA REINSURANCE COMPANY	MO	OTH / G	OL	246,218,250			446,912				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER	CO	CO / I	XXXL	2,558,934,548	84,332,933	89,049,867	3,810,821				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER	CO	CO / I	OL	7,705,455	46,121	67,646	84,043				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER	CO	YRT / I	AXXX	8,240,298	72,491	99,762	114,482				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER	CO	YRT / I	XXXL	12,592,567	104,156	442,840	92,135				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER	CO	YRT / I	OL	17,745,928	95,683	364,098	157,565				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER	CO	DIS / I	OL		378,417	408,750	30,926				
71706	57-0290111	07/01/1970	STANDARD LIFE & CASUALTY	UT	CO / I	OL	1,236,445	801,084	830,259	15,085				
82627	06-0839705	05/01/1981	SWISS RE LIFE & HEALTH AMERICA INC	MO	CO / I	XXXL	4,325,823,890	107,723,214	115,638,740	8,112,664				
82627	06-0839705	05/01/1981	SWISS RE LIFE & HEALTH AMERICA INC	MO	CO / I	OL	1,610,097,336	23,887,496	24,516,941	2,788,839				
82627	06-0839705	08/01/1978	SWISS RE LIFE & HEALTH AMERICA INC	MO	YRT / I	AXXX	43,755,418	373,041	381,316	581,984				

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
82627	06-0839705	08/01/1978	SWISS RE LIFE & HEALTH AMERICA INC	MO	YRT / I	XXXL	5,223,773,593	8,977,282	8,539,533	7,912,907				
82627	06-0839705	08/01/1978	SWISS RE LIFE & HEALTH AMERICA INC	MO	YRT / I	OL	1,548,015,623	1,143,166	832,108	1,684,515				
82627	06-0839705	08/01/1978	SWISS RE LIFE & HEALTH AMERICA INC	MO	DIS / I	OL		1,399,195	1,571,256	146,984				
82627	06-0839705	06/01/1974	SWISS RE LIFE & HEALTH AMERICA INC	MO	OTH / G	OL	367,590,671	11,573	11,036	1,250,750				
86231	39-0989781	04/01/2008	TRANSAMERICA LIFE INS CO	IA	YRT / I	AXXX	5,641,159	46,391	39,732	69,444				
86231	39-0989781	04/01/2008	TRANSAMERICA LIFE INS CO	IA	YRT / I	XXXL	1,705,289,605	3,891,917	3,890,780	3,486,143				
86231	39-0989781	04/01/2008	TRANSAMERICA LIFE INS CO	IA	YRT / I	OL	6,908,353	25,965	17,709	31,506				
86231	39-0989781	04/01/2008	TRANSAMERICA LIFE INS CO	IA	DIS / I	OL		4,750	5,184	8,121				
0899999. General Account - Authorized U.S. Non-Affiliates							38,142,641,165	372,334,641	389,588,251	67,468,027				
1099999. Total General Account - Authorized Non-Affiliates							38,142,641,165	372,334,641	389,588,251	67,468,027				
1199999. Total General Account Authorized							38,142,641,165	372,334,641	389,588,251	67,468,027				
1499999. Total General Account - Unauthorized U.S. Affiliates														
1799999. Total General Account - Unauthorized Non-U.S. Affiliates														
1899999. Total General Account - Unauthorized Affiliates														
00000	AA-1440076	10/01/2000	SIRIUS INTERNATIONAL INSURANCE COMPANY LTD	SWE	YRT / I	OL	2,645,690	16,158	14,590	22,008				
2099999. General Account - Unauthorized Non-U.S. Non-Affiliates							2,645,690	16,158	14,590	22,008				
2199999. Total General Account - Unauthorized Non-Affiliates							2,645,690	16,158	14,590	22,008				
2299999. Total General Account Unauthorized							2,645,690	16,158	14,590	22,008				
2599999. Total General Account - Certified U.S. Affiliates														
2899999. Total General Account - Certified Non-U.S. Affiliates														
2999999. Total General Account - Certified Affiliates														
3299999. Total General Account - Certified Non-Affiliates														
3399999. Total General Account Certified														
3499999. Total General Account Authorized, Unauthorized and Certified							38,145,286,855	372,350,799	389,602,841	67,490,035				
3799999. Total Separate Accounts - Authorized U.S. Affiliates														
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates														
4199999. Total Separate Accounts - Authorized Affiliates														
4499999. Total Separate Accounts - Authorized Non-Affiliates														
4599999. Total Separate Accounts Authorized														
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates														
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates														
5299999. Total Separate Accounts - Unauthorized Affiliates														
5599999. Total Separate Accounts - Unauthorized Non-Affiliates														
5699999. Total Separate Accounts Unauthorized														
5999999. Total Separate Accounts - Certified U.S. Affiliates														
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates														
6399999. Total Separate Accounts - Certified Affiliates														
6699999. Total Separate Accounts - Certified Non-Affiliates														
6799999. Total Separate Accounts Certified														
6899999. Total Separate Accounts Authorized, Unauthorized and Certified														
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							38,142,641,165	372,334,641	389,588,251	67,468,027				
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							2,645,690	16,158	14,590	22,008				
9999999 - Totals							38,145,286,855	372,350,799	389,602,841	67,490,035				

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11	12		
										Current Year	Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates													
0699999. Total General Account - Authorized Non-U.S. Affiliates													
0799999. Total General Account - Authorized Affiliates													
86258	13-2572994	07/01/1999	GENERAL RE LIFE CORP	CT	CAT/I	LTC	1,654,936	649,511	36,006,312				
66346	58-0828824	02/01/1988	MUNICH AMER REASSUR CORP	GA	CAT/I	OH	1,178,545	353,752	6,412,703				
82627	06-0839705	08/01/1997	SWISS RE LIFE & HLTH AMER INC	MO	OTH/I	OH	6,073	3,032	23,693				
93572	43-1235868	09/01/1995	RGA REINS CO	MO	CAT/G	LTC	1,055,769		3,747,066				
0899999. General Account - Authorized U.S. Non-Affiliates							3,895,323	1,006,295	46,189,774				
1099999. Total General Account - Authorized Non-Affiliates							3,895,323	1,006,295	46,189,774				
1199999. Total General Account Authorized							3,895,323	1,006,295	46,189,774				
1499999. Total General Account - Unauthorized U.S. Affiliates													
1799999. Total General Account - Unauthorized Non-U.S. Affiliates													
1899999. Total General Account - Unauthorized Affiliates													
2199999. Total General Account - Unauthorized Non-Affiliates													
2299999. Total General Account Unauthorized													
2599999. Total General Account - Certified U.S. Affiliates													
2899999. Total General Account - Certified Non-U.S. Affiliates													
2999999. Total General Account - Certified Affiliates													
3299999. Total General Account - Certified Non-Affiliates													
3399999. Total General Account Certified													
3499999. Total General Account Authorized, Unauthorized and Certified							3,895,323	1,006,295	46,189,774				
3799999. Total Separate Accounts - Authorized U.S. Affiliates													
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates													
4199999. Total Separate Accounts - Authorized Affiliates													
4499999. Total Separate Accounts - Authorized Non-Affiliates													
4599999. Total Separate Accounts Authorized													
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates													
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates													
5299999. Total Separate Accounts - Unauthorized Affiliates													
5599999. Total Separate Accounts - Unauthorized Non-Affiliates													
5699999. Total Separate Accounts Unauthorized													
5999999. Total Separate Accounts - Certified U.S. Affiliates													
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates													
6399999. Total Separate Accounts - Certified Affiliates													
6699999. Total Separate Accounts - Certified Non-Affiliates													
6799999. Total Separate Accounts Certified													
6899999. Total Separate Accounts Authorized, Unauthorized and Certified													
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							3,895,323	1,006,295	46,189,774				
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 - Totals							3,895,323	1,006,295	46,189,774				

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols.5+6+7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999. Total General Account - Life and Annuity U.S. Affiliates									XXX					
0699999. Total General Account - Life and Annuity Non-U.S. Affiliates									XXX					
0799999. Total General Account - Life and Annuity Affiliates									XXX					
...00000	AA-1440076	10/01/2000	SIRIUS INTL INS CORP	16,158			16,158	16,158	8282					16,158
0999999. General Account - Life and Annuity Non-U.S. Non-Affiliates				16,158			16,158	16,158	XXX					16,158
1099999. Total General Account - Life and Annuity Non-Affiliates				16,158			16,158	16,158	XXX					16,158
1199999. Total General Account Life and Annuity				16,158			16,158	16,158	XXX					16,158
1499999. Total General Account - Accident and Health U.S. Affiliates									XXX					
1799999. Total General Account - Accident and Health Non-U.S. Affiliates									XXX					
1899999. Total General Account - Accident and Health Affiliates									XXX					
2199999. Total General Account - Accident and Health Non-Affiliates									XXX					
2299999. Total General Account Accident and Health									XXX					
2399999. Total General Account				16,158			16,158	16,158	XXX					16,158
2699999. Total Separate Accounts - U.S. Affiliates									XXX					
2999999. Total Separate Accounts - Non-U.S. Affiliates									XXX					
3099999. Total Separate Accounts - Affiliates									XXX					
3399999. Total Separate Accounts - Non-Affiliates									XXX					
3499999. Total Separate Accounts									XXX					
3599999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)									XXX					
3699999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)				16,158			16,158	16,158	XXX					16,158
9999999 - Totals				16,158			16,158	16,158	XXX					16,158

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
	8282	1	021000089	CITIBANK, N.A.	16,158

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 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	71,385	69,819	68,174	62,622	62,425
2. Commissions and reinsurance expense allowances	4,733	4,907	5,310	5,133	5,704
3. Contract claims	76,275	65,841	68,999	58,040	54,652
4. Surrender benefits and withdrawals for life contracts	462	329	297	3,889	646
5. Dividends to policyholders and refunds to members					
6. Reserve adjustments on reinsurance ceded					
7. Increase in aggregate reserve for life and accident and health contracts	(14,398)	(8,347)	(772)	(1,570)	7,270
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	17,054	16,596	16,339	15,404	16,667
9. Aggregate reserves for life and accident and health contracts	419,547	433,945	442,293	443,065	444,635
10. Liability for deposit-type contracts					
11. Contract claims unpaid	8,780	11,623	9,383	8,131	12,203
12. Amounts recoverable on reinsurance	13,022	13,746	6,848	6,967	5,741
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends and refunds to members (not included in Line 10)					
15. Commissions and reinsurance expense allowances due	1,182	1,218	1,317	1,300	1,589
16. Unauthorized reinsurance offset					
17. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)	16	15	25	23	21
20. Trust agreements (T)					
21. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust					
23. Funds deposited by and withheld from (F)					
24. Letters of credit (L)					
25. Trust agreements (T)					
26. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	3,618,814,719		3,618,814,719
2. Reinsurance (Line 16)	14,204,841	(14,204,841)	
3. Premiums and considerations (Line 15)	156,323,514	17,054,355	173,377,869
4. Net credit for ceded reinsurance	XXX	425,477,044	425,477,044
5. All other admitted assets (balance)	57,387,671		57,387,671
6. Total assets excluding Separate Accounts (Line 26)	3,846,730,745	428,326,558	4,275,057,304
7. Separate Account assets (Line 27)	828,033,016		828,033,016
8. Total assets (Line 28)	4,674,763,761	428,326,558	5,103,090,320
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	3,367,592,590	419,546,868	3,787,139,458
10. Liability for deposit-type contracts (Line 3)	153,503,837		153,503,837
11. Claim reserves (Line 4)	26,153,510	8,779,691	34,933,200
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)	74		74
13. Premium & annuity considerations received in advance (Line 8)	1,779,293		1,779,293
14. Other contract liabilities (Line 9)	17,422,242		17,422,242
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)			
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)			
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)			
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)			
19. All other liabilities (balance)	76,457,012		76,457,012
20. Total liabilities excluding Separate Accounts (Line 26)	3,642,908,558	428,326,558	4,071,235,116
21. Separate Account liabilities (Line 27)	828,033,016		828,033,016
22. Total liabilities (Line 28)	4,470,941,574	428,326,558	4,899,268,132
23. Capital & surplus (Line 38)	203,822,187	XXX	203,822,187
24. Total liabilities, capital & surplus (Line 39)	4,674,763,761	428,326,558	5,103,090,320
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	419,546,868		
26. Claim reserves	8,779,691		
27. Policyholder dividends/reserves			
28. Premium & annuity considerations received in advance			
29. Liability for deposit-type contracts			
30. Other contract liabilities			
31. Reinsurance ceded assets	14,204,841		
32. Other ceded reinsurance recoverables			
33. Total ceded reinsurance recoverables	442,531,399		
34. Premiums and considerations	17,054,355		
35. Reinsurance in unauthorized companies			
36. Funds held under reinsurance treaties with unauthorized reinsurers			
37. Reinsurance with Certified Reinsurers			
38. Funds held under reinsurance treaties with Certified Reinsurers			
39. Other ceded reinsurance payables/offsets			
40. Total ceded reinsurance payable/offsets	17,054,355		
41. Total net credit for ceded reinsurance	425,477,044		

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	6,155,177	55,331	19,058	22,554		6,252,121
2.	Alaska	AK	86,558					86,558
3.	Arizona	AZ	3,173,060	242,525	14,369	7,775		3,437,728
4.	Arkansas	AR	3,333,476	592,205	11,345			3,937,025
5.	California	CA	8,254,887	631,438	3,502	1,803		8,891,630
6.	Colorado	CO	3,128,034	312,484	12,836	4,927		3,458,281
7.	Connecticut	CT	1,399,106	12,500	2,420			1,414,026
8.	Delaware	DE	535,342	17,600	2,091	1,446		556,479
9.	District of Columbia	DC	218,857			4,245		223,103
10.	Florida	FL	8,348,381	357,920	11,514	142,317		8,860,132
11.	Georgia	GA	17,210,649	251,505	61,043	259,512		17,782,709
12.	Hawaii	HI	92,619	32,000				124,619
13.	Idaho	ID	1,304,866	155,011	3,363			1,463,240
14.	Illinois	IL	19,940,606	4,763,208	212,725	129,433	85,713	25,131,685
15.	Indiana	IN	19,572,159	1,525,982	161,962	49,090		21,309,194
16.	Iowa	IA	13,125,117	7,043,886	50,612	37,875	175,000	20,432,490
17.	Kansas	KS	4,525,012	192,144	8,350	13,684		4,739,190
18.	Kentucky	KY	11,390,650	67,753	65,332	128,087		11,651,822
19.	Louisiana	LA	1,402,640	77,388	1,166			1,481,194
20.	Maine	ME	252,265					252,265
21.	Maryland	MD	4,097,133	564,564	28,810	11,823		4,702,329
22.	Massachusetts	MA	1,371,460		501	13,636		1,385,597
23.	Michigan	MI	15,913,155	2,524,354	217,014	159,471	50,848	18,864,843
24.	Minnesota	MN	11,034,845	6,092,700	53,100	17,707		17,198,353
25.	Mississippi	MS	1,126,607	300	1,240			1,128,147
26.	Missouri	MO	9,970,588	952,390	26,373	22,681		10,972,032
27.	Montana	MT	2,364,341	1,510	4,883			2,370,733
28.	Nebraska	NE	2,772,881	451,893	17,920			3,242,694
29.	Nevada	NV	587,481	4,535	8,338			600,354
30.	New Hampshire	NH	632,759	32,000	3,021	1,618		669,398
31.	New Jersey	NJ	1,551,070	50,300				1,601,370
32.	New Mexico	NM	582,371	188,716	517	9,795		781,399
33.	New York	NY	454,011	12,400	1,584			467,995
34.	North Carolina	NC	15,129,469	1,305,572	83,685	132,654		16,651,380
35.	North Dakota	ND	1,714,047		3,593			1,717,640
36.	Ohio	OH	51,789,065	1,700,760	415,515	739,733		54,645,073
37.	Oklahoma	OK	1,449,829		7,460			1,457,290
38.	Oregon	OR	2,186,002	15,016	765			2,201,784
39.	Pennsylvania	PA	23,073,343	1,129,512	206,408	108,876		24,518,138
40.	Rhode Island	RI	143,387					143,387
41.	South Carolina	SC	5,192,369	7,118	29,179	66,133		5,294,799
42.	South Dakota	SD	1,714,908	457,440	4,164			2,176,512
43.	Tennessee	TN	11,479,319	4,624,544	105,639	43,509		16,253,010
44.	Texas	TX	11,667,208	744,296	19,668	12,727		12,443,899
45.	Utah	UT	1,919,163	28,671	22,505			1,970,340
46.	Vermont	VT	484,851	11,477	2,658			498,986
47.	Virginia	VA	5,516,712	161,173	42,914	42,489		5,763,288
48.	Washington	WA	3,558,120	348,859	(36,728)	5,143		3,875,395
49.	West Virginia	WV	2,887,492	53,597	23,796	9,168		2,974,053
50.	Wisconsin	WI	10,499,761	1,679,360	105,993	130,692		12,415,807
51.	Wyoming	WY	467,830		3,019			470,849
52.	American Samoa	AS						
53.	Guam	GU	885					885
54.	Puerto Rico	PR	7,692					7,692
55.	U.S. Virgin Islands	VI	12,209					12,209
56.	Northern Mariana Islands	MP						
57.	Canada	CAN	40,558					40,558
58.	Aggregate Other Alien	OT	72,140					72,140
59.	Total		326,914,521	39,473,940	2,045,220	2,330,605	311,561	371,075,847

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0244	CINCINNATI INS GRP	.00000	31-0746871		0000020286	NASDAQ	CINCINNATI FINANCIAL CORPORATION	.OH	UIP	CINCINNATI FINANCIAL CORPORATION	Board of Directors		BOARD	.N	
.0244	CINCINNATI INS GRP	.10677	31-0542366		0001279885		THE CINCINNATI INSURANCE COMPANY	.OH	UDP	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.76236	31-1213778		0001279887		THE CINCINNATI LIFE INSURANCE COMPANY	.OH	.RE	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.28665	31-0826946		0001279888		THE CINCINNATI CASUALTY COMPANY	.OH	.IA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.23280	31-1241230		0001279886		THE CINCINNATI INDEMNITY COMPANY	.OH	.IA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
							THE CINCINNATI SPECIALTY UNDERWRITERS INSURANCE COMPANY	.DE	.IA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.13037	65-1316588		0001426763		CFC INVESTMENT COMPANY	.OH	.NIA	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000	31-0790388		0001534469		CSU PRODUCER RESOURCES, INC	.OH	.NIA	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000	11-3823180				CLIC BP INVESTMENTS B, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000	81-1908205				CLIC BP INVESTMENTS H, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000	81-4633687				CLIC DS INVESTMENTS I, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000	81-3640769				CLIC WSD INVESTMENTS I, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000	82-1587731				CLIC UPTOWN INVESTMENTS I, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000	82-3254447				CLIC DISTRICT INVESTMENTS I, LLC	.OH	.NIA	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000	83-5173506				CIC UPTOWN INVESTMENTS I, LLC	.OH	.NIA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000	83-1627569				CIC DANAMONT INVESTMENTS I, LLC	.OH	.NIA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000	32-0613415				CIC ICON INVESTMENTS I, LLC	.OH	.NIA	THE CINCINNATI INSURANCE COMPANY	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000	98-1489371				CINCINNATI GLOBAL UNDERWRITING LTD.	.GBR	.NIA	CINCINNATI FINANCIAL CORPORATION	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 1 LIMITED	.GBR	.IA	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 2 LIMITED	.GBR	.IA	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 3 LIMITED	.GBR	.IA	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 4 LIMITED	.GBR	.IA	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 5 LIMITED	.GBR	.IA	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL DEDICATED NO 6 LIMITED	.GBR	.IA	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
							CINCINNATI GLOBAL UNDERWRITING AGENCY LIMITED								
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL UNDERWRITING LTD.	.GBR	.NIA	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	
.0244	CINCINNATI INS GRP	.00000					CINCINNATI GLOBAL UNDERWRITING SERVICES LIMITED	.GBR	.NIA	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership	100.000	CINCINNATI FINANCIAL CORPORATION	.N	

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	31-0746871	CINCINNATI FINANCIAL CORPORATION	625,000,000								625,000,000	
10677	31-0542366	THE CINCINNATI INSURANCE COMPANY	(570,000,000)	(7,624,695)				98,384,335			(479,240,360)	(847,718,671)
76236	31-1213778	THE CINCINNATI LIFE INSURANCE COMPANY										
28665	31-0826946	THE CINCINNATI CASUALTY COMPANY										508,372,259
23280	31-1241230	THE CINCINNATI INDEMNITY COMPANY						(98,384,335)			(98,384,335)	337,665,511
13037	65-1316588	THE CINCINNATI SPECIALTY UNDERWRITERS INSURANCE COMPANY	(55,000,000)				(79,058,613)				(134,058,613)	1,680,901
00000	31-0790388	CFC INVESTMENT COMPANY										
00000	11-3823180	CSU PRODUCER RESOURCES, INC					79,058,613				79,058,613	
00000	81-1908205	CLIC BP INVESTMENTS B, LLC										
00000	81-3640769	CLIC DS INVESTMENTS I, LLC										
00000	81-4633687	CLIC BP INVESTMENTS H, LLC										
00000	82-1587731	CLIC WSD INVESTMENTS I, LLC										
00000	82-3254447	CLIC UPTOWN INVESTMENTS I, LLC										
00000	82-5173506	CLIC DISTRICT INVESTMENTS I, LLC										
00000	83-1627569	CIC UPTOWN INVESTMENTS I, LLC		5,761,109							5,761,109	
00000	98-1489371	CINCINNATI GLOBAL UNDERWRITING, INC										
00000		CINCINNATI GLOBAL DEDICATED NO 1 LIMITED										
00000		CINCINNATI GLOBAL DEDICATED NO 2 LIMITED										
00000		CINCINNATI GLOBAL DEDICATED NO 3 LIMITED										
00000		CINCINNATI GLOBAL DEDICATED NO 4 LIMITED										
00000		CINCINNATI GLOBAL DEDICATED NO 5 LIMITED										
00000		CINCINNATI GLOBAL DEDICATED NO 6 LIMITED										
00000		CINCINNATI GLOBAL UNDERWRITING AGENCY LIMITED										
00000		CINCINNATI GLOBAL UNDERWRITING SERVICES LIMITED										
00000	61-1936938	CIC DANAMONT INVESTMENTS I, LLC		1,863,586							1,863,586	
00000	32-0613415	CIC ICON INVESTMENTS I, LLC										
9999999 Control Totals									XXX			

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? (Not applicable to fraternal benefit societies)	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? (Not applicable to fraternal benefit societies)	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 **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.** 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? (Not applicable to fraternal benefit societies) ...	NO
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
16. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	YES
18. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	YES
26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI 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? (Not applicable to fraternal benefit societies)	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?	YES
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 Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies) ...	NO
44.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
45.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
46.	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?	SEE EXPLANATION
47.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
48.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
49.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
50.	Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:		
12.		
14.		
18.		
19.		
20.		
21.		
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27.		
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36.		
37.		
38.		
39.		
43.		
45.	EXEMPTION WAIVER RECEIVED FROM THE STATE OF OHIO DUE TO THE LIMITED NUMBER OF POLICIES COVERED BY THE EXHIBIT	
46.	EXEMPTION WAIVER RECEIVED FROM THE STATE OF OHIO DUE TO THE LIMITED NUMBER OF POLICIES COVERED BY THE EXHIBIT	
47.		
49.		
Bar Codes:		
12.	SIS Stockholder Information Supplement [Document Identifier 420]	
14.	Trusted Surplus Statement [Document Identifier 490]	
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]	
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]	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

24.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]	 7 6 2 3 6 2 0 1 9 4 4 9 0 0 0 0 0
26.	C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]	 7 6 2 3 6 2 0 1 9 4 5 1 0 0 0 0 0
27.	Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]	 7 6 2 3 6 2 0 1 9 4 5 2 0 0 0 0 0
28.	Modified Guaranteed Annuity Model Regulation [Document Identifier 453]	 7 6 2 3 6 2 0 1 9 4 5 3 0 0 0 0 0
29.	Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII [Document Identifier 436]	 7 6 2 3 6 2 0 1 9 4 3 6 0 0 0 0 0
30.	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII [Document Identifier 437]	 7 6 2 3 6 2 0 1 9 4 3 7 0 0 0 0 0
31.	Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII [Document Identifier 438]	 7 6 2 3 6 2 0 1 9 4 3 8 0 0 0 0 0
32.	Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII [Document Identifier 439]	 7 6 2 3 6 2 0 1 9 4 3 9 0 0 0 0 0
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]	 7 6 2 3 6 2 0 1 9 4 5 4 0 0 0 0 0
34.	Workers' Compensation Carve-Out Supplement [Document Identifier 495]	 7 6 2 3 6 2 0 1 9 4 9 5 0 0 0 0 0
36.	Medicare Part D Coverage Supplement [Document Identifier 365]	 7 6 2 3 6 2 0 1 9 3 6 5 0 0 0 0 0
37.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 7 6 2 3 6 2 0 1 9 2 2 4 0 0 0 0 0
38.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 7 6 2 3 6 2 0 1 9 2 2 5 0 0 0 0 0
39.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 7 6 2 3 6 2 0 1 9 2 2 6 0 0 0 0 0
43.	Credit Insurance Experience Exhibit [Document Identifier 230]	 7 6 2 3 6 2 0 1 9 2 3 0 0 0 0 0 0
47.	Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]	 7 6 2 3 6 2 0 1 9 4 3 5 0 0 0 0 0
49.	Variable Annuities Supplement [Document Identifier 286]	 7 6 2 3 6 2 0 1 9 2 8 6 0 0 0 0 0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
2504. AGENTS' BALANCES	34,111	34,111		
2505. RECEIVABLES CLEARING	71,854	12,938	58,915	60,506
2597. Summary of remaining write-ins for Line 25 from overflow page	105,965	47,050	58,915	60,506

Additional Write-ins for Liabilities Line 25

	1 Current Year	2 Prior Year
2504. LLC GUARANTEE	64,625	42,750
2597. Summary of remaining write-ins for Line 25 from overflow page	64,625	42,750

Additional Write-ins for Schedule T Line 58

	1 Active Status	Direct Business Only					
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5	7 Deposit-Type Contracts
		2 Life Insurance Premiums	3 Annuity Considerations				
States, Etc.							
58004. CHN China	XXX	787				787	
58005. FIN Finland	XXX	671				671	
58006. FRA France	XXX	12,597				12,597	
58007. DEU Germany	XXX	490				490	
58008. GRC Greece	XXX	9,178				9,178	
58009. IRL Ireland	XXX	728				728	
58010. ISR Israel	XXX	2,008				2,008	
58011. ITA Italy	XXX	501				501	
58012. JPN Japan	XXX	4,489				4,489	
58013. MEX Mexico	XXX	2,709				2,709	
58014. PHL Philippines	XXX	3,977				3,977	
58015. POL Poland	XXX	778				778	
58016. ESP Spain	XXX	1,232				1,232	
58017. CHE Switzerland	XXX	3,943				3,943	
58018. TWN Taiwan, Republic of China	XXX	532				532	
58019. GBR United Kingdom	XXX	12,416				12,416	
58997. Summary of remaining write-ins for Line 58 from overflow page	XXX	57,034				57,034	



SUPPLEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF California.....
NAIC Group Code 0244..... NAIC Company Code 76236.....
ADDRESS (City, State and Zip Code) FAIRFIELD , OH 45014-5141.....
Person Completing This Exhibit ELAINE MACKAY.....
Title SECRETARY & ACTUARY..... Telephone Number 513-870-2000.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										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
YES.....	1588/1590.....	P.....	YES.....	0034000.....				01/01/1989.....	MEDICARE SUPPLEMENT POLICY.....	(407).....	243.....	(59.7).....	1.....				
0199999. Total Experience on Individual Policies										(407).....	243.....	(59.7).....	1.....				

GENERAL INTERROGATORIES

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

2.1 Address: P.O. BOX 145496 CINCINNATI , OH 45260-5496

2.2 Contact Person and Phone Number: ANN BINZER 513-870-2282
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: P.O. BOX 145496 CINCINNATI , OH 45260-5496

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



SUPPLEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF Florida.....
NAIC Group Code 0244..... NAIC Company Code 76236.....
ADDRESS (City, State and Zip Code) FAIRFIELD , OH 45014-5141.....
Person Completing This Exhibit ELAINE MACKAY.....
Title SECRETARY & ACTUARY..... Telephone Number 513-870-2000.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										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
YES.....	1588/1590.....	P.....	YES.....	0034000.....				01/01/1989.....	MEDICARE SUPPLEMENT POLICY.....	738.....	25.....	3.4.....	1.....				
0199999. Total Experience on Individual Policies										738.....	25.....	3.4.....	1.....				

GENERAL INTERROGATORIES

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

2.1 Address: P.O. BOX 145496 CINCINNATI , OH 45250-5496

2.2 Contact Person and Phone Number: ANN BINZER 513-870-2282
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: P.O. BOX 145496 CINCINNATI , OH 45250-5496

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



SUPPLEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF Illinois.....
NAIC Group Code 0244 NAIC Company Code 76236
ADDRESS (City, State and Zip Code) FAIRFIELD , OH 45014-5141
Person Completing This Exhibit ELAINE MACKEY
Title SECRETARY & ACTUARY Telephone Number 513-870-2000

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										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
YES.....	6655.....	P.....	YES.....	0034000.....	03/20/1987.....			01/01/1989.....	MEDICARE SUPPLEMENT POLICY.....	(379).....	3,815.....	(1,006.6).....					
0199999. Total Experience on Individual Policies										(379).....	3,815.....	(1,006.6).....					

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF Ohio.....
NAIC Group Code 0244 NAIC Company Code 76236
ADDRESS (City, State and Zip Code) FAIRFIELD , OH 45014-5141
Person Completing This Exhibit ELAINE MACKEY
Title SECRETARY & ACTUARY Telephone Number 513-870-2000

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										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
YES.....	6655.....	P.....	YES.....	0034000.....	02/27/1987.....	.....	.....	01/01/1989.....	MEDICARE SUPPLEMENT POLICY.....	1,048.....	.....	.....	1.....	.....	.....	.....	.....
0199999. Total Experience on Individual Policies										1,048.....	.....	.....	1.....	.....	.....	.....	.....
.....																	

GENERAL INTERROGATORIES

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

2.1 Address: P.O. BOX 145496 CINCINNATI , OH 45250-5496

2.2 Contact Person and Phone Number: ANN BINZER 513-870-2282
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: P.O. BOX 145496 CINCINNATI , OH 45250-5496

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



SUPPLEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

VM-20 RESERVES SUPPLEMENT – PART 1

Life Insurance Reserves Valued According to VM-20 by Product Type
For The Year Ended December 31, 2019
(To Be Filed by March 1)
(\$000 Omitted Except for Number of Policies)

NAIC Group Code 0244

NAIC Company Code 76236

	Prior Year	Current Year													
	1	2	3	SECTION A					SECTION B				SECTION C		
	Reported Reserve	Reported Reserve	Deferred Premium Asset	4 Net Premium Reserve	5 Deterministic Reserve	6 Stochastic Reserve	7 Number of Policies	8 Face Amount	9 Net Premium Reserve	10 Deterministic Reserve	11 Number of Policies	12 Face Amount	13 Net Premium Reserve	14 Number of Policies	15 Face Amount
1. Post-Reinsurance-Ceded Reserve															
1.1. Term Life Insurance	17,247	31,689	15,915				XXX	XXX	31,689	(41,966)	XXX	XXX	XXX	XXX	XXX
1.2. Universal Life With Secondary Guarantee ..		159					XXX	XXX	54	159	XXX	XXX		XXX	XXX
1.3. Non-Participating Whole Life	1,191	4,335	703				XXX	XXX			XXX	XXX	4,335	XXX	XXX
1.4. Participating Whole Life							XXX	XXX			XXX	XXX		XXX	XXX
1.5. Universal Life Without Secondary Guarantee							XXX	XXX			XXX	XXX		XXX	XXX
1.6. Variable Universal Life							XXX	XXX			XXX	XXX		XXX	XXX
1.7. Variable Life							XXX	XXX			XXX	XXX		XXX	XXX
1.8. Indexed Life							XXX	XXX			XXX	XXX		XXX	XXX
1.9. Aggregate Write-Ins for Other Products							XXX	XXX			XXX	XXX		XXX	XXX
2. Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9)	18,438	36,184	16,617	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. Pre-Reinsurance-Ceded Reserve															
3.1. Term Life Insurance	18,434	33,937	15,915						33,937	(39,718)	51,898	21,227,570	XXX		
3.2. Universal Life With Secondary Guarantee ..		159							54	159	172	23,112			
3.3. Non-Participating Whole Life	1,226	4,409	703										4,409	9,607	351,873
3.4. Participating Whole Life															
3.5. Universal Life Without Secondary Guarantee															
3.6. Variable Universal Life															
3.7. Variable Life															
3.8. Indexed Life															
3.9. Aggregate Write-Ins for Other Products															
4. Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through 3.9)	19,660	38,505	16,617	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. Total Reserves Ceded (Line 4 minus Line 2)	1,222	2,321	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
DETAILS OF WRITE-INS															
1.901.							XXX	XXX			XXX	XXX		XXX	XXX
1.902.							XXX	XXX			XXX	XXX		XXX	XXX
1.903.							XXX	XXX			XXX	XXX		XXX	XXX
1.998. Summary of remaining write-ins for Line 1.9 from overflow page							XXX	XXX			XXX	XXX		XXX	XXX
1.999. Totals (Lines 1.901 thru 1.903 plus 1.998) (Line 1.9 above)							XXX	XXX			XXX	XXX		XXX	XXX
3.901.															
3.902.															
3.903.															
3.998. Summary of remaining write-ins for Line 3.9 from overflow page															
3.999. Totals (Lines 3.901 thru 3.903 plus 3.998) (Line 3.9 above)															

VM-20 RESERVES SUPPLEMENT – PART 2

Reserves for Policies Not Based on VM-20 as a Result of the Three-Year Transition Period
For The Year Ended December 31, 2019
(To Be Filed by March 1)
(\$000 Omitted Except for Number of Policies)

Three-Year Transition Period						
	Prior Year		Current Year			
	1	2	3	4	5	6
	Gross Reserve	Net Reserve	Gross Reserve	Net Reserve	Number of Policies	Face Amount
1. Life Insurance Reserves						
1.1. Term Life	19,209	18,990	29,386	29,120	11,070	2,779,499
1.2. Universal Life With Secondary Guarantee	23,677	23,591	30,824	30,706	1,482	335,292
1.3. Non-Participating Whole Life	8,421	8,323	14,472	14,348	15,518	488,068
1.4. Participating Whole Life						
1.5. Universal Life Without Secondary Guarantee	1,431	1,127	3,306	2,881	1,425	203,084
1.6. Variable Universal Life						
1.7. Variable Life						
1.8. Indexed Life						
1.9. Aggregate Write-Ins for Other Products						
2. Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9)	52,738	52,031	77,989	77,055	29,495	3,805,943
DETAILS OF WRITE-INS						
1.901.						
1.902.						
1.903.						
1.998. Summary of remaining write-ins for Line 1.9 from overflow page						
1.999. Totals (Lines 1.901 thru 1.903 plus 1.998) (Line 1.9 above)						

VM-20 RESERVES SUPPLEMENT – PART 3

Life PBR Exemption
For The Year Ended December 31, 2019
(To Be Filed by March 1)

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

SUPPLEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

VM-20 RESERVES SUPPLEMENT – PART 4

Other Exclusions from Life PBR
For The Year Ended December 31, 2019
(To Be Filed by March 1)

- 1A.

Has the company filed and been granted a Single State Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile?

Yes [] No [X]
- 1B.

If the answer to question 1A is “Yes” please discuss any business not covered under the Single State Exemption.

.....
- 2A.

If the answer to question 1A is "Yes", does the company have risks for policies issued outside its state of domicile?

Yes [] No []
- 2B.

If the answer to question 2A is “Yes” please discuss the risks for policies issued outside the state of domicile, how those risks came to be a responsibility of the company, and why the company would still be considered a Single State Company with such risks.

.....
3.

Is all of the company's individual ordinary life insurance business excluded from the requirements of VM-20 pursuant to Section II.B of the Valuation Manual?

Yes [] No [X]



SUPPLEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2019
(To Be Filed by March 1)

Of The Cincinnati Life Insurance Company
ADDRESS (City, State and Zip Code) FAIRFIELD , OH 45014-5141
NAIC Group Code 0244 NAIC Company Code 76236 Employer's Identification Number (FEIN) 31-1213778

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred		Cumulative Net Amounts Paid Policyholders				
		1 2015	2 2016	3 2017	4 2018	5 2019(a)
1.	Prior	790	571	473	282	261
2.	2015	179	326	270	161	149
3.	2016	XXX	186	154	.92	.85
4.	2017	XXX	XXX	322	192	178
5.	2018	XXX	XXX	XXX	137	127
6.	2019	XXX	XXX	XXX	XXX	192

Section B - Other Accident and Health

1.	Prior	284	164	162	196	138
2.	2015	552	110	.30	.5	(.1)
3.	2016	XXX	546	.44	.3	.3
4.	2017	XXX	XXX	451	111	.2
5.	2018	XXX	XXX	XXX	487	.78
6.	2019	XXX	XXX	XXX	XXX	394

Section C - Credit Accident and Health

1.	Prior					
2.	2015					
3.	2016	XXX				
4.	2017	XXX				
5.	2018	XXX	XXX	XXX		
6.	2019	XXX	XX	XXX	XXX	

Section D -

1.	Prior					
2.	2015					
3.	2016	XXX				
4.	2017	XXX				
5.	2018	XXX	XXX	XXX		
6.	2019	XXX	XX	XXX	XXX	

Section E -

1.	Prior					
2.	2015					
3.	2016	XXX				
4.	2017	XXX				
5.	2018	XXX	XXX	XXX		
6.	2019	XXX	XX	XXX	XXX	

Section F -

1.	Prior					
2.	2015					
3.	2016	XXX				
4.	2017	XXX				
5.	2018	XXX	XXX	XXX		
6.	2019	XXX	XX	XXX	XXX	

Section G -

1.	Prior					
2.	2015					
3.	2016	XXX				
4.	2017	XXX				
5.	2018	XXX	XXX	XXX		
6.	2019	XXX	XX	XXX	XXX	

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

Supplement Schedule O - Part 2 Section A
N O N E

Supplement Schedule O - Part 2 Section B
N O N E

Supplement Schedule O - Part 2 Section C
N O N E

Supplement Schedule O - Part 2 Section D
N O N E

Supplement Schedule O - Part 2 Section E
N O N E

Supplement Schedule O - Part 2 Section F
N O N E

Supplement Schedule O - Part 2 Section G
N O N E

SUPPLEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred		Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	2015	1,224	1,118	1,600	XXX	XXX
2.	2016	XXX	1,111	1,475	1,065	XXX
3.	2017	XXX	XXX	1,106	741	946
4.	2018	XXX	XXX	XXX	867	1,325
5.	2019	XXX	XXX	XXX	XXX	902

Section B - Other Accident and Health

1.	2015	1,366	1,079	1,103	XXX	XXX
2.	2016	XXX	1,327	1,402	1,226	XXX
3.	2017	XXX	XXX	1,218	964	514
4.	2018	XXX	XXX	XXX	1,379	1,008
5.	2019	XXX	XXX	XXX	XXX	1,289

Section C - Credit Accident and Health

1.	2015				XXX	XXX
2.	2016	XXX				XXX
3.	2017	XXX	XXX			
4.	2018	XXX		XXX		
5.	2019	XXX	XXX	XXX	XXX	

NONE

Section D -

1.	2015				XXX	XXX
2.	2016	XXX				XXX
3.	2017	XXX	XXX			
4.	2018	XXX		XXX		
5.	2019	XXX	XXX	XXX	XXX	

NONE

Section E -

1.	2015				XXX	XXX
2.	2016	XXX				XXX
3.	2017	XXX	XXX			
4.	2018	XXX		XXX		
5.	2019	XXX	XXX	XXX	XXX	

NONE

Section F -

1.	2015				XXX	XXX
2.	2016	XXX				XXX
3.	2017	XXX	XXX			
4.	2018	XXX		XXX		
5.	2019	XXX	XXX	XXX	XXX	

NONE

Section G -

1.	2015				XXX	XXX
2.	2016	XXX				XXX
3.	2017	XXX	XXX			
4.	2018	XXX		XXX		
5.	2019	XXX	XXX	XXX	XXX	

NONE

SUPPLEMENT FOR THE YEAR 2019 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. 2015	NONE				
2. 2016					
3. 2017					
4. 2018					
5. 2019					

Section B - Other Accident and Health

1. 2015					
2. 2016	XXX				
3. 2017	XXX	XXX			
4. 2018	XXX		XXX		
5. 2019	XXX	XXX		XXX	

Section C - Group Accident and Health

1. 2015					
2. 2016	XXX				
3. 2017	XXX	XXX			
4. 2018	XXX		XXX		
5. 2019	XXX	XXX		XXX	

Section D - Group Accident and Health

1. 2015					
2. 2016	XXX				
3. 2017	XXX	XXX			
4. 2018	XXX		XXX		
5. 2019	XXX	XXX		XXX	

Section E - Group Accident and Health

1. 2015					
2. 2016	XXX				
3. 2017	XXX	XXX			
4. 2018	XXX		XXX		
5. 2019	XXX	XXX		XXX	

Section F - Group Accident and Health

1. 2015					
2. 2016	XXX				
3. 2017	XXX	XXX			
4. 2018	XXX		XXX		
5. 2019	XXX	XXX		XXX	

Section G - Group Accident and Health

1. 2015					
2. 2016	XXX				
3. 2017	XXX	XXX			
4. 2018	XXX		XXX		
5. 2019	XXX	XXX		XXX	

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business		1 Methodology	2 Amount
1. Industrial Life	OTHER		176
2. Ordinary Life	OTHER		21,464
3. Individual Annuity	OTHER		3,185
4. Supplementary Contracts			
5. Credit Life			
6. Group Life	DEVELOPMENT		179
7. Group Annuities			
8. Group Accident and Health	DEVELOPMENT		6,731
9. Credit Accident and Health			
10. Other Accident and Health	DEVELOPMENT		3,326
11. Total			35,061

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