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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 Equitable Life Insurance Company

NAIC Group Code08380838NAIC Company Code88064Employer's ID Number35-1452221  
(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/Organized10/19/1977Commenced Business07/11/1978

Statutory Home Office525 Vine Street, Suite 1925Cincinnati, OH, US 45202  
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office525 Vine Street, Suite 1925Cincinnati, OH, US 45202513-621-1826  
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail AddressP.O. BOX 3428Cincinnati, OH, US 45202-3428  
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records525 Vine Street, Suite 1925Cincinnati, OH, US 45202513-621-1826  
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.cineqlife.com

Statutory Statement ContactGregory A. Baker513-621-1826  
(Name)(Area Code) (Telephone Number)

gbaker@cineqlife.com513-621-4531  
(E-mail Address)(FAX Number)

OFFICERS

Chief Financial OfficerGregory Allen BakerTreasurerDavid Duane Baker #

SecretaryAndrew James Kok #

OTHER

Tonya Gail Crawford, V.P. Sales & Marketing

DIRECTORS OR TRUSTEES

David Howard Bahrman #	Carl Joseph Bednarski #	Douglas Elgin Darling #
Michael Allen DeRuiter #	Travis Edward Fahley #	Michael Charles Fusilier #
Andrew Kent Hagenow #	Jeffery Blair Sandborn #	Benjamin Jeffery LaCross #
Brigette Louise Leach #	Jennifer Lynn Lewis #	Patrick William McGuire #
Michael Richard Mulders #	Stephanie Lee Schafer #	Leona Mary Daniels #

State ofOhioSS:  
County ofHamilton

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

Gregory Allen Baker  
Chief Financial Officer

Andrew James Kok  
Secretary

David Duane Baker  
Treasurer

Subscribed and sworn to before me this17thday ofFebruary

a. Is this an original filing? Yes [ ] No [ X ]  
b. If no,  
1. State the amendment number.....1  
2. Date filed .....04/03/2020  
3. Number of pages attached..... 1

Richard H. Hansman Jr.

11/8/2024



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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2019

NAIC Group Code 0838

LIFE INSURANCE

NAIC Company Code 88064

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	36,824,631	0	0	0	36,824,631
2. Annuity considerations .....	156,701	0	0	0	156,701
3. Deposit-type contract funds .....	0	XXX	0	XXX	0
4. Other considerations .....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4) .....	36,981,332	0	0	0	36,981,332
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit .....	1,260	0	0	0	1,260
6.2 Applied to pay renewal premiums .....	878	0	0	0	878
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....	0	0	0	0	0
6.4 Other .....	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4) .....	2,138	0	0	0	2,138
Annuities:					
7.1 Paid in cash or left on deposit .....	0	0	0	0	0
7.2 Applied to provide paid-up annuities .....	0	0	0	0	0
7.3 Other .....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	2,138	0	0	0	2,138
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits .....	21,359,382	0	0	0	21,359,382
10. Matured endowments .....	0	0	0	0	0
11. Annuity benefits .....	170,555	0	0	0	170,555
12. Surrender values and withdrawals for life contracts .....	78,602	0	0	0	78,602
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0	0	0	0	0
14. All other benefits, except accident and health .....	9,838	0	0	0	9,838
15. Totals .....	21,618,377	0	0	0	21,618,377
DETAILS OF WRITE-INS					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. 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 .....	57	365,647	0	0	0	0	0	0	57	365,647
17. Incurred during current year .....	3,369	21,359,382	0	0	0	0	0	0	3,369	21,359,382
Settled during current year:										
18.1 By payment in full .....	3,351	21,261,212	0	0	0	0	0	0	3,351	21,261,212
18.2 By payment on compromised claims .....	18	19,115	0	0	0	0	0	0	18	19,115
18.3 Totals paid .....	3,369	21,280,327	0	0	0	0	0	0	3,369	21,280,327
18.4 Reduction by compromise .....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected .....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements .....	3,369	21,280,327	0	0	0	0	0	0	3,369	21,280,327
19. Unpaid Dec. 31, current year (16+17-18.6) .....	57	444,702	0	0	0	0	0	0	57	444,702
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....	35,944	208,929,846	0	(a) 0	0	0	0	0	35,944	208,929,846
21. Issued during year .....	7,423	43,706,355	0	0	0	0	0	0	7,423	43,706,355
22. Other changes to in force (Net) .....	(4,198)	(25,321,023)	0	0	0	0	0	0	(4,198)	(25,321,023)
23. In force December 31 of current year .....	39,169	227,315,178	0	(a) 0	0	0	0	0	39,169	227,315,178

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b) .....	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b) .....	0	0	0	0	0
24.2 Credit (Group and Individual) .....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b) .....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b) .....	0	0	0	0	0
25.2 Guaranteed renewable (b) .....	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b) .....	0	0	0	0	0
25.4 Other accident only .....	0	0	0	0	0
25.5 All other (b) .....	24,445	24,445	0	9,838	0
25.6 Totals (sum of Lines 25.1 to 25.5) .....	24,445	24,445	0	9,838	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	24,445	24,445	0	9,838	0

(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 .