



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

Richard H. Hansman Jr.

11/8/2024

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

b. If no,

1. State the amendment number.....

2. Date filed02/26/2020

3. Number of pages attached.....



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

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2019

NAIC Group Code 0838

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	8,962,469				8,962,469
2. Annuity considerations	16,713				16,713
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	8,979,182	0	0	0	8,979,182
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,606,242				4,606,242
10. Matured endowments					0
11. Annuity benefits	159,137				159,137
12. Surrender values and withdrawals for life contracts	30,742				30,742
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	4,796,121	0	0	0	4,796,121
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	15	93,072	0	0	0	0	0	0	15	93,072
17. Incurred during current year	737	4,606,242							737	4,606,242
Settled during current year:										
18.1 By payment in full	739	4,598,153							739	4,598,153
18.2 By payment on compromised claims	3	4,790							3	4,790
18.3 Totals paid	742	4,602,943	0	0	0	0	0	0	742	4,602,943
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	742	4,602,943	0	0	0	0	0	0	742	4,602,943
19. Unpaid Dec. 31, current year (16+17-18.6)	10	96,371	0	0	0	0	0	0	10	96,371
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	7,935	48,357,315	0	(a) 0	0	0	0	0	7,935	48,357,315
21. Issued during year	1,634	10,193,304							1,634	10,193,304
22. Other changes to in force (Net)	(812)	(5,108,087)							(812)	(5,108,087)
23. In force December 31 of current year	8,757	53,442,532	0	(a) 0	0	0	0	0	8,757	53,442,532

(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)					

NONE

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



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

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2019

NAIC Group Code 0838

LIFE INSURANCE

NAIC Company Code 88064

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	11,795,445				11,795,445
2. Annuity considerations	123,208				123,208
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	11,918,653	0	0	0	11,918,653
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	7,276,279				7,276,279
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	862				862
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	7,277,141	0	0	0	7,277,141
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	20	138,235	0	0	0	0	0	0	20	138,235
17. Incurred during current year	1,132	7,276,279							1,132	7,276,279
Settled during current year:										
18.1 By payment in full	1,128	7,265,387							1,128	7,265,387
18.2 By payment on compromised claims	8	5,804							8	5,804
18.3 Totals paid	1,136	7,271,191	0	0	0	0	0	0	1,136	7,271,191
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1,136	7,271,191	0	0	0	0	0	0	1,136	7,271,191
19. Unpaid Dec. 31, current year (16+17-18.6)	16	143,323	0	0	0	0	0	0	16	143,323
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	10,891	69,794,707	0	(a) 0	0	0	0	0	10,891	69,794,707
21. Issued during year	2,111	13,765,308							2,111	13,765,308
22. Other changes to in force (Net)	(1,286)	(8,454,598)							(1,286)	(8,454,598)
23. In force December 31 of current year	11,716	75,105,417	0	(a) 0	0	0	0	0	11,716	75,105,417

(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)					

NONE

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



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

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2019

NAIC Group Code 0838

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	6,455,781				6,455,781
2. Annuity considerations	15,005				15,005
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	6,470,786	0	0	0	6,470,786
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,691,759				3,691,759
10. Matured endowments					0
11. Annuity benefits	11,418				11,418
12. Surrender values and withdrawals for life contracts	12,503				12,503
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	3,715,680	0	0	0	3,715,680
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	8	42,793	0	0	0	0	0	0	8	42,793
17. Incurred during current year	326	3,691,759							326	3,691,759
Settled during current year:										
18.1 By payment in full	324	3,685,133							324	3,685,133
18.2 By payment on compromised claims	4	4,474							4	4,474
18.3 Totals paid	328	3,689,607	0	0	0	0	0	0	328	3,689,607
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	328	3,689,607	0	0	0	0	0	0	328	3,689,607
19. Unpaid Dec. 31, current year (16+17-18.6)	6	44,945	0	0	0	0	0	0	6	44,945
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	6,579	38,789,739	0	(a) 0	0	0	0	0	6,579	38,789,739
21. Issued during year	1,356	8,300,170							1,356	8,300,170
22. Other changes to in force (Net)	(758)	(4,789,201)							(758)	(4,789,201)
23. In force December 31 of current year	7,177	42,300,708	0	(a) 0	0	0	0	0	7,177	42,300,708

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

NONE



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

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2019

NAIC Group Code 0838

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	400,019				400,019
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	400,019	0	0	0	400,019
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	193,896				193,896
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	5,119				5,119
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	199,015	0	0	0	199,015
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	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	29	193,896							29	193,896
Settled during current year:										
18.1 By payment in full	29	188,896							29	188,896
18.2 By payment on compromised claims									0	0
18.3 Totals paid	29	188,896	0	0	0	0	0	0	29	188,896
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	29	188,896	0	0	0	0	0	0	29	188,896
19. Unpaid Dec. 31, current year (16+17-18.6)	0	5,000	0	0	0	0	0	0	0	5,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	203	1,148,049	0	(a) 0	0	0	0	0	203	1,148,049
21. Issued during year	87	541,547							87	541,547
22. Other changes to in force (Net)	(31)	(217,172)							(31)	(217,172)
23. In force December 31 of current year	259	1,472,424	0	(a) 0	0	0	0	0	259	1,472,424

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

NONE



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

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2019

NAIC Group Code 0838

LIFE INSURANCE

NAIC Company Code 88064

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	8,821,998				8,821,998
2. Annuity considerations	1,775				1,775
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	8,823,773	0	0	0	8,823,773
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,260				1,260
6.2 Applied to pay renewal premiums	878				878
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,138	0	0	0	2,138
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	2,138	0	0	0	2,138
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,324,886				5,324,886
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	24,831				24,831
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				9,838
15. Totals	5,359,555	0	0	0	5,359,555
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	14	81,547	0	0	0	0	0	0	14	81,547
17. Incurred during current year	1,106	5,324,886							1,106	5,324,886
Settled during current year:										
18.1 By payment in full	1,095	5,284,079							1,095	5,284,079
18.2 By payment on compromised claims	3	4,047							3	4,047
18.3 Totals paid	1,098	5,288,126	0	0	0	0	0	0	1,098	5,288,126
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1,098	5,288,126	0	0	0	0	0	0	1,098	5,288,126
19. Unpaid Dec. 31, current year (16+17-18.6)	22	118,307	0	0	0	0	0	0	22	118,307
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	9,923	47,990,363	0	(a) 0	0	0	0	0	9,923	47,990,363
21. Issued during year	2,162	10,417,165							2,162	10,417,165
22. Other changes to in force (Net)	(1,256)	(6,335,497)							(1,256)	(6,335,497)
23. In force December 31 of current year	10,829	52,072,031	0	(a) 0	0	0	0	0	10,829	52,072,031

(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)	24,445	24,445		9,838	
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 products0 and number of persons
insured under indemnity only products0 .



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

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2019

NAIC Group Code 0838

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	388,919				388,919
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	388,919	0	0	0	388,919
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	266,320				266,320
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	4,545				4,545
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	270,865	0	0	0	270,865
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	0	10,000	0	0	0	0	0	0	0	10,000
17. Incurred during current year	39	266,320							39	266,320
Settled during current year:										
18.1 By payment in full	36	239,564							36	239,564
18.2 By payment on compromised claims									0	0
18.3 Totals paid	36	239,564	0	0	0	0	0	0	36	239,564
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	36	239,564	0	0	0	0	0	0	36	239,564
19. Unpaid Dec. 31, current year (16+17-18.6)	3	36,756	0	0	0	0	0	0	3	36,756
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	413	2,849,673	0 (a)	0	0	0	0	0	413	2,849,673
21. Issued during year	73	488,861							73	488,861
22. Other changes to in force (Net)	(55)	(416,468)							(55)	(416,468)
23. In force December 31 of current year	431	2,922,066	0 (a)	0	0	0	0	0	431	2,922,066

(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)					

NONE

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



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

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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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)					
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)					

NONE

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

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

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE		1 Amount
1. Reserve as of December 31, Prior Year		786,462
2. Current year's realized pre-tax capital gains/(losses) of \$86,657 transferred into the reserve net of taxes of \$18,198		68,459
3. Adjustment for current year's liability gains/(losses) released from the reserve		0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)		854,921
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)		124,525
6. Reserve as of December 31, current year (Line 4 minus Line 5)		730,396

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	119,213	5,312	0	124,525
2. 2020	102,218	12,714	0	114,933
3. 2021	92,438	13,450	0	105,887
4. 2022	78,507	10,955	0	89,461
5. 2023	62,839	8,417	0	71,257
6. 2024	47,204	5,799	0	53,003
7. 2025	31,137	3,985	0	35,122
8. 2026	15,612	3,185	0	18,797
9. 2027	8,730	2,319	0	11,050
10. 2028	10,059	1,419	0	11,478
11. 2029	10,544	453	0	10,997
12. 2030	10,725	(9)	0	10,716
13. 2031	10,842	(3)	0	10,839
14. 2032	10,561	6	0	10,567
15. 2033	10,486	14	0	10,500
16. 2034	10,113	21	0	10,134
17. 2035	10,011	27	0	10,037
18. 2036	10,235	28	0	10,262
19. 2037	10,210	29	0	10,238
20. 2038	11,080	30	0	11,110
21. 2039	12,674	31	0	12,705
22. 2040	14,595	33	0	14,628
23. 2041	16,747	34	0	16,781
24. 2042	18,135	35	0	18,170
25. 2043	17,807	37	0	17,844
26. 2044	14,507	38	0	14,544
27. 2045	10,297	35	0	10,332
28. 2046	6,168	28	0	6,196
29. 2047	2,460	20	0	2,481
30. 2048	310	12	0	323
31. 2049 and Later	0	4	0	4
32. Total (Lines 1 to 31)	786,462	68,459	0	854,921

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

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year	881,521	0	881,521	582,639	733	583,372	1,464,893
2. Realized capital gains/(losses) net of taxes - General Account	(668)	0	(668)	(23,016)	0	(23,016)	(23,684)
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account	(5,663)	0	(5,663)		0	0	(5,663)
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic contribution	200,210	2,550	202,760	0	121	121	202,881
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	1,075,400	2,550	1,077,950	559,623	854	560,477	1,638,426
9. Maximum reserve	1,048,915	11,150	1,060,065	631,537	799	632,336	1,692,401
10. Reserve objective	618,566	8,550	627,116	631,537	388	631,924	1,259,040
11. 20% of (Line 10 - Line 8)	(91,367)	1,200	(90,167)	14,383	(93)	14,289	(75,877)
12. Balance before transfers (Lines 8 + 11)	984,033	3,750	987,783	574,006	761	574,766	1,562,549
13. Transfers		0	0	0		0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero	0	0	0	0	0	0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	984,033	3,750	987,783	574,006	761	574,766	1,562,549

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

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt Obligations	1,008,761	XXX	XXX	1,008,761	0.0000	0	0.0000	0	0.0000	0
2.	1	Highest Quality	101,911,659	XXX	XXX	101,911,659	0.0005	50,956	0.0016	163,059	0.0033	336,308
3.	2	High Quality	47,120,892	XXX	XXX	47,120,892	0.0021	98,954	0.0064	301,574	0.0106	499,481
4.	3	Medium Quality	2,497,590	XXX	XXX	2,497,590	0.0099	24,726	0.0263	65,687	0.0376	93,909
5.	4	Low Quality	126,026	XXX	XXX	126,026	0.0245	3,088	0.0572	7,209	0.0817	10,296
6.	5	Lower Quality	279,452	XXX	XXX	279,452	0.0630	17,606	0.1128	31,522	0.1880	52,537
7.	6	In or Near Default	152,015	XXX	XXX	152,015	0.0000	0	0.2370	36,027	0.2370	36,027
8.		Total Unrated Multi-class Securities Acquired by Conversion ..		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Long-Term Bonds (Sum of Lines 1 through 8)	153,096,395	XXX	XXX	153,096,395	XXX	195,329	XXX	605,077	XXX	1,028,560
PREFERRED STOCK												
10.	1	Highest Quality	277,373	XXX	XXX	277,373	0.0005	139	0.0016	444	0.0033	915
11.	2	High Quality	544,526	XXX	XXX	544,526	0.0021	1,144	0.0064	3,485	0.0106	5,772
12.	3	Medium Quality	363,492	XXX	XXX	363,492	0.0099	3,599	0.0263	9,560	0.0376	13,667
13.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
14.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
15.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
16.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total Preferred Stocks (Sum of Lines 10 through 16)	1,185,391	XXX	XXX	1,185,391	XXX	4,881	XXX	13,489	XXX	20,355
SHORT - TERM BONDS												
18.		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
20.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
21.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
22.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
23.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
24.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
25.		Total Short - Term Bonds (Sum of Lines 18 through 24)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
DERIVATIVE INSTRUMENTS												
26.		Exchange Traded		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
27.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
28.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
29.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
30.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
31.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
32.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
33.		Total Derivative Instruments ..	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34.		Total (Lines 9 + 17 + 25 + 33)	154,281,786	XXX	XXX	154,281,786	XXX	200,210	XXX	618,566	XXX	1,048,915

ASSET VALUATION RESERVE (Continued)
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)
		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages - CM1 - Highest Quality		0	XXX	0	0.0011	0	0.0057	0	0.0074	0
36.		Farm Mortgages - CM2 - High Quality		0	XXX	0	0.0040	0	0.0114	0	0.0149	0
37.		Farm Mortgages - CM3 - Medium Quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
38.		Farm Mortgages - CM4 - Low Medium Quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
39.		Farm Mortgages - CM5 - Low Quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
40.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
41.		Residential Mortgages - All Other			XXX	0	0.0015	0	0.0034	0	0.0046	0
42.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
43.		Commercial Mortgages - All Other - CM1 - Highest Quality	500,000		XXX	500,000	0.0011	550	0.0057	2,850	0.0074	3,700
44.		Commercial Mortgages - All Other - CM2 - High Quality	500,000		XXX	500,000	0.0040	2,000	0.0114	5,700	0.0149	7,450
45.		Commercial Mortgages - All Other - CM3 - Medium Quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
47.		Commercial Mortgages - All Other - CM5 - Low Quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
		Overdue, Not in Process:										
48.		Farm Mortgages			XXX	0	0.0480	0	0.0868	0	0.1371	0
49.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Residential Mortgages - All Other			XXX	0	0.0029	0	0.0066	0	0.0103	0
51.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
52.		Commercial Mortgages - All Other			XXX	0	0.0480	0	0.0868	0	0.1371	0
		In Process of Foreclosure:										
53.		Farm Mortgages			XXX	0	0.0000	0	0.1942	0	0.1942	0
54.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0149	0	0.0149	0
56.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
57.		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1942	0	0.1942	0
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)	1,000,000	0	XXX	1,000,000	XXX	2,550	XXX	8,550	XXX	11,150
59.		Schedule DA Mortgages			XXX	0	0.0034	0	0.0114	0	0.0149	0
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)	1,000,000	0	XXX	1,000,000	XXX	2,550	XXX	8,550	XXX	11,150

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	0	XXX	XXX	0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
2.		Unaffiliated - Private		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
3.		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0061	0	0.0097	0
4.		Affiliated - Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
Affiliated - Investment Subsidiary:												
5.		Fixed Income - Exempt Obligations				0	XXX		XXX		XXX	
6.		Fixed Income - Highest Quality				0	XXX		XXX		XXX	
7.		Fixed Income - High Quality				0	XXX		XXX		XXX	
8.		Fixed Income - Medium Quality				0	XXX		XXX		XXX	
9.		Fixed Income - Low Quality				0	XXX		XXX		XXX	
10.		Fixed Income - Lower Quality				0	XXX		XXX		XXX	
11.		Fixed Income - In/Near Default				0	XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public	0	0	0	0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
13.		Unaffiliated Common Stock - Private				0	0.0000	0	0.1945	0	0.1945	0
14.		Real Estate				0	(b)	0	(b)	0	(b)	0
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
16.		Affiliated - All Other	3,246,975	XXX	XXX	3,246,975	0.0000	0	0.1945	631,537	0.1945	631,537
17.		Total Common Stock (Sum of Lines 1 through 16)	3,246,975	0	0	3,246,975	XXX	0	XXX	631,537	XXX	631,537
REAL ESTATE												
18.		Home Office Property (General Account only)				0	0.0000	0	0.0912	0	0.0912	0
19.		Investment Properties				0	0.0000	0	0.0912	0	0.0912	0
20.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1337	0	0.1337	0
21.		Total Real Estate (Sum of Lines 18 through 20)	0	0	0	0	XXX	0	XXX	0	XXX	0
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22.		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23.	1	Highest Quality	242,271	XXX	XXX	242,271	0.0005	121	0.0016	388	0.0033	799
24.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
25.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
26.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
27.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
28.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)	242,271	XXX	XXX	242,271	XXX	121	XXX	388	XXX	799

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		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
31.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
32.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
33.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
34.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
35.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
36.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37.		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38.		Mortgages - CM1 - Highest Quality			XXX	0	0.0011	0	0.0057	0	0.0074	0
39.		Mortgages - CM2 - High Quality			XXX	0	0.0040	0	0.0114	0	0.0149	0
40.		Mortgages - CM3 - Medium Quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
41.		Mortgages - CM4 - Low Medium Quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
42.		Mortgages - CM5 - Low Quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
43.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
44.		Residential Mortgages - All Other		XXX	XXX	0	0.0015	0	0.0034	0	0.0046	0
45.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
		Overdue, Not in Process Affiliated:										
46.		Farm Mortgages			XXX	0	0.0480	0	0.0868	0	0.1371	0
47.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
48.		Residential Mortgages - All Other			XXX	0	0.0029	0	0.0066	0	0.0103	0
49.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
50.		Commercial Mortgages - All Other			XXX	0	0.0480	0	0.0868	0	0.1371	0
		In Process of Foreclosure Affiliated:										
51.		Farm Mortgages			XXX	0	0.0000	0	0.1942	0	0.1942	0
52.		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
53.		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0149	0	0.0149	0
54.		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
55.		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1942	0	0.1942	0
56.		Total Affiliated (Sum of Lines 38 through 55)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
57.		Unaffiliated - In Good Standing With Covenants			XXX	0	(c)	0	(c)	0	(c)	0
58.		Unaffiliated - In Good Standing Defeased With Government Securities			XXX	0	0.0011	0	0.0057	0	0.0074	0
59.		Unaffiliated - In Good Standing Primarily Senior			XXX	0	0.0040	0	0.0114	0	0.0149	0
60.		Unaffiliated - In Good Standing All Other			XXX	0	0.0069	0	0.0200	0	0.0257	0
61.		Unaffiliated - Overdue, Not in Process			XXX	0	0.0480	0	0.0868	0	0.1371	0
62.		Unaffiliated - In Process of Foreclosure			XXX	0	0.0000	0	0.1942	0	0.1942	0
63.		Total Unaffiliated (Sum of Lines 57 through 62)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
64.		Total with Mortgage Loan Characteristics (Lines 56 + 63)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

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

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
65.		Unaffiliated Public .....	.0	XXX	XXX	.0	0.0000	.0	0.1580 (a)	.0	0.1580 (a)	.0
66.		Unaffiliated Private		XXX	XXX	.0	0.0000	.0	0.1945	.0	0.1945	.0
67.		Affiliated Life with AVR		XXX	XXX	.0	0.0000	.0	0.0000	.0	0.0000	.0
68.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX	.0	0.0000	.0	0.1580	.0	0.1580	.0
69.		Affiliated Other - All Other		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
70.		Total with Common Stock Characteristics (Sum of Lines 65 through 69)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
71.		Home Office Property (General Account only) .....				.0	0.0000	.0	0.0912	.0	0.0912	.0
72.		Investment Properties .....				.0	0.0000	.0	0.0912	.0	0.0912	.0
73.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1337	0	0.1337	0
74.		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	0	0	0	0	XXX	0	XXX	0	XXX	0
LOW INCOME HOUSING TAX CREDIT INVESTMENTS												
75.		Guaranteed Federal Low Income Housing Tax Credit .....	.0			.0	0.0003	.0	0.0006	.0	0.0010	.0
76.		Non-guaranteed Federal Low Income Housing Tax Credit .....	.0			.0	0.0063	.0	0.0120	.0	0.0190	.0
77.		Guaranteed State Low Income Housing Tax Credit .....	.0			.0	0.0003	.0	0.0006	.0	0.0010	.0
78.		Non-guaranteed State Low Income Housing Tax Credit .....	.0			.0	0.0063	.0	0.0120	.0	0.0190	.0
79.		All Other Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	0
80.		Total LIHTC (Sum of Lines 75 through 79)	0	0	0	0	XXX	0	XXX	0	XXX	0
ALL OTHER INVESTMENTS												
81.		NAIC 1 Working Capital Finance Investments		XXX		.0	0.0000	.0	0.0042	.0	0.0042	.0
82.		NAIC 2 Working Capital Finance Investments		XXX		.0	0.0000	.0	0.0137	.0	0.0137	.0
83.		Other Invested Assets - Schedule BA		XXX		.0	0.0000	.0	0.1580	.0	0.1580	.0
84.		Other Short-Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1580	0	0.1580	0
85.		Total All Other (Sum of Lines 81, 82, 83 and 84)	0	XXX	0	0	XXX	0	XXX	0	XXX	0
86.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)	242,271	0	0	242,271	XXX	121	XXX	388	XXX	799

(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.

Asset Valuation Reserve - Replications (Synthetic) Assets
N O N E

Schedule F - Claims
N O N E

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

					Credit				Other Individual Contracts									
	Total		Group Accident and Health		Accident and Health (Group and Individual)		Collectively Renewable		Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	24,445	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	24,445	XXX
2. Premiums earned	24,445	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	24,445	XXX
3. Incurred claims	8,460	34.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	8,460	34.6
4. Cost containment expenses	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	8,460	34.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	8,460	34.6
6. Increase in contract reserves	(441)	(1.8)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	(441)	(1.8)
7. Commissions (a)	3,667	15.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0	3,667	15.0
8. Other general insurance expenses	2,008	8.2		0.0		0.0		0.0		0.0		0.0		0.0		0.0	2,008	8.2
9. Taxes, licenses and fees	197	0.8		0.0		0.0		0.0		0.0		0.0		0.0		0.0	197	0.8
10. Total other expenses incurred	5,872	24.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	5,872	24.0
11. Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds	10,554	43.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	10,554	43.2
13. Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	10,554	43.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	10,554	43.2
DETAILS OF WRITE-INS																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	0								
2. Advance premiums	0								
3. Reserve for rate credits	0								
4. Total premium reserves, current year	0	0	0	0	0	0	0	0	0
5. Total premium reserves, prior year	0	0	0	0	0	0	0	0	0
6. Increase in total premium reserves	0	0	0	0	0	0	0	0	0
B. Contract Reserves:									
1. Additional reserves (a)	0								
2. Reserve for future contingent benefits	2,204								2,204
3. Total contract reserves, current year	2,204	0	0	0	0	0	0	0	2,204
4. Total contract reserves, prior year	2,645	0	0	0	0	0	0	0	2,645
5. Increase in contract reserves	(441)	0	0	0	0	0	0	0	(441)
C. Claim Reserves and Liabilities:									
1. Total current year	5,063	0	0	0	0	0	0	0	5,063
2. Total prior year	6,441	0	0	0	0	0	0	0	6,441
3. Increase	(1,378)	0	0	0	0	0	0	0	(1,378)

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	1,899								1,899
1.2 On claims incurred during current year	7,939								7,939
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	0								
2.2 On claims incurred during current year	5,063								5,063
3. Test:									
3.1 Lines 1.1 and 2.1	1,899	0	0	0	0	0	0	0	1,899
3.2 Claim reserves and liabilities, December 31, prior year	6,441	0	0	0	0	0	0	0	6,441
3.3 Line 3.1 minus Line 3.2	(4,542)	0	0	0	0	0	0	0	(4,542)

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

(a) Includes \$ premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims			8,460	8,460
2. Beginning Claim Reserves and Liabilities			6,441	6,441
3. Ending Claim Reserves and Liabilities			5,063	5,063
4. Claims Paid	0	0	9,838	9,838
B. Assumed Reinsurance:				
5. Incurred Claims.....				0
6. Beginning Claim Reserves and Liabilities				0
7. Ending Claim Reserves and Liabilities				0
8. Claims Paid	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred Claims.....				0
10. Beginning Claim Reserves and Liabilities				0
11. Ending Claim Reserves and Liabilities				0
12. Claims Paid	0	0	0	0
D. Net:				
13. Incurred Claims.....	0	0	8,460	8,460
14. Beginning Claim Reserves and Liabilities	0	0	6,441	6,441
15. Ending Claim Reserves and Liabilities	0	0	5,063	5,063
16. Claims Paid	0	0	9,838	9,838
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses			8,460	8,460
18. Beginning Reserves and Liabilities			6,441	6,441
19. Ending Reserves and Liabilities			5,063	5,063
20. Paid Claims and Cost Containment Expenses	0	0	9,838	9,838

Schedule S - Part 1 - Section 1
N O N E

Schedule S - Part 1 - Section 2
N O N E

Schedule S - Part 2
N O N E

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

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9	10		12	13		
								Current Year	Prior Year		Current Year	Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0	0
76236	31-1213778	07/01/1982	Cincinnati Life Insurance Company	OH		OL	114,317	3,131	3,009	4,599	0	0	0	0
82627	06-0839705	03/01/1981	Swiss Re Life & Health of America, Inc	CT		OL	3,205	44	41	501	0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							117,522	3,175	3,050	5,100	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							117,522	3,175	3,050	5,100	0	0	0	0
1199999. Total General Account Authorized							117,522	3,175	3,050	5,100	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							117,522	3,175	3,050	5,100	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							117,522	3,175	3,050	5,100	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0	0
9999999 - Totals							117,522	3,175	3,050	5,100	0	0	0	0

Schedule S - Part 3 - Section 2

N O N E

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

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

	1 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	5	5	4	6	4
2. Commissions and reinsurance expense allowances	0	0	0	0	0
3. Contract claims	0	0	1	0	5
4. Surrender benefits and withdrawals for life contracts					
5. Dividends to policyholders and refunds to members					
6. Reserve adjustments on reinsurance ceded	0	0	0	0	0
7. Increase in aggregate reserve for life and accident and health contracts					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	0	0	0	0	0
9. Aggregate reserves for life and accident and health contracts	3	3	3	3	3
10. Liability for deposit-type contracts					
11. Contract claims unpaid	0	0	0	0	0
12. Amounts recoverable on reinsurance	0	0	0	5	0
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					
16. Unauthorized reinsurance offset	0	0	0	0	0
17. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust					
23. Funds deposited by and withheld from (F)					
24. Letters of credit (L)					
25. Trust agreements (T)					
26. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	165,347,200		165,347,200
2. Reinsurance (Line 16)	0	0	0
3. Premiums and considerations (Line 15)	1,153,432	0	1,153,432
4. Net credit for ceded reinsurance	XXX	3,175	3,175
5. All other admitted assets (balance)	5,038,417		5,038,417
6. Total assets excluding Separate Accounts (Line 26)	171,539,049	3,175	171,542,224
7. Separate Account assets (Line 27)	0		0
8. Total assets (Line 28)	171,539,049	3,175	171,542,224
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	159,239,499	3,175	159,242,674
10. Liability for deposit-type contracts (Line 3)	191,554		191,554
11. Claim reserves (Line 4)	449,765	0	449,765
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)	2,646		2,646
13. Premium & annuity considerations received in advance (Line 8)	459,905		459,905
14. Other contract liabilities (Line 9)	730,396		730,396
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)	0		0
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)	0		0
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)			0
19. All other liabilities (balance)	2,204,629		2,204,629
20. Total liabilities excluding Separate Accounts (Line 26)	163,278,394	3,175	163,281,569
21. Separate Account liabilities (Line 27)			0
22. Total liabilities (Line 28)	163,278,394	3,175	163,281,569
23. Capital & surplus (Line 38)	8,260,655	XXX	8,260,655
24. Total liabilities, capital & surplus (Line 39)	171,539,049	3,175	171,542,224
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	3,175		
26. Claim reserves	0		
27. Policyholder dividends/reserves	0		
28. Premium & annuity considerations received in advance	0		
29. Liability for deposit-type contracts	0		
30. Other contract liabilities	0		
31. Reinsurance ceded assets	0		
32. Other ceded reinsurance recoverables	0		
33. Total ceded reinsurance recoverables	3,175		
34. Premiums and considerations	0		
35. Reinsurance in unauthorized companies	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers	0		
37. Reinsurance with Certified Reinsurers	0		
38. Funds held under reinsurance treaties with Certified Reinsurers	0		
39. Other ceded reinsurance payables/offsets	0		
40. Total ceded reinsurance payable/offsets	0		
41. Total net credit for ceded reinsurance	3,175		

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

Allocated by States and Territories

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL	.0	.0			.0	.0
2.	Alaska	AK	.0	.0			.0	.0
3.	Arizona	AZ	.0	.0			.0	.0
4.	Arkansas	AR	.0	.0			.0	.0
5.	California	CA	.0	.0			.0	.0
6.	Colorado	CO	.0	.0			.0	.0
7.	Connecticut	CT	.0	.0			.0	.0
8.	Delaware	DE	.0	.0			.0	.0
9.	District of Columbia	DC	.0	.0			.0	.0
10.	Florida	FL	.0	.0			.0	.0
11.	Georgia	GA	8,962,469	16,713			.0	8,979,182
12.	Hawaii	HI	.0	.0			.0	.0
13.	Idaho	ID	.0	.0			.0	.0
14.	Illinois	IL	.0	.0			.0	.0
15.	Indiana	IN	11,795,445	123,208			.0	11,918,653
16.	Iowa	IA	.0	.0			.0	.0
17.	Kansas	KS	.0	.0			.0	.0
18.	Kentucky	KY	6,455,781	15,005			.0	6,470,786
19.	Louisiana	LA	.0	.0			.0	.0
20.	Maine	ME	.0	.0			.0	.0
21.	Maryland	MD	.0	.0			.0	.0
22.	Massachusetts	MA	.0	.0			.0	.0
23.	Michigan	MI	.0	.0			.0	.0
24.	Minnesota	MN	.0	.0			.0	.0
25.	Mississippi	MS	400,019	.0			.0	400,019
26.	Missouri	MO	.0	.0			.0	.0
27.	Montana	MT	.0	.0			.0	.0
28.	Nebraska	NE	.0	.0			.0	.0
29.	Nevada	NV	.0	.0			.0	.0
30.	New Hampshire	NH	.0	.0			.0	.0
31.	New Jersey	NJ	.0	.0			.0	.0
32.	New Mexico	NM	.0	.0			.0	.0
33.	New York	NY	.0	.0			.0	.0
34.	North Carolina	NC	.0	.0			.0	.0
35.	North Dakota	ND	.0	.0			.0	.0
36.	Ohio	OH	8,821,998	1,775			.0	8,823,773
37.	Oklahoma	OK	.0	.0			.0	.0
38.	Oregon	OR	.0	.0			.0	.0
39.	Pennsylvania	PA	.0	.0			.0	.0
40.	Rhode Island	RI	.0	.0			.0	.0
41.	South Carolina	SC	.0	.0			.0	.0
42.	South Dakota	SD	.0	.0			.0	.0
43.	Tennessee	TN	388,919	.0			.0	388,919
44.	Texas	TX	.0	.0			.0	.0
45.	Utah	UT	.0	.0			.0	.0
46.	Vermont	VT	.0	.0			.0	.0
47.	Virginia	VA	.0	.0			.0	.0
48.	Washington	WA	.0	.0			.0	.0
49.	West Virginia	WV	.0	.0			.0	.0
50.	Wisconsin	WI	.0	.0			.0	.0
51.	Wyoming	WY	.0	.0			.0	.0
52.	American Samoa	AS	.0	.0			.0	.0
53.	Guam	GU	.0	.0			.0	.0
54.	Puerto Rico	PR	.0	.0			.0	.0
55.	U.S. Virgin Islands	VI	.0	.0			.0	.0
56.	Northern Mariana Islands	MP	.0	.0			.0	.0
57.	Canada	CAN	.0	.0			.0	.0
58.	Aggregate Other Alien	OT	.0	.0			.0	.0
59.	Total		36,824,631	156,701	0	0	0	36,981,332

NONE

NONE

NONE

Asterisk	

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

SCHEDULE Y

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

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4. Will an actuarial opinion be filed by March 1?	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? (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?	NO
18. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO


























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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
34.	Will the Worker's Compensation Carve-Out Supplement be filed by March 1? (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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
Explanations:		
12.	N/A	
14.	N/A	
17.	N/A	
18.	N/A	
19.	N/A	
20.	N/A	
21.	N/A	
22.	N/A	
23.	N/A	
24.	N/A	
25.	N/A	
26.	N/A	
27.	N/A	
28.	N/A	
29.	N/A	
30.	N/A	
31.	N/A	
32.	N/A	
33.	N/A	
34.	N/A	
36.	N/A	
37.	N/A	
38.	N/A	
39.	N/A	
42.	N/A	
43.	N/A	
45.	N/A	
46.	N/A	
47.	N/A	
48.	N/A	
49.	N/A	
50.	N/A	
Bar Codes:		
12.	SIS Stockholder Information Supplement [Document Identifier 420]	
14.	Trusted Surplus Statement [Document Identifier 490]	
17.	Actuarial Opinion on X-Factors [Document Identifier 442]	
18.	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]	
19.	Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]	
20.	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]	
21.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]	

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22.	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]	 <div>880642019447000000</div>
23.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]	 <div>880642019448000000</div>
24.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]	 <div>880642019449000000</div>
25.	C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]	 <div>880642019450000000</div>
26.	C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]	 <div>880642019451000000</div>
27.	Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]	 <div>880642019452000000</div>
28.	Modified Guaranteed Annuity Model Regulation [Document Identifier 453]	 <div>880642019453000000</div>
29.	Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII [Document Identifier 436]	 <div>880642019436000000</div>
30.	Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII [Document Identifier 437]	 <div>880642019437000000</div>
31.	Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII [Document Identifier 438]	 <div>880642019438000000</div>
32.	Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII [Document Identifier 439]	 <div>880642019439000000</div>
33.	Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]	 <div>880642019454000000</div>
34.	Workers' Compensation Carve-Out Supplement [Document Identifier 495]	 <div>880642019495000000</div>
36.	Medicare Part D Coverage Supplement [Document Identifier 365]	 <div>880642019365000000</div>
37.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 <div>8806420193224000000</div>
38.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 <div>880642019225000000</div>
39.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 <div>880642019226000000</div>
42.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	 <div>880642019306000000</div>
43.	Credit Insurance Experience Exhibit [Document Identifier 230]	 <div>880642019230000000</div>
45.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 <div>880642019216000000</div>
46.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 <div>880642019217000000</div>
47.	Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]	 <div>880642019435000000</div>
48.	Supplemental Term and Universal Life Insurance Reinsurance Exhibit [Document Identifier 345]	 <div>880642019345000000</div>
49.	Variable Annuities Supplement [Document Identifier 286]	 <div>880642019286000000</div>
50.	Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	 <div>880642019223000000</div>

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
2504.	Insurane Premium Receivable	1,302		1,302	
2597.	Summary of remaining write-ins for Line 25 from overflow page	1,302	0	1,302	0



SUPPLEMENT FOR THE YEAR 2019 OF THE Cincinnati Equitable 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 0838..... NAIC Company Code 88064.....
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202.....
Person Completing This Exhibit Greg Baker.....
Title CFO..... Telephone Number 513-621-1826.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
N/A	AP355BAUC	B	NO	0030000	10/01/1996	12/31/2004	12/31/2004	12/31/2004	Medicare Supplement	24,445	8,460	34.6	12	0	0	0.0	0
0199999. Total Experience on Individual Policies										24,445	8,460	34.6	12	0	0	0.0	0

GENERAL INTERROGATORIES

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

VM-20 Reserves Supplement - Part 1

N O N E

VM-20 Reserves Supplement - Part 2

N O N E

VM-20 Reserves Supplement - Part 3

N O N E

VM-20 Reserves Supplement - Part 4

N O N E



SUPPLEMENT FOR THE YEAR 2019 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE O SUPPLEMENT

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

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

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2015	2 2016	3 2017	4 2018	5 2019(a)
1. Prior					
2. 2015					
3. 2016	XXX				
4. 2017	XX	XX			
5. 2018	XXX	XX	XXX		
6. 2019	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior	8	8	8	8	8
2. 2015	26	25	25	25	25
3. 2016	XXX	34	34	34	34
4. 2017	XXX	XXX	27	30	30
5. 2018	XXX	XXX	XXX	12	7
6. 2019	XXX	XXX	XXX	XXX	8

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

1. Prior					
2. 2015					
3. 2016	XXX				
4. 2017	XXX	XX			
5. 2018	XX	XX	XX		
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 Equitable Life Insurance Company

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred		Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
		1 2015	2 2016	3 2017	4 2018	5 2019
1.	2015				XXX	XXX
2.	2016	XX				XXX
3.	2017	XXX	XX			
4.	2018	XXX	XXX	XXX		
5.	2019	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1.	2015	.36	.35	.35	XXX	XXX
2.	2016	XXX	.34	.30	.30	XXX
3.	2017	XXX	XXX	.28	.22	.22
4.	2018	XXX	XXX	XXX	.18	.13
5.	2019	XXX	XXX	XXX	XXX	8

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

SUPPLEMENT FOR THE YEAR 2019 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 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			
2. Ordinary Life	Other		445
3. Individual Annuity			
4. Supplementary Contracts			
5. Credit Life			
6. Group Life			
7. Group Annuities			
8. Group Accident and Health			
9. Credit Accident and Health			
10. Other Accident and Health	Developed		5
11. Total			450

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Increase in Reserves During The Year 7.1

Analysis of Operations By Lines of Business 6

Asset Valuation Reserve Default Component 30

Asset Valuation Reserve Equity 32

Asset Valuation Reserve Replications (Synthetic) Assets 35

Asset Valuation Reserve 29

Assets 2

Cash Flow 5

Exhibit 1 - Part 1 - Premiums and Annuity Considerations for Life and Accident and Health Contracts 9

Exhibit 1 - Part 2 - Dividends and Coupons Applied, Reinsurance Commissions and Expense 10

Exhibit 2 - General Expenses 11

Exhibit 3 - Taxes, Licenses and Fees (Excluding Federal Income Taxes) 11

Exhibit 4 - Dividends or Refunds 11

Exhibit 5 - Aggregate Reserve for Life Contracts 12

Exhibit 5 - Interrogatories 13

Exhibit 5A - Changes in Bases of Valuation During The Year 13

Exhibit 6 - Aggregate Reserves for Accident and Health Contracts 14

Exhibit 7 - Deposit-Type Contracts 15

Exhibit 8 - Claims for Life and Accident and Health Contracts - Part 1 16

Exhibit 8 - Claims for Life and Accident and Health Contracts - Part 2 17

Exhibit of Capital Gains (Losses) 8

Exhibit of Life Insurance 25

Exhibit of Net Investment Income 8

Exhibit of Nonadmitted Assets 18

Exhibit of Number of Policies, Contracts, Certificates, Income Payable and Account Values 27

Five-Year Historical Data 22

Form for Calculating the Interest Maintenance Reserve (IMR) 28

General Interrogatories 20

Jurat Page 1

Liabilities, Surplus and Other Funds 3

Life Insurance (State Page) 24

Notes To Financial Statements 19

Overflow Page For Write-ins 55

Schedule A - Part 1 E01

Schedule A - Part 2 E02

Schedule A - Part 3 E03

Schedule A - Verification Between Years SI02

Schedule B - Part 1 E04

Schedule B - Part 2 E05

Schedule B - Part 3 E06

Schedule B - Verification Between Years SI02

Schedule BA - Part 1 E07

Schedule BA - Part 2 E08

Schedule BA - Part 3 E09

Schedule BA - Verification Between Years SI03

Schedule D - Part 1 E10

Schedule D - Part 1A - Section 1 SI05

Schedule D - Part 1A - Section 2 SI08

Schedule D - Part 2 - Section 1 E11

Schedule D - Part 2 - Section 2 E12

Schedule D - Part 3 E13

Schedule D - Part 4 E14

Schedule D - Part 5 E15

Schedule D - Part 6 - Section 1 E16

Schedule D - Part 6 - Section 2 E16

Schedule D - Summary By Country SI04

Schedule D - Verification Between Years SI03

Schedule DA - Part 1 E17

Schedule DA - Verification Between Years SI10

ANNUAL STATEMENT BLANK (Continued)

Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23
Schedule DB - Part E	E24
Schedule DB - Verification	SI14
Schedule DL - Part 1	E25
Schedule DL - Part 2	E26
Schedule E - Part 1 - Cash	E27
Schedule E - Part 2 - Cash Equivalents	E28
Schedule E - Part 2 - Verification Between Years	SI15
Schedule E - Part 3 - Special Deposits	E29
Schedule F	36
Schedule H - Accident and Health Exhibit - Part 1	37
Schedule H - Part 2, Part 3 and Part 4	38
Schedule H - Part 5 - Health Claims	39
Schedule S - Part 1 - Section 1	40
Schedule S - Part 1 - Section 2	41
Schedule S - Part 2	42
Schedule S - Part 3 - Section 1	43
Schedule S - Part 3 - Section 2	44
Schedule S - Part 4	45
Schedule S - Part 5	46
Schedule S - Part 6	47
Schedule S - Part 7	48
Schedule T - Part 2 Interstate Compact	50
Schedule T - Premiums and Annuity Considerations	49
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	51
Schedule Y - Part 1A - Detail of Insurance Holding Company System	52
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	53
Summary Investment Schedule	SI01
Summary of Operations	4
Supplemental Exhibits and Schedules Interrogatories	54