

We are amending our original filing to account for additional premium taxes of \$103,660 less Federal Income Taxes of \$11,310. The additional tax is due to a loss of our Ohio premium tax credit. As a part of the Michigan Farm Bureau group of companies, our consolidated premium exceeds the Ohio credit threshold. The only pages that have changes are pages 2, 3, 4, 6, 11 & 22, as well as footnote #1 and \$9.



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

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2020
OF THE CONDITION AND AFFAIRS OF THE

Cincinnati Equitable Life Insurance Company

NAIC Group Code00670838NAIC 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 Allen Baker513-621-1826
(Name)(Area Code) (Telephone Number)
gbaker@1826.com513-621-4531
(E-mail Address)(FAX Number)

OFFICERS

PresidentCarl Joseph Bednarski #SecretaryAndrew James Kok

Executive Vice PresidentDonald Eugene Simon #TreasurerDavid Duane Baker

OTHER

Thomas Alan Schrote #, Chief Operating OfficerGregory Allen Baker, Chief Financial OfficerTonya Gail Crawford, Vice President of 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 ofMichiganSS:

County ofEaton

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.

Thomas Alan Schrote
Chief Operating Officer

Andrew James Kok
Secretary

David Duane Baker
Treasurer

Subscribed and sworn to before me this day of

a. Is this an original filing? Yes [] No [X]
b. If no,
1. State the amendment number.....1
2. Date filed03/18/2021
3. Number of pages attached..... 7



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2020

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	8,071,436				8,071,436
2. Annuity considerations	18,815				18,815
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	8,090,251	0	0	0	8,090,251
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	6,175,568				6,175,568
10. Matured endowments					0
11. Annuity benefits	157,049				157,049
12. Surrender values and withdrawals for life contracts	45,144				45,144
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	6,377,761	0	0	0	6,377,761
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	10	96,371	0	0	0	0	0	0	10	96,371
17. Incurred during current year	925	6,175,568							925	6,175,568
Settled during current year:										
18.1 By payment in full	918	6,119,997							918	6,119,997
18.2 By payment on compromised claims	5	14,123							5	14,123
18.3 Totals paid	923	6,134,120	0	0	0	0	0	0	923	6,134,120
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	923	6,134,120	0	0	0	0	0	0	923	6,134,120
19. Unpaid Dec. 31, current year (16+17-18.6)	12	137,819	0	0	0	0	0	0	12	137,819
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	8,757	53,442,532	0	(a) 0	0	0	0	0	8,757	53,442,532
21. Issued during year	1,527	8,858,694							1,527	8,858,694
22. Other changes to in force (Net)	(1,026)	(6,767,374)							(1,026)	(6,767,374)
23. In force December 31 of current year	9,258	55,533,852	0	(a) 0	0	0	0	0	9,258	55,533,852

(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 2020 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2020

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	12,030,716				12,030,716
2. Annuity considerations	42,657				42,657
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	12,073,373	0	0	0	12,073,373
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	8,866,958				8,866,958
10. Matured endowments					0
11. Annuity benefits	33,747				33,747
12. Surrender values and withdrawals for life contracts	1,463				1,463
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	8,902,168	0	0	0	8,902,168
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. 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	16	143,323	0	0	0	0	0	0	16	143,323
17. Incurred during current year	1,376	8,866,958							1,376	8,866,958
Settled during current year:										
18.1 By payment in full	1,353	8,736,536							1,353	8,736,536
18.2 By payment on compromised claims	3	4,323							3	4,323
18.3 Totals paid	1,356	8,740,859	0	0	0	0	0	0	1,356	8,740,859
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1,356	8,740,859	0	0	0	0	0	0	1,356	8,740,859
19. Unpaid Dec. 31, current year (16+17-18.6)	36	269,422	0	0	0	0	0	0	36	269,422
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	11,716	75,105,417	0	(a) 0	0	0	0	0	11,716	75,105,417
21. Issued during year	2,192	13,713,724							2,192	13,713,724
22. Other changes to in force (Net)	(1,520)	(9,994,473)							(1,520)	(9,994,473)
23. In force December 31 of current year	12,388	78,824,668	0	(a) 0	0	0	0	0	12,388	78,824,668

(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 2020 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2020

NAIC Group Code 0838

LIFE INSURANCE

NAIC Company Code 88064

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	6,436,725				6,436,725
2. Annuity considerations	10,610				10,610
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	6,447,335	0	0	0	6,447,335
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	4,200,670				4,200,670
10. Matured endowments					0
11. Annuity benefits	6,724				6,724
12. Surrender values and withdrawals for life contracts	2,808				2,808
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	4,210,202	0	0	0	4,210,202
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	6	44,945	0	0	0	0	0	0	6	44,945
17. Incurred during current year	726	4,200,670							726	4,200,670
Settled during current year:										
18.1 By payment in full	713	4,172,553							713	4,172,553
18.2 By payment on compromised claims	3	8,455							3	8,455
18.3 Totals paid	716	4,181,008	0	0	0	0	0	0	716	4,181,008
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	716	4,181,008	0	0	0	0	0	0	716	4,181,008
19. Unpaid Dec. 31, current year (16+17-18.6)	16	64,607	0	0	0	0	0	0	16	64,607
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	7,177	42,300,708	0	(a) 0	0	0	0	0	7,177	42,300,708
21. Issued during year	1,380	7,575,488							1,380	7,575,488
22. Other changes to in force (Net)	(814)	(4,958,676)							(814)	(4,958,676)
23. In force December 31 of current year	7,743	44,917,520	0	(a) 0	0	0	0	0	7,743	44,917,520

(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 2020 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2020

NAIC Group Code 0838

LIFE INSURANCE

NAIC Company Code 88064

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

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 2020 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2020

NAIC Group Code 0838

LIFE INSURANCE

NAIC Company Code 88064

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	336,881				336,881
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	336,881	0	0	0	336,881
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	157,591				157,591
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	157,591	0	0	0	157,591
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	5,000	0	0	0	0	0	0	0	5,000
17. Incurred during current year	32	157,591							32	157,591
Settled during current year:										
18.1 By payment in full	31	155,805							31	155,805
18.2 By payment on compromised claims									0	0
18.3 Totals paid	31	155,805	0	0	0	0	0	0	31	155,805
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	31	155,805	0	0	0	0	0	0	31	155,805
19. Unpaid Dec. 31, current year (16+17-18.6)	1	6,786	0	0	0	0	0	0	1	6,786
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	259	1,472,424	0 (a)	0	0	0	0	0	259	1,472,424
21. Issued during year	94	525,374							94	525,374
22. Other changes to in force (Net)	(37)	(202,304)							(37)	(202,304)
23. In force December 31 of current year	316	1,795,494	0 (a)	0	0	0	0	0	316	1,795,494

(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 2020 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2020

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	8,884,311				8,884,311
2. Annuity considerations	4,150				4,150
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	8,888,461	0	0	0	8,888,461
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	690				690
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)	1,950	0	0	0	1,950
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)	1,950	0	0	0	1,950
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	6,546,857				6,546,857
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	211,795				211,795
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	6,758,652	0	0	0	6,758,652
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	22	118,307	0	0	0	0	0	0	22	118,307
17. Incurred during current year	1,326	6,546,857							1,326	6,546,857
Settled during current year:										
18.1 By payment in full	1,319	6,530,512							1,319	6,530,512
18.2 By payment on compromised claims	4	9,374							4	9,374
18.3 Totals paid	1,323	6,539,886	0	0	0	0	0	0	1,323	6,539,886
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1,323	6,539,886	0	0	0	0	0	0	1,323	6,539,886
19. Unpaid Dec. 31, current year (16+17-18.6)	25	125,278	0	0	0	0	0	0	25	125,278
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	10,829	52,072,031	0	(a) 0	0	0	0	0	10,829	52,072,031
21. Issued during year	2,135	9,874,520							2,135	9,874,520
22. Other changes to in force (Net)	(1,418)	(7,395,330)							(1,418)	(7,395,330)
23. In force December 31 of current year	11,546	54,551,221	0	(a) 0	0	0	0	0	11,546	54,551,221

(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)	19,302	19,302			
25.6 Totals (sum of Lines 25.1 to 25.5)	19,302	19,302	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	19,302	19,302	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2020

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	274,877				274,877
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	274,877	0	0	0	274,877
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	264,911				264,911
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	41				41
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	264,952	0	0	0	264,952
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	3	36,756	0	0	0	0	0	0	3	36,756
17. Incurred during current year	42	264,911							42	264,911
Settled during current year:										
18.1 By payment in full	41	253,518							41	253,518
18.2 By payment on compromised claims									0	0
18.3 Totals paid	41	253,518	0	0	0	0	0	0	41	253,518
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	41	253,518	0	0	0	0	0	0	41	253,518
19. Unpaid Dec. 31, current year (16+17-18.6)	4	48,149	0	0	0	0	0	0	4	48,149
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	431	2,922,066	0	(a) 0	0	0	0	0	431	2,922,066
21. Issued during year	55	374,372							55	374,372
22. Other changes to in force (Net)	(56)	(382,026)							(56)	(382,026)
23. In force December 31 of current year	430	2,914,412	0	(a) 0	0	0	0	0	430	2,914,412

(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



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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2020

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	36,034,946	0	0	0	36,034,946
2. Annuity considerations	76,232	0	0	0	76,232
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)	36,111,178	0	0	0	36,111,178
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	690	0	0	0	690
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)	1,950	0	0	0	1,950
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)	1,950	0	0	0	1,950
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	26,212,555	0	0	0	26,212,555
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	197,520	0	0	0	197,520
12. Surrender values and withdrawals for life contracts	261,251	0	0	0	261,251
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	26,671,326	0	0	0	26,671,326
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	444,702	0	0	0	0	0	0	57	444,702
17. Incurred during current year	4,427	26,212,555	0	0	0	0	0	0	4,427	26,212,555
Settled during current year:										
18.1 By payment in full	4,375	25,968,921	0	0	0	0	0	0	4,375	25,968,921
18.2 By payment on compromised claims	15	36,275	0	0	0	0	0	0	15	36,275
18.3 Totals paid	4,390	26,005,196	0	0	0	0	0	0	4,390	26,005,196
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	4,390	26,005,196	0	0	0	0	0	0	4,390	26,005,196
19. Unpaid Dec. 31, current year (16+17-18.6)	94	652,061	0	0	0	0	0	0	94	652,061
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	39,169	227,315,178	0	(a) 0	0	0	0	0	39,169	227,315,178
21. Issued during year	7,383	40,922,172	0	0	0	0	0	0	7,383	40,922,172
22. Other changes to in force (Net)	(4,871)	(29,700,183)	0	0	0	0	0	0	(4,871)	(29,700,183)
23. In force December 31 of current year	41,681	238,537,167	0	(a) 0	0	0	0	0	41,681	238,537,167

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	19,302	19,302	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	19,302	19,302	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	19,302	19,302	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2020 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		730,396
2. Current year's realized pre-tax capital gains/(losses) of \$31,411 transferred into the reserve net of taxes of \$6,593		24,814
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)		755,210
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)		118,290
6. Reserve as of December 31, current year (Line 4 minus Line 5)		636,920

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. 2020	114,933	3,357	0	118,290
2. 2021	105,887	6,885	0	112,772
3. 2022	89,461	6,146	0	95,608
4. 2023	71,257	4,473	0	75,730
5. 2024	53,003	2,702	0	55,705
6. 2025	35,122	882	0	36,004
7. 2026	18,797	(30)	0	18,767
8. 2027	11,050	(31)	0	11,019
9. 2028	11,478	(30)	0	11,447
10. 2029	10,997	(33)	0	10,964
11. 2030	10,716	(34)	0	10,682
12. 2031	10,839	(27)	0	10,812
13. 2032	10,567	(14)	0	10,553
14. 2033	10,500	(1)	0	10,499
15. 2034	10,134	13	0	10,147
16. 2035	10,037	28	0	10,065
17. 2036	10,262	36	0	10,298
18. 2037	10,238	37	0	10,275
19. 2038	11,110	37	0	11,148
20. 2039	12,705	39	0	12,744
21. 2040	14,628	39	0	14,667
22. 2041	16,781	41	0	16,822
23. 2042	18,170	42	0	18,212
24. 2043	17,844	44	0	17,888
25. 2044	14,544	44	0	14,588
26. 2045	10,332	47	0	10,379
27. 2046	6,196	42	0	6,239
28. 2047	2,481	34	0	2,514
29. 2048	323	24	0	347
30. 2049	4	15	0	20
31. 2050 and Later		5	0	5
32. Total (Lines 1 to 31)	730,396	24,814	0	755,211

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	984,033	3,750	987,783	574,006	761	574,766	1,562,549
2. Realized capital gains/(losses) net of taxes - General Account	(123)		(123)			0	(123)
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		5,663			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	235,397	9,030	244,427	0	245	245	244,672
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	1,224,969	12,780	1,237,750	574,006	1,006	575,011	1,812,761
9. Maximum reserve	1,167,346	43,442	1,210,788	639,634	1,618	641,252	1,852,040
10. Reserve objective	679,728	33,436	713,164	639,634	784	640,418	1,353,582
11. 20% of (Line 10 - Line 8)	(109,048)	4,131	(104,917)	13,126	(44)	13,081	(91,836)
12. Balance before transfers (Lines 8 + 11)	1,115,921	16,911	1,132,832	587,131	961	588,093	1,720,925
13. Transfers			0			0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	1,115,921	16,911	1,132,832	587,131	961	588,093	1,720,925

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	716,092	XXX	XXX	716,092	0.0000	0	0.0000	0	0.0000	0
2.1	1	NAIC Designation Category 1.A	7,189,165	XXX	XXX	7,189,165	0.0005	3,595	0.0016	11,503	0.0033	23,724
2.2	1	NAIC Designation Category 1.B	2,883,278	XXX	XXX	2,883,278	0.0005	1,442	0.0016	4,613	0.0033	9,515
2.3	1	NAIC Designation Category 1.C	8,054,711	XXX	XXX	8,054,711	0.0005	4,027	0.0016	12,888	0.0033	26,581
2.4	1	NAIC Designation Category 1.D	9,183,779	XXX	XXX	9,183,779	0.0005	4,592	0.0016	14,694	0.0033	30,306
2.5	1	NAIC Designation Category 1.E	15,189,584	XXX	XXX	15,189,584	0.0005	7,595	0.0016	24,303	0.0033	50,126
2.6	1	NAIC Designation Category 1.F	27,650,278	XXX	XXX	27,650,278	0.0005	13,825	0.0016	44,240	0.0033	91,246
2.7	1	NAIC Designation Category 1.G	28,635,742	XXX	XXX	28,635,742	0.0005	14,318	0.0016	45,817	0.0033	94,498
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	98,786,537	XXX	XXX	98,786,537	XXX	49,393	XXX	158,058	XXX	325,996
3.1	2	NAIC Designation Category 2.A	21,092,234	XXX	XXX	21,092,234	0.0021	44,294	0.0064	134,990	0.0106	223,578
3.2	2	NAIC Designation Category 2.B	23,162,658	XXX	XXX	23,162,658	0.0021	48,642	0.0064	148,241	0.0106	245,524
3.3	2	NAIC Designation Category 2.C	13,731,449	XXX	XXX	13,731,449	0.0021	28,836	0.0064	87,881	0.0106	145,553
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	57,986,341	XXX	XXX	57,986,341	XXX	121,771	XXX	371,113	XXX	614,655
4.1	3	NAIC Designation Category 3.A	1,910,870	XXX	XXX	1,910,870	0.0099	18,918	0.0263	50,256	0.0376	71,849
4.2	3	NAIC Designation Category 3.B	1,644,130	XXX	XXX	1,644,130	0.0099	16,277	0.0263	43,241	0.0376	61,819
4.3	3	NAIC Designation Category 3.C	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)	3,555,000	XXX	XXX	3,555,000	XXX	35,195	XXX	93,497	XXX	133,668
5.1	4	NAIC Designation Category 4.A	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
5.2	4	NAIC Designation Category 4.B	100,826	XXX	XXX	100,826	0.0245	2,470	0.0572	5,767	0.0817	8,237
5.3	4	NAIC Designation Category 4.C	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)	100,826	XXX	XXX	100,826	XXX	2,470	XXX	5,767	XXX	8,237
6.1	5	NAIC Designation Category 5.A	269,759	XXX	XXX	269,759	0.0630	16,995	0.1128	30,429	0.1880	50,715
6.2	5	NAIC Designation Category 5.B	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
6.3	5	NAIC Designation Category 5.C	100,000	XXX	XXX	100,000	0.0630	6,300	0.1128	11,280	0.1880	18,800
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)	369,759	XXX	XXX	369,759	XXX	23,295	XXX	41,709	XXX	69,515
7.	6	NAIC 6	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
8.		Total Unrated Multi-class Securities Acquired by Conversion	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)	161,514,555	XXX	XXX	161,514,555	XXX	232,124	XXX	670,144	XXX	1,152,071
PREFERRED STOCKS												
10.	1	Highest Quality	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
11.	2	High Quality	1,084,800	XXX	XXX	1,084,800	0.0021	2,278	0.0064	6,943	0.0106	11,499
12.	3	Medium Quality	100,431	XXX	XXX	100,431	0.0099	994	0.0263	2,641	0.0376	3,776
13.	4	Low Quality	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
14.	5	Lower Quality	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
15.	6	In or Near Default	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
16.		Affiliated Life with AVR	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total Preferred Stocks (Sum of Lines 10 through 16)	1,185,231	XXX	XXX	1,185,231	XXX	3,272	XXX	9,584	XXX	15,275

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)
SHORT-TERM BONDS												
18.		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19.1	1	NAIC Designation Category 1.A		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.2	1	NAIC Designation Category 1.B		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.3	1	NAIC Designation Category 1.C		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.4	1	NAIC Designation Category 1.D		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.5	1	NAIC Designation Category 1.E		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.6	1	NAIC Designation Category 1.F		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.7	1	NAIC Designation Category 1.G		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
20.1	2	NAIC Designation Category 2.A		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
20.2	2	NAIC Designation Category 2.B		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
20.3	2	NAIC Designation Category 2.C		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
21.1	3	NAIC Designation Category 3.A		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
21.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
21.3	3	NAIC Designation Category 3.C		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
22.1	4	NAIC Designation Category 4.A		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
22.2	4	NAIC Designation Category 4.B		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
22.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
23.1	5	NAIC Designation Category 5.A		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
23.2	5	NAIC Designation Category 5.B		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
23.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
24.	6	NAIC 6		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
25.		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+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)	162,699,786	XXX	XXX	162,699,786	XXX	235,397	XXX	679,728	XXX	1,167,346

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

Line Num- ber	NAIC Desig- nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages - CM1 - Highest Quality			XXX	0	0.0011	0	0.0057	0	0.0074	0
36.		Farm Mortgages - CM2 - High Quality			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	2,969,061		XXX	2,969,061	0.0011	3,266	0.0057	16,924	0.0074	21,971
44.		Commercial Mortgages - All Other - CM2 - High Quality	1,003,529		XXX	1,003,529	0.0040	4,014	0.0114	11,440	0.0149	14,953
45.		Commercial Mortgages - All Other - CM3 - Medium Quality	253,629		XXX	253,629	0.0069	1,750	0.0200	5,073	0.0257	6,518
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)	4,226,219	0	XXX	4,226,219	XXX	9,030	XXX	33,436	XXX	43,442
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)	4,226,219	0	XXX	4,226,219	XXX	9,030	XXX	33,436	XXX	43,442

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

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
COMMON STOCK												
1.		Unaffiliated - Public		XXX	XXX	0	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	0.0000	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	3,288,605	XXX	XXX	3,288,605	0.0000	0	0.1945	639,634	0.1945	639,634
17.		Total Common Stock (Sum of Lines 1 through 16)	3,288,605	0	0	3,288,605	XXX	0	XXX	639,634	XXX	639,634
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		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
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)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

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

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30.	1	Highest Quality	490,291	XXX	XXX	490,291	0.0005	245	0.0016	784	0.0033	1,618
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)	490,291	XXX	XXX	490,291	XXX	245	XXX	784	XXX	1,618
		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		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)	490,291	0	0	490,291	XXX	245	XXX	784	XXX	1,618

(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

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

					Credit				Other Individual Contracts									
	Total		Group Accident and Health		Accident and Health (Group and Individual)		Collectively Renewable		Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	19,302	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	19,302	XXX
2. Premiums earned	19,302	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX	19,302	XXX
3. Incurred claims	14,364	74.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	14,364	74.4
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)	14,364	74.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	14,364	74.4
6. Increase in contract reserves	(441)	(2.3)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	(441)	(2.3)
7. Commissions (a)	2,895	15.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0	2,895	15.0
8. Other general insurance expenses	1,574	8.2		0.0		0.0		0.0		0.0		0.0		0.0		0.0	1,574	8.2
9. Taxes, licenses and fees	157	0.8		0.0		0.0		0.0		0.0		0.0		0.0		0.0	157	0.8
10. Total other expenses incurred	4,626	24.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	4,626	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	753	3.9	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	753	3.9
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	753	3.9	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	753	3.9
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 2020 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)	1,763								1,763
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	1,763	0	0	0	0	0	0	0	1,763
4. Total contract reserves, prior year	2,204	0	0	0	0	0	0	0	2,204
5. Increase in contract reserves	(441)	0	0	0	0	0	0	0	(441)
C. Claim Reserves and Liabilities:									
1. Total current year	4,932	0	0	0	0	0	0	0	4,932
2. Total prior year	5,063	0	0	0	0	0	0	0	5,063
3. Increase	(131)	0	0	0	0	0	0	0	(131)

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	2,798								2,798
1.2 On claims incurred during current year	11,697								11,697
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	0								0
2.2 On claims incurred during current year	4,932								4,932
3. Test:									
3.1 Lines 1.1 and 2.1	2,798	0	0	0	0	0	0	0	2,798
3.2 Claim reserves and liabilities, December 31, prior year	5,063	0	0	0	0	0	0	0	5,063
3.3 Line 3.1 minus Line 3.2	(2,265)	0	0	0	0	0	0	0	(2,265)

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 \$0 premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims			14,363	14,363
2. Beginning Claim Reserves and Liabilities			5,063	5,063
3. Ending Claim Reserves and Liabilities			4,932	4,932
4. Claims Paid	0	0	14,494	14,494
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	14,363	14,363
14. Beginning Claim Reserves and Liabilities	0	0	5,063	5,063
15. Ending Claim Reserves and Liabilities	0	0	4,932	4,932
16. Claims Paid	0	0	14,494	14,494
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses			14,363	14,363
18. Beginning Reserves and Liabilities			5,063	5,063
19. Ending Reserves and Liabilities			4,932	4,932
20. Paid Claims and Cost Containment Expenses	0	0	14,494	14,494

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 2020 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	YRT/I	OL	3,175	47	44	402				
82627	06-0839705	03/01/1981	Swiss Re Life & Health of America, Inc	MO	YRT/I	OL	15,000	332	3,131	358				
0899999. General Account - Authorized U.S. Non-Affiliates							18,175	379	3,175	760	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							18,175	379	3,175	760	0	0	0	0
1199999. Total General Account Authorized							18,175	379	3,175	760	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
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction, and Certified							18,175	379	3,175	760	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0	0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							18,175	379	3,175	760	0	0	0	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							0	0	0	0	0	0	0	0
9999999 - Totals							18,175	379	3,175	760	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 2020	2 2019	3 2018	4 2017	5 2016
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	1	5	5	4	6
2. Commissions and reinsurance expense allowances	0	0	0	0	0
3. Contract claims	0	0	0	1	0
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	0	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	0	5
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)	173,668,367		173,668,367
2. Reinsurance (Line 16)	0	0	0
3. Premiums and considerations (Line 15)	1,210,586	0	1,210,586
4. Net credit for ceded reinsurance	XXX	379	379
5. All other admitted assets (balance)	5,472,383		5,472,383
6. Total assets excluding Separate Accounts (Line 26)	180,351,336	379	180,351,715
7. Separate Account assets (Line 27)	0		0
8. Total assets (Line 28)	180,351,336	379	180,351,715
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	168,445,029	379	168,445,408
10. Liability for deposit-type contracts (Line 3)	195,563		195,563
11. Claim reserves (Line 4)	656,991	0	656,991
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)	2,494		2,494
13. Premium & annuity considerations received in advance (Line 8)	494,139		494,139
14. Other contract liabilities (Line 9)	636,920		636,920
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)	2,415,542		2,415,542
20. Total liabilities excluding Separate Accounts (Line 26)	172,846,678	379	172,847,057
21. Separate Account liabilities (Line 27)			0
22. Total liabilities (Line 28)	172,846,678	379	172,847,057
23. Capital & surplus (Line 38)	7,504,658	XXX	7,504,658
24. Total liabilities, capital & surplus (Line 39)	180,351,336	379	180,351,715
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	379		
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	379		
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	379		

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	8,071,436	18,815			.0	8,090,251
12.	Hawaii	HI	.0	.0			.0	.0
13.	Idaho	ID	.0	.0			.0	.0
14.	Illinois	IL	.0	.0			.0	.0
15.	Indiana	IN	12,030,716	42,657			.0	12,073,373
16.	Iowa	IA	.0	.0			.0	.0
17.	Kansas	KS	.0	.0			.0	.0
18.	Kentucky	KY	6,436,725	10,610			.0	6,447,335
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	336,881	.0			.0	336,881
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	8,884,311	4,150			.0	8,888,461
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	274,877	.0			.0	274,877
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		36,034,946	76,232	0	0	0	36,111,178

NONE

NONE

NONE

Asterisk
NONE

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	38-1718391	Michigan Farm Bureau									0	
21555	38-1316179	Farm Bureau Mutual Insurance Company of Michigan									0	
63096	38-6056370	Farm Bureau Life Insurance Company of Michigan									0	
21547	38-6056228	Farm Bureau General Insurance Company of Michigan					217,237				217,237	
	38-2961817	Michigan Farm Bureau Financial Corporation									0	
	38-3237412	FB Equity Sales Corporation of Michigan									0	
	27-5177082	FBL Real Estate Holdings, LLC									0	
	38-2102277	MFB, Inc.									0	
	38-1883116	Community Service Acceptance Company									0	
	47-3883244	FB Partners Group Premium Financing, LLC									0	
	73-1333610	LIC Corporation									0	
74799	73-1333608	Leaders Life Insurance Company									0	
	27-3936255	Broker Centric Alliance, Inc.									0	
00020	31-1154154	Cincinnati Equitable Companies, Inc.									0	
88064	35-1452221	Cincinnati Equitable Life Insurance Company									0	
16721	31-0239840	Cincinnati Equitable Insurance Company					(217,237)				(217,237)	
							0				0	
9999999 Control Totals			0	0	0	0	0	0	xxx	0	0	0

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 2020 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?	
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?	
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?	
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?	
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
50.	Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	NO
51.	Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	YES
52.	Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	NO
AUGUST FILING		
53.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
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	
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	
52.	N/A	
Bar Codes:		
12.	SIS Stockholder Information Supplement [Document Identifier 420]	
14.	Trusted Surplus Statement [Document Identifier 490]	
17.	Actuarial Opinion on X-Factors [Document Identifier 442]	
18.	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]	
19.	Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]	
20.	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Cincinnati Equitable Life Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]	 880642020446000000
22. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]	 880642020447000000
23. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]	 880642020448000000
24. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]	 880642020449000000
25. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]	 880642020450000000
26. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]	 880642020451000000
27. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]	 880642020452000000
28. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]	 880642020453000000
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]	 880642020454000000
34. Workers' Compensation Carve-Out Supplement [Document Identifier 495]	 880642020495000000
36. Medicare Part D Coverage Supplement [Document Identifier 365]	 880642020365000000
37. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 880642020224000000
38. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 880642020225000000
39. Relief from the Requirements for Audit Committees [Document Identifier 226]	 880642020226000000
42. Long-Term Care Experience Reporting Forms [Document Identifier 306]	 880642020306000000
43. Credit Insurance Experience Exhibit [Document Identifier 230]	 880642020230000000
45. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 880642020216000000
46. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 880642020217000000
47. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]	 880642020435000000
48. Supplemental Term and Universal Life Insurance Reinsurance Exhibit [Document Identifier 345]	 880642020345000000
49. Variable Annuities Supplement [Document Identifier 286]	 880642020286000000
50. Executive Summary of the PBR Actuarial Report [Document Identifier 457]	 880642020457000000
52. Variable Annuities Summary of the PBR Actuarial Report [Document Identifier 459]	 880642020459000000

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SUPPLEMENT FOR THE YEAR 2020 OF THE Cincinnati Equitable Life Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2020
(To Be Filed by March 1)

FOR THE STATE OF Ohio.....
NAIC Group Code 0838..... NAIC Company Code 88064.....
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202.....
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2017				Policies Issued in 2018; 2019; 2020			
										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	19,302	14,363	74.4	8	0	0	0.0	
0199999. Total Experience on Individual Policies										19,302	14,363	74.4	8	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 1A

N O N E

VM-20 Reserves Supplement - Part 1B

N O N E

VM-20 Reserves Supplement - Part 2

N O N E

VM-20 Reserves Supplement - Part 3

N O N E



SUPPLEMENT FOR THE YEAR 2020 OF THE Cincinnati Equitable Life Insurance Company

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2020
(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 2016	2 2017	3 2018	4 2019	5 2020(a)
1.	Prior	0	0	0	0	0
2.	2016					
3.	2017	XXX				
4.	2018	XXX	XXX			
5.	2019	XXX	XXX	XXX		
6.	2020	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1.	Prior	(1)	(1)	(1)	(1)	(1)
2.	2016	34	34	34	34	34
3.	2017	XXX	27	30	30	30
4.	2018	XXX	XXX	12	7	7
5.	2019	XXX	XXX	XXX	8	6
6.	2020	XXX	XXX	XXX	XXX	5

Section C - Credit Accident and Health

1.	Prior					
2.	2016					
3.	2017	XXX				
4.	2018	XXX	XX			
5.	2019	XXX	XX	XXX		
6.	2020	XXX	XX	XXX	XXX	

Section D -

1.	Prior					
2.	2016					
3.	2017	XXX				
4.	2018	XXX	XX			
5.	2019	XXX	XX	XXX		
6.	2020	XXX	XX	XXX	XXX	

Section E -

1.	Prior					
2.	2016					
3.	2017	XXX				
4.	2018	XXX	XX			
5.	2019	XXX	XX	XXX		
6.	2020	XXX	XX	XXX	XXX	

Section F -

1.	Prior					
2.	2016					
3.	2017	XXX				
4.	2018	XXX	XX			
5.	2019	XXX	XX	XXX		
6.	2020	XXX	XX	XXX	XXX	

Section G -

1.	Prior					
2.	2016					
3.	2017	XXX				
4.	2018	XXX	XX			
5.	2019	XXX	XX	XXX		
6.	2020	XXX	XX	XXX	XXX	

(a) See the Annual Audited Financial Reports section of the annual statement instructions.

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 2020 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 2016	2 2017	3	4 2019	5 2020
1.	2016				XXX	XXX
2.	2017	XXX				XXX
3.	2018	XXX	XXX			
4.	2019	XXX	XXX	XXX		
5.	2020	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1.	2016	.34	.30	.30	XXX	XXX
2.	2017	XXX	.28	.22	.22	XXX
3.	2018	XXX	XXX	.18	.13	.13
4.	2019	XXX	XXX	XXX	.8	.6
5.	2020	XXX	XXX	XXX	XXX	5

Section C - Credit Accident and Health

1.	2016				XXX	XXX
2.	2017	XXX				XXX
3.	2018	XXX				
4.	2019	XXX	XX	XXX		
5.	2020	XXX	XX	XXX	XXX	

Section D -

1.	2016				XXX	XXX
2.	2017	XXX				XXX
3.	2018	XXX				
4.	2019	XX	XX	XXX		
5.	2020	XXX	XX	XXX	XXX	

Section E -

1.	2016				XXX	XXX
2.	2017	XXX				XXX
3.	2018	XXX				
4.	2019	XX	XX	XXX		
5.	2020	XXX	XX	XXX	XXX	

Section F -

1.	2016				XXX	XXX
2.	2017	XXX				XXX
3.	2018	XXX				
4.	2019	XX	XX	XXX		
5.	2020	XXX	XX	XXX	XXX	

Section G -

1.	2016				XXX	XXX
2.	2017	XXX				XXX
3.	2018	XXX				
4.	2019	XX	XX	XXX		
5.	2020	XXX	XX	XXX	XXX	

SUPPLEMENT FOR THE YEAR 2020 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 2016	2 2017	3	4 2019	5 2020
1.	2016	NONE				
2.	2017					
3.	2018					
4.	2019					
5.	2020					

Section B - Other Accident and Health

1.	2016					
2.	2017	XXX				
3.	2018	XXX				
4.	2019	XX	XX	XX		
5.	2020	XXX	XX	XXX	XXX	

Section C - Credit Accident and Health

1.	2016					
2.	2017	XXX				
3.	2018	XXX				
4.	2019	XX	XX	XX		
5.	2020	XXX	XX	XXX	XXX	

Section D -

1.	2016					
2.	2017	XXX				
3.	2018	XXX				
4.	2019	XX	XX	XX		
5.	2020	XXX	XX	XXX	XXX	

Section E -

1.	2016					
2.	2017	XXX				
3.	2018	XXX				
4.	2019	XX	XX	XX		
5.	2020	XXX	XX	XXX	XXX	

Section F -

1.	2016					
2.	2017	XXX				
3.	2018	XXX				
4.	2019	XX	XX	XX		
5.	2020	XXX	XX	XXX	XXX	

Section G -

1.	2016					
2.	2017	XXX				
3.	2018	XXX				
4.	2019	XX	XX	XX		
5.	2020	XXX	XX	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	652
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		657