



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

ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE

Cincinnati Life Insurance Company

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

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

Country of DomicileUnited States of America

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

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

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

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

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

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

Internet Website AddressWWW.CINFIN.COM

Statutory Statement ContactJOSEPH DAVID WURZELBACHER513-870-2000-4902
(Name)(Area Code) (Telephone Number)

JOE_WURZELBACHER@CINFIN.COM513-603-5500
(E-mail Address)(FAX Number)

OFFICERS

PRESIDENT	STEPHEN MICHAEL SPRAY #	TREASURER & VICE PRESIDENT	CHRISTOPHER THOMAS LUTZ
CHIEF FINANCIAL OFFICER & EXECUTIVE VICE PRESIDENT	MICHAEL JAMES SEWELL #	CHAIRMAN & CHIEF EXECUTIVE OFFICER	STEVEN JUSTUS JOHNSTON

OTHER

ROGER ANDREW BROWN, CHIEF OPERATING OFFICER & SENIOR VICE PRESIDENT	TERESA CURRIN CRACAS #, CHIEF RISK OFFICER & EXECUTIVE VICE PRESIDENT	THERESA ANN HOFFER, SENIOR VICE PRESIDENT LISA ANNE LOVE #, CHIEF LEGAL OFFICER, EXECUTIVE VICE PRESIDENT & CORPORATE SECRETARY
THOMAS CHRISTOPHER HOGAN, SENIOR VICE PRESIDENT	JOHN SCOTT KELLINGTON #, CHIEF INFORMATION OFFICER & EXECUTIVE VICE PRESIDENT	
STEVEN ANTHONY SOLORIA #, SENIOR VICE PRESIDENT		

DIRECTORS OR TRUSTEES

NANCY CUNNINGHAM BENACCI	ROGER ANDREW BROWN	TERESA CURRIN CRACAS
STEVEN JUSTUS JOHNSTON	JOHN SCOTT KELLINGTON	LISA ANNE LOVE
DAVID PUTNAM OSBORN	CHARLES ODELL SCHIFF	MICHAEL JAMES SEWELL
STEPHEN MICHAEL SPRAY	LARRY RUSSELL WEBB	

State ofOhioSS

County ofButler

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

STEPHEN MICHAEL SPRAY
PRESIDENT

MICHAEL JAMES SEWELL
CFO & EXECUTIVE VICE PRESIDENT

CHRISTOPHER THOMAS LUTZ
TREASURER & VICE PRESIDENT

Subscribed and sworn to before me this16THday ofFEBRUARY 2023

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

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

KAREN S. DONNER
NOTARY PUBLIC
10/26/2024



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alabama
NAIC Group Code 0244

LIFE INSURANCE

DURING THE YEAR 2022
NAIC Company Code 76236

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	7,016,245			97	7,016,342
2. Annuity considerations	74,542				74,542
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	7,090,788			97	7,090,884
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,882,304				5,882,304
10. Matured endowments					
11. Annuity benefits	521,562				521,562
12. Surrender values and withdrawals for life contracts ..	390,821			271	391,092
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	6,794,687			271	6,794,958
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	57	5,882,304							57	5,882,304
Settled during current year:										
18.1 By payment in full	57	5,882,304							57	5,882,304
18.2 By payment on compromised claims										
18.3 Totals paid	57	5,882,304							57	5,882,304
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	57	5,882,304							57	5,882,304
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	7,861	2,103,765,976	(a)				53	63,593	7,914	2,103,829,569
21. Issued during year	443	310,186,894							443	310,186,894
22. Other changes to in force (Net)	(473)	(125,452,612)					(3)	(2,000)	(476)	(125,454,612)
23. In force December 31 of current year	7,831	2,288,500,258	(a)				50	61,593	7,881	2,288,561,851

(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)	72	102			3
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	52,870	50,865			11,031
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	497	568			(9)
25.6 Totals (sum of Lines 25.1 to 25.5)	53,367	51,432			11,022
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	53,439	51,534			11,025

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2022

NAIC Group Code 0244

NAIC Company Code 76236

NAIC Group Code		0244		LIFE INSURANCE		NAIC Company Code		76236	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total			
1. Life insurance		100,578				100,578			
2. Annuity considerations									
3. Deposit-type contract funds			XXX		XXX				
4. Other considerations									
5. Totals (Sum of Lines 1 to 4)		100,578				100,578			
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		201,161				201,161			
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		201,161				201,161			
DETAILS OF WRITE-INS									
1301.									
1302.									
1303.									
1398. Summary of Line 13 from overflow page									
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)									

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
Settled during current year:										
18.1	By payment in full									
18.2	By payment on compromised claims									
18.3	Totals paid									
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements									
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	101	42,013,933	(a)					101	42,013,933
21.	Issued during year	1	250,000						1	250,000
22.	Other changes to in force (Net)	(5)	(1,512,676)						(5)	(1,512,676)
23.	In force December 31 of current year	97	40,751,257	(a)					97	40,751,257

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2022

NAIC Group Code 0244

NAIC Company Code 76236

NAIC Group Code		0244		LIFE INSURANCE		NAIC Company Code		76236	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5			
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total			
1.	Life insurance	3,377,067			46	3,377,113			
2.	Annuity considerations								
3.	Deposit-type contract funds		XXX		XXX				
4.	Other considerations								
5.	Totals (Sum of Lines 1 to 4)	3,377,067			46	3,377,113			
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS									
Life insurance:									
6.1	Paid in cash or left on deposit								
6.2	Applied to pay renewal premiums								
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period								
6.4	Other								
6.5	Totals (Sum of Lines 6.1 to 6.4)								
Annuities:									
7.1	Paid in cash or left on deposit								
7.2	Applied to provide paid-up annuities								
7.3	Other								
7.4	Totals (Sum of Lines 7.1 to 7.3)								
8.	Grand Totals (Lines 6.5 plus 7.4)								
DIRECT CLAIMS AND BENEFITS PAID									
9.	Death benefits	1,553,267				1,553,267			
10.	Matured endowments								
11.	Annuity benefits	908,015				908,015			
12.	Surrender values and withdrawals for life contracts ..	73,997			109	74,106			
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid								
14.	All other benefits, except accident and health								
15.	Totals	2,535,279			109	2,535,388			
DETAILS OF WRITE-INS									
1301.	.....							
1302.	.....							
1303.	.....							
1398.	Summary of Line 13 from overflow page								
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)								

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year	11	1,553,267						11	1,553,267
Settled during current year:										
18.1	By payment in full	11	1,553,267						11	1,553,267
18.2	By payment on compromised claims									
18.3	Totals paid	11	1,553,267						11	1,553,267
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements	11	1,553,267						11	1,553,267
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	3,040	1,239,735,515	(a)			24	18,500	3,064	1,239,754,015
21.	Issued during year	81	52,000,000						81	52,000,000
22.	Other changes to in force (Net)	(109)	(39,066,279)				(2)	(2,000)	(111)	(39,068,279)
23.	In force December 31 of current year	3,012	1,252,669,235	(a)			22	16,500	3,034	1,252,685,735

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b)				
24.1	Federal Employees Health Benefits Plan premium (b)				
24.2	Credit (Group and Individual)				
24.3	Collectively renewable policies/certificates (b)				
24.4	Medicare Title XVIII exempt from state taxes or fees				
Other Individual Policies:					
25.1	Non-cancelable (b)				
25.2	Guaranteed renewable (b)	10,100	11,070		720
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only				
25.5	All other (b)				
25.6	Totals (sum of Lines 25.1 to 25.5)	10,100	11,070		720
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,100	11,070		720

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arkansas
NAIC Group Code 0244

LIFE INSURANCE

DURING THE YEAR 2022
NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance	3,842,923			76	3,842,999
2.	Annuity considerations	17,735				17,735
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	3,860,658			76	3,860,734
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	1,140,674				1,140,674
10.	Matured endowments					
11.	Annuity benefits	470,794				470,794
12.	Surrender values and withdrawals for life contracts ..	152,720				152,720
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals	1,764,188				1,764,188
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year	12	1,140,674						12	1,140,674
Settled during current year:										
18.1	By payment in full	12	1,140,674						12	1,140,674
18.2	By payment on compromised claims									
18.3	Totals paid	12	1,140,674						12	1,140,674
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements	12	1,140,674						12	1,140,674
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	2,958	1,218,971,669	(a)	1	19,672,263	13	12,093	2,972	1,238,656,025
21.	Issued during year	168	128,546,073						168	128,546,073
22.	Other changes to in force (Net)	(145)	(61,357,301)			59,966			(145)	(61,297,335)
23.	In force December 31 of current year	2,981	1,286,160,441	(a)	1	19,732,229	13	12,093	2,995	1,305,904,763

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b)				
24.1	Federal Employees Health Benefits Plan premium (b)				
24.2	Credit (Group and Individual)				
24.3	Collectively renewable policies/certificates (b)	68	79		1
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:				
25.1	Non-cancelable (b)				1
25.2	Guaranteed renewable (b)	13,161	13,253		3
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only				
25.5	All other (b)		(32)		1
25.6	Totals (sum of Lines 25.1 to 25.5)	13,161	13,221		6
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,228	13,299		7

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF California
NAIC Group Code 0244

LIFE INSURANCE

DURING THE YEAR 2022
NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	9,152,546			455	9,153,001
2. Annuity considerations	155,403				155,403
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	9,307,949			455	9,308,404
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,704,887				4,704,887
10. Matured endowments	1,010			4,830	5,840
11. Annuity benefits	1,196,936				1,196,936
12. Surrender values and withdrawals for life contracts ..	311,087			1,725	312,813
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	6,213,921			6,555	6,220,476
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	47	4,705,897					7	4,830	54	4,710,727
Settled during current year:										
18.1 By payment in full	47	4,705,897					7	4,830	54	4,710,727
18.2 By payment on compromised claims										
18.3 Totals paid	47	4,705,897					7	4,830	54	4,710,727
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	47	4,705,897					7	4,830	54	4,710,727
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	11,001	3,105,794,754	(a)				283	276,314	11,284	3,106,071,067
21. Issued during year	552	252,371,464							552	252,371,464
22. Other changes to in force (Net)	(655)	(162,217,229)					(17)	(13,673)	(672)	(162,230,901)
23. In force December 31 of current year	10,898	3,195,948,989	(a)				266	262,641	11,164	3,196,211,630

(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)	15,009	15,124		53,834	53,871
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	10	15			1
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	15,019	15,139		53,834	53,873
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	15,019	15,139		53,834	53,873

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	4,145,303				4,145,303
2. Annuity considerations	127,570				127,570
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	4,272,872				4,272,872
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,555,826			1,000	1,556,826
10. Matured endowments					
11. Annuity benefits	289,070				289,070
12. Surrender values and withdrawals for life contracts ..	45,242				45,242
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	1,890,138			1,000	1,891,138
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year:	5	1,555,826					1	1,000	6	1,556,826
18.1 By payment in full	5	1,555,826					1	1,000	6	1,556,826
18.2 By payment on compromised claims										
18.3 Totals paid	5	1,555,826					1	1,000	6	1,556,826
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	5	1,555,826					1	1,000	6	1,556,826
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,827	1,299,275,368	(a)				16	20,593	2,843	1,299,295,960
21. Issued during year	243	167,920,861							243	167,920,861
22. Other changes to in force (Net)	(204)	(67,516,778)					(2)	(1,500)	(206)	(67,518,278)
23. In force December 31 of current year	2,866	1,399,679,451	(a)				14	19,093	2,880	1,399,698,543

(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)	(40)	(40)			
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	11,951	11,834			805
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)	11,951	11,834			805
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,912	11,794			805

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2022

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE					
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,644,401				1,644,401
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	1,644,401				1,644,401
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	433,081				433,081
10. Matured endowments					
11. Annuity benefits	222,625				222,625
12. Surrender values and withdrawals for life contracts ..	21,607				21,607
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	677,312				677,312
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	12	433,081							12	433,081
Settled during current year:										
18.1 By payment in full	12	433,081							12	433,081
18.2 By payment on compromised claims										
18.3 Totals paid	12	433,081							12	433,081
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	12	433,081							12	433,081
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,356	563,817,301	(a)				2	2,501	1,358	563,819,802
21. Issued during year	112	52,572,531							112	52,572,531
22. Other changes to in force (Net)	(74)	(32,430,413)						(1)	(74)	(32,430,414)
23. In force December 31 of current year	1,394	583,959,419	(a)				2	2,500	1,396	583,961,919

(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)					1
25.2 Guaranteed renewable (b)	2,234	2,250			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	2,234	2,250			1
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,234	2,250			1

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2022

NAIC Group Code 0244

NAIC Company Code 76236

NAIC Group Code		0244		LIFE INSURANCE		NAIC Company Code		76236	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total			
1. Life insurance		812,772				812,772			
2. Annuity considerations		194,386				194,386			
3. Deposit-type contract funds			XXX		XXX				
4. Other considerations									
5. Totals (Sum of Lines 1 to 4)		1,007,158				1,007,158			
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS									
Life insurance:									
6.1 Paid in cash or left on deposit									
6.2 Applied to pay renewal premiums									
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period									
6.4 Other									
6.5 Totals (Sum of Lines 6.1 to 6.4)									
Annuities:									
7.1 Paid in cash or left on deposit									
7.2 Applied to provide paid-up annuities									
7.3 Other									
7.4 Totals (Sum of Lines 7.1 to 7.3)									
8. Grand Totals (Lines 6.5 plus 7.4)									
DIRECT CLAIMS AND BENEFITS PAID									
9. Death benefits		1,239,551				1,239,551			
10. Matured endowments									
11. Annuity benefits		800,631				800,631			
12. Surrender values and withdrawals for life contracts ..		3,057				3,057			
13. Aggregate write-ins for miscellaneous direct claims and benefits paid									
14. All other benefits, except accident and health									
15. Totals		2,043,239				2,043,239			
DETAILS OF WRITE-INS									
1301.									
1302.									
1303.									
1398. Summary of Line 13 from overflow page									
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)									

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year	9	1,239,551						9	1,239,551
Settled during current year:										
18.1	By payment in full	9	1,239,551						9	1,239,551
18.2	By payment on compromised claims									
18.3	Totals paid	9	1,239,551						9	1,239,551
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements	9	1,239,551						9	1,239,551
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	698	239,949,695	(a)			3	4,000	701	239,953,695
21.	Issued during year	59	40,739,652						59	40,739,652
22.	Other changes to in force (Net)	(8)	241,699						(8)	241,699
23.	In force December 31 of current year	749	280,931,046	(a)			3	4,000	752	280,935,046

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b)				
24.1	Federal Employees Health Benefits Plan premium (b)				
24.2	Credit (Group and Individual)				
24.3	Collectively renewable policies/certificates (b)				
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:				
25.1	Non-cancelable (b)				
25.2	Guaranteed renewable (b)	1,286	1,310		(7)
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only				
25.5	All other (b)				
25.6	Totals (sum of Lines 25.1 to 25.5)	1,286	1,310		(7)
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,286	1,310		(7)

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	279,163			759	279,922
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	279,163			759	279,922
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	9,000			2,000	11,000
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts ..					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	9,000			2,000	11,000
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	3	9,000					1	2,000	4	11,000
Settled during current year:										
18.1 By payment in full	3	9,000					1	2,000	4	11,000
18.2 By payment on compromised claims										
18.3 Totals paid	3	9,000					1	2,000	4	11,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	9,000					1	2,000	4	11,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	210	115,636,884	(a)				220	243,000	430	115,879,884
21. Issued during year	4	7,100,000							4	7,100,000
22. Other changes to in force (Net)	(13)	682,112					(13)	(15,000)	(26)	667,112
23. In force December 31 of current year	201	123,418,996	(a)				207	228,000	408	123,646,996

(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)	35	59			(66)
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)	35	59			(66)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	35	59			(66)

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Florida
NAIC Group Code 0244

LIFE INSURANCE

DURING THE YEAR 2022
NAIC Company Code 76236

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	10,180,831			211	10,181,042
2. Annuity considerations	300,093				300,093
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	10,480,923			211	10,481,134
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	11,312,500				11,312,500
10. Matured endowments					
11. Annuity benefits	4,805,937				4,805,937
12. Surrender values and withdrawals for life contracts ..	1,013,065				1,013,065
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	17,131,502				17,131,502
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	80	11,312,500							80	11,312,500
Settled during current year:										
18.1 By payment in full	80	11,312,500							80	11,312,500
18.2 By payment on compromised claims										
18.3 Totals paid	80	11,312,500							80	11,312,500
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	80	11,312,500							80	11,312,500
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	10,072	2,743,490,216	(a)				84	79,123	10,156	2,743,569,339
21. Issued during year	631	205,101,249							631	205,101,249
22. Other changes to in force (Net)	(498)	(93,152,046)					(6)	(4,593)	(504)	(93,156,638)
23. In force December 31 of current year	10,205	2,855,439,419	(a)				78	74,531	10,283	2,855,513,950

(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)	385	476			(3)
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					3
25.2 Guaranteed renewable (b)	123,383	121,326		352,948	434,932
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	60	92		150	151
25.5 All other (b)					(12)
25.6 Totals (sum of Lines 25.1 to 25.5)	123,443	121,418		353,098	435,074
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	123,828	121,894		353,098	435,072

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2022

NAIC Group Code 0244

NAIC Company Code 76236

LIFE INSURANCE					
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4
		Ordinary	Credit Life (Group and Individual)	Group	Industrial
					Total
1.	Life insurance	20,582,389			292
2.	Annuity considerations	40,784			
3.	Deposit-type contract funds		XXX		XXX
4.	Other considerations				
5.	Totals (Sum of Lines 1 to 4)	20,623,173			292
20,623,465					
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1	Paid in cash or left on deposit				
6.2	Applied to pay renewal premiums				
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period				
6.4	Other				
6.5	Totals (Sum of Lines 6.1 to 6.4)				
Annuities:					
7.1	Paid in cash or left on deposit				
7.2	Applied to provide paid-up annuities				
7.3	Other				
7.4	Totals (Sum of Lines 7.1 to 7.3)				
8.	Grand Totals (Lines 6.5 plus 7.4)				
DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	8,411,801			3,000
10.	Matured endowments	7,406			1,375
11.	Annuity benefits	566,505			
12.	Surrender values and withdrawals for life contracts	1,120,344			24
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid				
14.	All other benefits, except accident and health				
15.	Totals	10,106,057			4,399
10,110,456					
DETAILS OF WRITE-INS					
1301.	.....			
1302.	.....			
1303.	.....			
1398.	Summary of Line 13 from overflow page				
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)				

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pol. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pol. & Certifs.	Amount	No. of Pol. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year	173	8,419,208				4	4,375	177	8,423,583
Settled during current year:										
18.1	By payment in full	173	8,419,208				4	4,375	177	8,423,583
18.2	By payment on compromised claims									
18.3	Totals paid	173	8,419,208				4	4,375	177	8,423,583
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements	173	8,419,208				4	4,375	177	8,423,583
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	26,604	5,252,807,351	(a)			153	139,790	26,757	5,252,947,141
21.	Issued during year	3,203	550,578,535						3,203	550,578,535
22.	Other changes to in force (Net)	(1,985)	(304,343,808)				(8)	(7,875)	(1,993)	(304,351,683)
23.	In force December 31 of current year	27,822	5,499,042,078	(a)			145	131,915	27,967	5,499,173,993

(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)				1
25.2	Guaranteed renewable (b)	250,658	261,315	510,398	(120,173)
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only	829	866		18
25.5	All other (b)	115	120		(22)
25.6	Totals (sum of Lines 25.1 to 25.5)	251,602	262,300	510,398	(120,175)
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	251,602	262,300	510,398	(120,175)

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2022

NAIC Group Code 0244

NAIC Company Code 76236

NAIC Group Code		0244		LIFE INSURANCE		NAIC Company Code		76236	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total			
1.	Life insurance	132,987				132,987			
2.	Annuity considerations								
3.	Deposit-type contract funds		XXX		XXX				
4.	Other considerations								
5.	Totals (Sum of Lines 1 to 4)	132,987				132,987			
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	3,198				3,198			
12.	Surrender values and withdrawals for life contracts ..	2,903				2,903			
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid								
14.	All other benefits, except accident and health								
15.	Totals	6,101				6,101			
DETAILS OF WRITE-INS									
1301.	.....							
1302.	.....							
1303.	.....							
1398.	Summary of Line 13 from overflow page								
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)								

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
Settled during current year:										
18.1	By payment in full									
18.2	By payment on compromised claims									
18.3	Totals paid									
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements									
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	127	43,388,997	(a)			4	4,500	131	43,393,497
21.	Issued during year	6	2,950,000						6	2,950,000
22.	Other changes to in force (Net)		125,123							125,123
23.	In force December 31 of current year	133	46,464,120	(a)			4	4,500	137	46,468,620

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,612,449				1,612,449
2. Annuity considerations	386,812				386,812
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	1,999,262				1,999,262
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,750,000				2,750,000
10. Matured endowments					
11. Annuity benefits	300,265				300,265
12. Surrender values and withdrawals for life contracts ..	15,281				15,281
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	3,065,546				3,065,546
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	6	2,750,000							6	2,750,000
Settled during current year:										
18.1 By payment in full	6	2,750,000							6	2,750,000
18.2 By payment on compromised claims										
18.3 Totals paid	6	2,750,000							6	2,750,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	6	2,750,000							6	2,750,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,321	612,436,128	(a)				1	1,000	1,322	612,437,128
21. Issued during year	84	85,060,000							84	85,060,000
22. Other changes to in force (Net)	(50)	(81,650,619)							(50)	(81,650,619)
23. In force December 31 of current year	1,355	615,845,509	(a)				1	1,000	1,356	615,846,509

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,363	3,387			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	3,363	3,387			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,363	3,387			

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	22,305,647			26	22,305,672
2. Annuity considerations	3,822,493				3,822,493
3. Deposit-type contract funds	27,500	XXX		XXX	27,500
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	26,155,640			26	26,155,665
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	15,434,905				15,434,905
10. Matured endowments					
11. Annuity benefits	6,767,480				6,767,480
12. Surrender values and withdrawals for life contracts ..	1,376,738				1,376,738
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	23,579,123				23,579,123
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	250,000							1	250,000
17. Incurred during current year	155	15,434,905							155	15,434,905
Settled during current year:										
18.1 By payment in full	155	15,434,905							155	15,434,905
18.2 By payment on compromised claims										
18.3 Totals paid	155	15,434,905							155	15,434,905
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	155	15,434,905							155	15,434,905
19. Unpaid Dec. 31, current year (16+17-18.6)	1	250,000							1	250,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	27,626	6,608,141,951	(a)		1	20,000	25	22,186	27,652	6,608,184,136
21. Issued during year	1,975	574,461,350							1,975	574,461,350
22. Other changes to in force (Net)	(1,904)	(406,578,013)						(1)	(1,904)	(406,578,014)
23. In force December 31 of current year	27,697	6,776,025,288	(a)		1	20,000	25	22,185	27,723	6,776,067,472

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,310	3,818			
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	1,013	1,530			13
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	279,410	287,784		274,597	531,374
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	133	143			3
25.5 All other (b)	17	32			1
25.6 Totals (sum of Lines 25.1 to 25.5)	279,560	287,958		274,597	531,379
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	283,882	293,307		274,597	531,392

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	21,320,749			1,130	21,321,880
2. Annuity considerations	2,410,111				2,410,111
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	23,730,860			1,130	23,731,991
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	12,510,477				12,510,477
10. Matured endowments					
11. Annuity benefits	2,438,816				2,438,816
12. Surrender values and withdrawals for life contracts ..	1,930,874				1,930,874
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	16,880,167				16,880,167
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	183	12,510,477							183	12,510,477
Settled during current year:										
18.1 By payment in full	183	12,510,477							183	12,510,477
18.2 By payment on compromised claims										
18.3 Totals paid	183	12,510,477							183	12,510,477
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	183	12,510,477							183	12,510,477
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	32,119	5,797,070,296	(a)			10,000	219	260,451	32,338	5,797,340,748
21. Issued during year	2,870	493,333,869							2,870	493,333,869
22. Other changes to in force (Net)	(3,103)	(420,020,642)					(7)	(8,851)	(3,110)	(420,029,493)
23. In force December 31 of current year	31,886	5,870,383,523	(a)			10,000	212	251,600	32,098	5,870,645,123

(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)	135,595	140,800		65,275	81,822
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	105	140			1
25.5 All other (b)	75	77			(48)
25.6 Totals (sum of Lines 25.1 to 25.5)	135,776	141,017		65,275	81,776
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	135,776	141,017		65,275	81,776

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Iowa

NAIC Group Code 0244

LIFE INSURANCE

DURING THE YEAR 2022

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	15,183,503			9	15,183,512
2. Annuity considerations	5,050,120				5,050,120
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	20,233,623			9	20,233,632
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	12,529,016				12,529,016
10. Matured endowments					
11. Annuity benefits	15,783,102				15,783,102
12. Surrender values and withdrawals for life contracts ..	740,082				740,082
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	29,052,199				29,052,199
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	65	12,529,016							65	12,529,016
Settled during current year:										
18.1 By payment in full	65	12,529,016							65	12,529,016
18.2 By payment on compromised claims										
18.3 Totals paid	65	12,529,016							65	12,529,016
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	65	12,529,016							65	12,529,016
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	17,142	4,896,637,793	(a)				6	5,000	17,148	4,896,642,793
21. Issued during year	1,224	408,273,542							1,224	408,273,542
22. Other changes to in force (Net)	(833)	(256,717,077)							(833)	(256,717,077)
23. In force December 31 of current year	17,533	5,048,194,258	(a)				6	5,000	17,539	5,048,199,258

(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)	66,598	67,164		5,077	26,603
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	6,529	7,947			31
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	73,127	75,111		5,077	26,635
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	73,127	75,111		5,077	26,635

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	4,817,685				4,817,685
2. Annuity considerations	194,193				194,193
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	5,011,878				5,011,878
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,009,213				3,009,213
10. Matured endowments					
11. Annuity benefits	773,219				773,219
12. Surrender values and withdrawals for life contracts ..	90,214				90,214
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	3,872,646				3,872,646
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	22	3,009,213							22	3,009,213
Settled during current year:										
18.1 By payment in full	22	3,009,213							22	3,009,213
18.2 By payment on compromised claims										
18.3 Totals paid	22	3,009,213							22	3,009,213
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	22	3,009,213							22	3,009,213
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4,776	1,791,314,223	(a)				1	1,000	4,777	1,791,315,223
21. Issued during year	324	147,037,326							324	147,037,326
22. Other changes to in force (Net)	(291)	(85,189,388)							(291)	(85,189,388)
23. In force December 31 of current year	4,809	1,853,162,161	(a)				1	1,000	4,810	1,853,163,161

(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)	16,189	16,573			2,486
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)	16,189	16,573			2,486
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,189	16,573			2,486

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	12,825,782			686	12,826,467
2. Annuity considerations	85,370				85,370
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	12,911,152			686	12,911,837
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	9,961,140			500	9,961,640
10. Matured endowments					
11. Annuity benefits	658,482				658,482
12. Surrender values and withdrawals for life contracts ..	948,508				948,508
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	11,568,131			500	11,568,631
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	106	9,961,140					1	500	107	9,961,640
Settled during current year:										
18.1 By payment in full	106	9,961,140					1	500	107	9,961,640
18.2 By payment on compromised claims										
18.3 Totals paid	106	9,961,140					1	500	107	9,961,640
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	106	9,961,140					1	500	107	9,961,640
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	18,418	3,652,226,112	(a)				239	240,365	18,657	3,652,466,477
21. Issued during year	2,057	289,912,959							2,057	289,912,959
22. Other changes to in force (Net)	(1,450)	(204,580,838)						(1,315)	(1,450)	(204,582,153)
23. In force December 31 of current year	19,025	3,737,558,233	(a)				239	239,049	19,264	3,737,797,282

(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)	188	262			7
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	179,067	183,423		104,937	391,638
25.3 Non-renewable for stated reasons only (b)					(49)
25.4 Other accident only	86	89			4
25.5 All other (b)	1,401	1,777			(58)
25.6 Totals (sum of Lines 25.1 to 25.5)	180,554	185,289		104,937	391,535
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	180,742	185,551		104,937	391,542

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Louisiana
NAIC Group Code 0244

LIFE INSURANCE

DURING THE YEAR 2022
NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,872,945				1,872,945
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	1,872,945				1,872,945
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	164,001				164,001
10. Matured endowments					
11. Annuity benefits	710,658				710,658
12. Surrender values and withdrawals for life contracts ..	27,379				27,379
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	902,038				902,038
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	9	164,001							9	164,001
Settled during current year:										
18.1 By payment in full	9	164,001							9	164,001
18.2 By payment on compromised claims										
18.3 Totals paid	9	164,001							9	164,001
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	9	164,001							9	164,001
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,487	450,545,652	(a)				7	5,500	1,494	450,551,152
21. Issued during year	152	85,834,114							152	85,834,114
22. Other changes to in force (Net)	(72)	(19,058,833)							(72)	(19,058,833)
23. In force December 31 of current year	1,567	517,320,934	(a)				7	5,500	1,574	517,326,434

(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)					1
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only		33			1
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)		33			3
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		33			3

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maine
NAIC Group Code 0244

LIFE INSURANCE

DURING THE YEAR 2022
NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	329,399				329,399
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	329,399				329,399
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	50,000				50,000
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts ..	2,362				2,362
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	52,362				52,362
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	50,000							1	50,000
Settled during current year:										
18.1 By payment in full	1	50,000							1	50,000
18.2 By payment on compromised claims										
18.3 Totals paid	1	50,000							1	50,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	50,000							1	50,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	306	75,255,489	(a)				2	2,000	308	75,257,489
21. Issued during year	16	10,270,000							16	10,270,000
22. Other changes to in force (Net)	(10)	283,748							(10)	283,748
23. In force December 31 of current year	312	85,809,237	(a)				2	2,000	314	85,811,237

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maryland
NAIC Group Code 0244

LIFE INSURANCE

DURING THE YEAR 2022
NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	4,919,887			271	4,920,158
2. Annuity considerations	77,750				77,750
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	4,997,637			271	4,997,908
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,958,504			1,000	2,959,504
10. Matured endowments	2,500			1,185	3,685
11. Annuity benefits	213,670				213,670
12. Surrender values and withdrawals for life contracts ..	53,368			308	53,676
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	3,228,042			2,493	3,230,535
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	22	2,961,004					1	2,185	23	2,963,189
Settled during current year:										
18.1 By payment in full	22	2,961,004					1	2,185	23	2,963,189
18.2 By payment on compromised claims										
18.3 Totals paid	22	2,961,004					1	2,185	23	2,963,189
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	22	2,961,004					1	2,185	23	2,963,189
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4,291	1,647,180,562	(a)				176	173,510	4,467	1,647,354,072
21. Issued during year	258	120,382,872							258	120,382,872
22. Other changes to in force (Net)	(229)	(61,652,111)					(9)	(10,278)	(238)	(61,662,388)
23. In force December 31 of current year	4,320	1,705,911,323	(a)				167	163,232	4,487	1,706,074,555

(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)	32,847	33,717			(167,733)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	45	45			1
25.6 Totals (sum of Lines 25.1 to 25.5)	32,892	33,762			(167,731)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	32,892	33,762			(167,731)

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,714,446				1,714,446
2. Annuity considerations	7,200				7,200
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	1,721,646				1,721,646
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	850,452				850,452
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts ..	6,292				6,292
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	856,744				856,744
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	4	850,452							4	850,452
Settled during current year:										
18.1 By payment in full	4	850,452							4	850,452
18.2 By payment on compromised claims										
18.3 Totals paid	4	850,452							4	850,452
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	4	850,452							4	850,452
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,332	597,036,849	(a)				13	12,185	1,345	597,049,034
21. Issued during year	108	58,980,986							108	58,980,986
22. Other changes to in force (Net)	(72)	(25,334,352)					(3)	(3,000)	(75)	(25,337,352)
23. In force December 31 of current year	1,368	630,683,484	(a)				10	9,185	1,378	630,692,669

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	(1,087)	5,081			(14,843)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	(1,087)	5,081			(14,843)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	(1,087)	5,081			(14,843)

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	16,957,732			4,169	16,961,900
2. Annuity considerations	923,591				923,591
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	17,881,323			4,169	17,885,491
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	27,696,985			18,000	27,714,985
10. Matured endowments	2,000			1,593	3,593
11. Annuity benefits	5,384,104				5,384,104
12. Surrender values and withdrawals for life contracts ..	773,350			787	774,137
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	33,856,438			20,380	33,876,818
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	126	27,698,985					20	19,593	146	27,718,577
Settled during current year:										
18.1 By payment in full	126	27,698,985					20	19,593	146	27,718,577
18.2 By payment on compromised claims										
18.3 Totals paid	126	27,698,985					20	19,593	146	27,718,577
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	126	27,698,985					20	19,593	146	27,718,577
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	20,209	5,894,767,790	(a)				2,021	2,250,196	22,230	5,897,017,986
21. Issued during year	1,080	480,181,407							1,080	480,181,407
22. Other changes to in force (Net)	(1,278)	(376,925,431)					(85)	(89,044)	(1,363)	(377,014,475)
23. In force December 31 of current year	20,011	5,998,023,766	(a)				1,936	2,161,152	21,947	6,000,184,918

(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)					(62)
25.2 Guaranteed renewable (b)	302,969	313,995		221,077	592,969
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	209	252			(16)
25.6 Totals (sum of Lines 25.1 to 25.5)	303,178	314,246		221,077	592,891
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	303,178	314,246		221,077	592,891

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2022

NAIC Group Code 0244

NAIC Company Code 76236

NAIC Group Code		0244		LIFE INSURANCE		NAIC Company Code		76236	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1	2	3	4	5			
		Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total			
1.	Life insurance	12,127,189				12,127,189			
2.	Annuity considerations	2,047,416				2,047,416			
3.	Deposit-type contract funds		XXX		XXX				
4.	Other considerations								
5.	Totals (Sum of Lines 1 to 4)	14,174,605				14,174,605			
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS									
Life insurance:									
6.1	Paid in cash or left on deposit								
6.2	Applied to pay renewal premiums								
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period								
6.4	Other								
6.5	Totals (Sum of Lines 6.1 to 6.4)								
Annuities:									
7.1	Paid in cash or left on deposit								
7.2	Applied to provide paid-up annuities								
7.3	Other								
7.4	Totals (Sum of Lines 7.1 to 7.3)								
8.	Grand Totals (Lines 6.5 plus 7.4)								
DIRECT CLAIMS AND BENEFITS PAID									
9.	Death benefits	7,449,622		348,500		7,798,122			
10.	Matured endowments								
11.	Annuity benefits	9,681,858				9,681,858			
12.	Surrender values and withdrawals for life contracts ..	337,917				337,917			
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid								
14.	All other benefits, except accident and health								
15.	Totals	17,469,397		348,500		17,817,897			
DETAILS OF WRITE-INS									
1301.	.....							
1302.	.....							
1303.	.....							
1398.	Summary of Line 13 from overflow page								
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)								

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year	35	7,449,622		1	348,500			36	7,798,122
Settled during current year:										
18.1	By payment in full	35	7,449,622		1	348,500			36	7,798,122
18.2	By payment on compromised claims									
18.3	Totals paid	35	7,449,622		1	348,500			36	7,798,122
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements	35	7,449,622		1	348,500			36	7,798,122
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	12,796	5,235,394,221	(a)			10	9,500	12,806	5,235,403,721
21.	Issued during year	522	329,676,620						522	329,676,620
22.	Other changes to in force (Net)	(744)	(253,066,404)						(744)	(253,066,404)
23.	In force December 31 of current year	12,574	5,312,004,437	(a)			10	9,500	12,584	5,312,013,937

(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)	10,474	10,502		11,317	(75,592)
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)	65,962	67,709		56,514	55,911
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	11	14			1
25.6	Totals (sum of Lines 25.1 to 25.5)	65,973	67,723		56,514	55,913
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	76,447	78,226		67,831	(19,680)

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,073,156				2,073,156
2. Annuity considerations	300				300
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	2,073,456				2,073,456
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	350,000				350,000
10. Matured endowments					
11. Annuity benefits	6,733				6,733
12. Surrender values and withdrawals for life contracts ..	11,138				11,138
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	367,871				367,871
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	5	350,000							5	350,000
Settled during current year:										
18.1 By payment in full	5	350,000							5	350,000
18.2 By payment on compromised claims										
18.3 Totals paid	5	350,000							5	350,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	5	350,000							5	350,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,733	518,878,775	(a)				15	15,593	1,748	518,894,368
21. Issued during year	398	119,387,543							398	119,387,543
22. Other changes to in force (Net)	(142)	(18,305,334)					(3)	(3,594)	(145)	(18,308,927)
23. In force December 31 of current year	1,989	619,960,984	(a)				12	12,000	2,001	619,972,984

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,024	1,036			4
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	6	9			1
25.5 All other (b)	89	101			3
25.6 Totals (sum of Lines 25.1 to 25.5)	1,119	1,146			8
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,119	1,146			8

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance	11,762,908				11,762,908
2.	Annuity considerations	136,481				136,481
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	11,899,389				11,899,389
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	4,855,317				4,855,317
10.	Matured endowments					
11.	Annuity benefits	1,316,756				1,316,756
12.	Surrender values and withdrawals for life contracts ..	275,874				275,874
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals	6,447,947				6,447,947
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year	53	4,855,317						53	4,855,317
Settled during current year:										
18.1	By payment in full	53	4,855,317						53	4,855,317
18.2	By payment on compromised claims									
18.3	Totals paid	53	4,855,317						53	4,855,317
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements	53	4,855,317						53	4,855,317
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	12,789	3,730,745,836	(a)			8	8,000	12,797	3,730,753,836
21.	Issued during year	1,170	345,948,721						1,170	345,948,721
22.	Other changes to in force (Net)	(843)	(221,136,187)						(843)	(221,136,187)
23.	In force December 31 of current year	13,116	3,855,558,370	(a)			8	8,000	13,124	3,855,566,370

(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)	36,831	37,235	36,500	36,405
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only				
25.5	All other (b)	61	71		3
25.6	Totals (sum of Lines 25.1 to 25.5)	36,892	37,306	36,500	36,408
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	36,892	37,306	36,500	36,408

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2022

NAIC Group Code 0244

NAIC Company Code 76236

NAIC Group Code		0244		LIFE INSURANCE		NAIC Company Code		76236	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total			
1. Life insurance		2,910,396				2,910,396			
2. Annuity considerations		7,635				7,635			
3. Deposit-type contract funds			XXX		XXX				
4. Other considerations									
5. Totals (Sum of Lines 1 to 4)		2,918,031				2,918,031			
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		411,000				411,000			
10. Matured endowments									
11. Annuity benefits		18,105				18,105			
12. Surrender values and withdrawals for life contracts ..		10,971				10,971			
13. Aggregate write-ins for miscellaneous direct claims and benefits paid									
14. All other benefits, except accident and health									
15. Totals		440,075				440,075			
DETAILS OF WRITE-INS									
1301.									
1302.									
1303.									
1398. Summary of Line 13 from overflow page									
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)									

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year	5	411,000						5	411,000
Settled during current year:										
18.1	By payment in full	5	411,000						5	411,000
18.2	By payment on compromised claims									
18.3	Totals paid	5	411,000						5	411,000
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements	5	411,000						5	411,000
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	2,308	1,013,022,560	(a)			1	1,000	2,309	1,013,023,560
21.	Issued during year	247	164,946,704						247	164,946,704
22.	Other changes to in force (Net)	(96)	(28,812,777)						(96)	(28,812,777)
23.	In force December 31 of current year	2,459	1,149,156,487	(a)			1	1,000	2,460	1,149,157,487

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b)				
24.1	Federal Employees Health Benefits Plan premium (b)				
24.2	Credit (Group and Individual)				
24.3	Collectively renewable policies/certificates (b)				
24.4	Medicare Title XVIII exempt from state taxes or fees				
Other Individual Policies:					
25.1	Non-cancelable (b)				
25.2	Guaranteed renewable (b)	4,798	4,832		
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only				
25.5	All other (b)				
25.6	Totals (sum of Lines 25.1 to 25.5)	4,798	4,832		
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,798	4,832		

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2022

NAIC Group Code 0244

NAIC Company Code 76236

NAIC Group Code 0244		LIFE INSURANCE			NAIC Company Code 76236	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance	3,353,214				3,353,214
2.	Annuity considerations	900				900
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	3,354,114				3,354,114
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	8,136,819				8,136,819
10.	Matured endowments					
11.	Annuity benefits	627,433				627,433
12.	Surrender values and withdrawals for life contracts ..	193,674				193,674
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals	8,957,926				8,957,926
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year	19	8,136,819						19	8,136,819
Settled during current year:										
18.1	By payment in full	19	8,136,819						19	8,136,819
18.2	By payment on compromised claims									
18.3	Totals paid	19	8,136,819						19	8,136,819
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements	19	8,136,819						19	8,136,819
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	3,085	1,149,808,341	(a)			1	500	3,086	1,149,808,841
21.	Issued during year	194	96,502,018						194	96,502,018
22.	Other changes to in force (Net)	(154)	(65,664,112)						(154)	(65,664,112)
23.	In force December 31 of current year	3,125	1,180,646,247	(a)			1	500	3,126	1,180,646,747

(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)	13,500	14,068		1
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only	253	256		(36)
25.5	All other (b)				
25.6	Totals (sum of Lines 25.1 to 25.5)	13,753	14,323		(34)
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,753	14,323		(34)

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	632,807			307	633,114
2. Annuity considerations	9,140				9,140
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	641,947			307	642,254
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	150,000				150,000
10. Matured endowments				1,185	1,185
11. Annuity benefits	124,371				124,371
12. Surrender values and withdrawals for life contracts ..	3,835				3,835
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	278,205			1,185	279,390
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	1	150,000					2	1,185	3	151,185
Settled during current year:										
18.1 By payment in full	1	150,000					2	1,185	3	151,185
18.2 By payment on compromised claims										
18.3 Totals paid	1	150,000					2	1,185	3	151,185
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	1	150,000					2	1,185	3	151,185
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	565	172,651,411	(a)				33	35,686	598	172,687,096
21. Issued during year	21	15,025,000							21	15,025,000
22. Other changes to in force (Net)	(5)	1,033,809					(3)	(2,186)	(8)	1,031,623
23. In force December 31 of current year	581	188,710,220	(a)				30	33,500	611	188,743,719

(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)	5,610	5,648			(10)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	81	81			1
25.6 Totals (sum of Lines 25.1 to 25.5)	5,690	5,729			(8)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,690	5,729			(8)

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	774,197				774,197
2. Annuity considerations	1,500				1,500
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	775,697				775,697
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	536,659				536,659
10. Matured endowments					
11. Annuity benefits	9,054				9,054
12. Surrender values and withdrawals for life contracts ..	2,370				2,370
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	548,083				548,083
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	6	536,659							6	536,659
Settled during current year:										
18.1 By payment in full	6	536,659							6	536,659
18.2 By payment on compromised claims										
18.3 Totals paid	6	536,659							6	536,659
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	6	536,659							6	536,659
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	648	243,362,302	(a)						648	243,362,302
21. Issued during year	62	37,960,000							62	37,960,000
22. Other changes to in force (Net)	(33)	(11,370,919)							(33)	(11,370,919)
23. In force December 31 of current year	677	269,951,383	(a)						677	269,951,383

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,294	4,313			283
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,294	4,313			283
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,294	4,313			283

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,383,210				2,383,210
2. Annuity considerations	300				300
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	2,383,510				2,383,510
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	345,000				345,000
10. Matured endowments					
11. Annuity benefits	25,999				25,999
12. Surrender values and withdrawals for life contracts ..	21,321				21,321
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	392,321				392,321
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	5	345,000							5	345,000
Settled during current year:										
18.1 By payment in full	5	345,000							5	345,000
18.2 By payment on compromised claims										
18.3 Totals paid	5	345,000							5	345,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	5	345,000							5	345,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,546	680,531,522	(a)				25	30,778	1,571	680,562,300
21. Issued during year	302	116,607,374							302	116,607,374
22. Other changes to in force (Net)	(137)	(26,335,318)							(137)	(26,335,318)
23. In force December 31 of current year	1,711	770,803,578	(a)				25	30,778	1,736	770,834,356

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	32	35			1
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)	32	35			1

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	686,708				686,708
2. Annuity considerations	10,990				10,990
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	697,698				697,698
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	275,000				275,000
10. Matured endowments					
11. Annuity benefits	416,600				416,600
12. Surrender values and withdrawals for life contracts ..	9,129				9,129
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	700,729				700,729
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year:	2	275,000							2	275,000
18.1 By payment in full	2	275,000							2	275,000
18.2 By payment on compromised claims										
18.3 Totals paid	2	275,000							2	275,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2	275,000							2	275,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	559	163,432,390	(a)				1	1,001	560	163,433,390
21. Issued during year	38	22,953,527							38	22,953,527
22. Other changes to in force (Net)	(29)	(14,688,163)						(1)	(29)	(14,688,164)
23. In force December 31 of current year	568	171,697,754	(a)				1	1,000	569	171,698,753

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	10,028	10,052			1,718
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	10,028	10,052			1,718
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,028	10,052			1,718

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New York
NAIC Group Code 0244

LIFE INSURANCE

DURING THE YEAR 2022
NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	360,883				360,883
2. Annuity considerations	212,000				212,000
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	572,883				572,883
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	270,497				270,497
10. Matured endowments				593	593
11. Annuity benefits	157,941				157,941
12. Surrender values and withdrawals for life contracts ..	27,352				27,352
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	455,790			593	456,382
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year:	5	270,497					1	593	6	271,090
18.1 By payment in full	5	270,497					1	593	6	271,090
18.2 By payment on compromised claims										
18.3 Totals paid	5	270,497					1	593	6	271,090
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	5	270,497					1	593	6	271,090
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	458	176,825,385	(a)				35	31,573	493	176,856,958
21. Issued during year										
22. Other changes to in force (Net)	(25)	(8,221,629)					(1)	(593)	(26)	(8,222,221)
23. In force December 31 of current year	433	168,603,756	(a)				34	30,980	467	168,634,736

(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)	804	733		191,551	250,146
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)	804	733		191,551	250,146
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	804	733		191,551	250,146

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	15,858,083			214	15,858,297
2. Annuity considerations	1,648,662				1,648,662
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	17,506,746			214	17,506,959
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	10,492,340				10,492,340
10. Matured endowments	17,040			1,000	18,040
11. Annuity benefits	518,492		1,246		519,738
12. Surrender values and withdrawals for life contracts ..	934,641				934,641
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	11,962,514		1,246	1,000	11,964,759
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	124	10,509,380					1	1,000	125	10,510,380
Settled during current year:										
18.1 By payment in full	124	10,509,380					1	1,000	125	10,510,380
18.2 By payment on compromised claims										
18.3 Totals paid	124	10,509,380					1	1,000	125	10,510,380
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	124	10,509,380					1	1,000	125	10,510,380
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	18,395	4,613,602,899	(a)				114	113,346	18,509	4,613,716,245
21. Issued during year	1,061	326,159,809							1,061	326,159,809
22. Other changes to in force (Net)	(1,059)	(225,431,515)					2	2,000	(1,057)	(225,429,515)
23. In force December 31 of current year	18,397	4,714,331,193	(a)				116	115,346	18,513	4,714,446,539

(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)					(12)
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	224,291	230,545		117,535	160,528
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	74	107			(8)
25.5 All other (b)	250	365			(26)
25.6 Totals (sum of Lines 25.1 to 25.5)	224,615	231,016		117,535	160,494
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	224,615	231,016		117,535	160,482

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,922,566				1,922,566
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	1,922,566				1,922,566
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,676,000				2,676,000
10. Matured endowments					
11. Annuity benefits	362,825				362,825
12. Surrender values and withdrawals for life contracts ..	36,497				36,497
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	3,075,321				3,075,321
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	8	2,676,000							8	2,676,000
Settled during current year:										
18.1 By payment in full	8	2,676,000							8	2,676,000
18.2 By payment on compromised claims										
18.3 Totals paid	8	2,676,000							8	2,676,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	8	2,676,000							8	2,676,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,850	813,673,791	(a)						1,850	813,673,791
21. Issued during year	93	63,570,768							93	63,570,768
22. Other changes to in force (Net)	(107)	(47,343,364)							(107)	(47,343,364)
23. In force December 31 of current year	1,836	829,901,195	(a)						1,836	829,901,195

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,653	2,671			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	2,653	2,671			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,653	2,671			

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	54,205,022		15,039	12,288	54,232,349
2. Annuity considerations	5,240,556				5,240,556
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	59,445,578		15,039	12,288	59,472,905
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	42,949,205		19,499,342	68,028	62,516,575
10. Matured endowments	66,188			25,382	91,570
11. Annuity benefits	6,252,919		18,855		6,271,773
12. Surrender values and withdrawals for life contracts ..	7,906,334			8,390	7,914,724
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	57,174,646		19,518,197	101,800	76,794,642
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	551	43,015,393			24	19,499,342	98	93,410	673	62,608,144
Settled during current year:										
18.1 By payment in full	551	43,015,393			24	19,499,342	98	93,410	673	62,608,144
18.2 By payment on compromised claims										
18.3 Totals paid	551	43,015,393			24	19,499,342	98	93,410	673	62,608,144
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	551	43,015,393			24	19,499,342	98	93,410	673	62,608,144
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	75,201	16,362,558,340	(a)		5	2,373,828,868	9,908	9,638,559	85,114	18,746,025,766
21. Issued during year	4,119	1,126,193,903				29,504,691			4,119	1,155,698,594
22. Other changes to in force (Net)	(5,250)	(1,114,402,178)				18,850,778	(450)	(451,338)	(5,700)	(1,096,002,739)
23. In force December 31 of current year	74,070	16,374,350,064	(a)		5	2,422,184,337	9,458	9,187,221	83,533	18,805,721,621

(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)	2,560	2,021		1,195,726	(184,021)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	461	570		656	655
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					3
25.2 Guaranteed renewable (b)	895,408	918,747		1,181,081	1,342,265
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	835	888			(31)
25.5 All other (b)	1,901	2,193			4
25.6 Totals (sum of Lines 25.1 to 25.5)	898,144	921,827		1,181,081	1,342,242
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	901,165	924,419		2,377,463	1,158,876

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2022

NAIC Group Code 0244

NAIC Company Code 76236

NAIC Group Code		0244		LIFE INSURANCE		NAIC Company Code		76236	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total			
1. Life insurance		1,941,929				1,941,929			
2. Annuity considerations									
3. Deposit-type contract funds			XXX		XXX				
4. Other considerations									
5. Totals (Sum of Lines 1 to 4)		1,941,929				1,941,929			
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		690,000				690,000			
10. Matured endowments									
11. Annuity benefits		15,385				15,385			
12. Surrender values and withdrawals for life contracts ..		33,778				33,778			
13. Aggregate write-ins for miscellaneous direct claims and benefits paid									
14. All other benefits, except accident and health									
15. Totals		739,162				739,162			
DETAILS OF WRITE-INS									
1301.									
1302.									
1303.									
1398. Summary of Line 13 from overflow page									
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)									

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year	10	690,000						10	690,000
Settled during current year:										
18.1	By payment in full	10	690,000						10	690,000
18.2	By payment on compromised claims									
18.3	Totals paid	10	690,000						10	690,000
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements	10	690,000						10	690,000
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	2,077	477,909,552	(a)			6	6,000	2,083	477,915,552
21.	Issued during year	213	74,379,687						213	74,379,687
22.	Other changes to in force (Net)	(114)	(12,931,369)						(114)	(12,931,369)
23.	In force December 31 of current year	2,176	539,357,869	(a)			6	6,000	2,182	539,363,869

(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)				3
25.2	Guaranteed renewable (b)	7,460	7,513		
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only				
25.5	All other (b)				
25.6	Totals (sum of Lines 25.1 to 25.5)	7,460	7,513		3
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,460	7,513		3

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	3,004,345				3,004,345
2. Annuity considerations	2,016				2,016
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	3,006,361				3,006,361
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,793,312				1,793,312
10. Matured endowments					
11. Annuity benefits	54,210				54,210
12. Surrender values and withdrawals for life contracts ..	42,321				42,321
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	1,889,843				1,889,843
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	8	1,793,312							8	1,793,312
Settled during current year:										
18.1 By payment in full	8	1,793,312							8	1,793,312
18.2 By payment on compromised claims										
18.3 Totals paid	8	1,793,312							8	1,793,312
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	8	1,793,312							8	1,793,312
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,193	1,029,618,943	(a)				3	6,000	2,196	1,029,624,943
21. Issued during year	176	130,747,903							176	130,747,903
22. Other changes to in force (Net)	(153)	(70,525,207)							(153)	(70,525,207)
23. In force December 31 of current year	2,216	1,089,841,639	(a)				3	6,000	2,219	1,089,847,639

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	771	725			3
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	4	5			1
25.5 All other (b)	25	26			1
25.6 Totals (sum of Lines 25.1 to 25.5)	799	755			6
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	799	755			6

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	25,920,825			4,519	25,925,344
2. Annuity considerations	1,681,565				1,681,565
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	27,602,390			4,519	27,606,909
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	20,893,888			17,560	20,911,448
10. Matured endowments	37,037			8,733	45,770
11. Annuity benefits	5,954,545				5,954,545
12. Surrender values and withdrawals for life contracts ..	1,884,092			6,713	1,890,804
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	28,769,562			33,005	28,802,567
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	211	20,930,925					36	26,293	247	20,957,217
Settled during current year:										
18.1 By payment in full	211	20,930,925					36	26,293	247	20,957,217
18.2 By payment on compromised claims										
18.3 Totals paid	211	20,930,925					36	26,293	247	20,957,217
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	211	20,930,925					36	26,293	247	20,957,217
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	32,584	7,439,726,552	(a)				2,040	1,970,933	34,624	7,441,697,484
21. Issued during year	2,033	505,610,820							2,033	505,610,820
22. Other changes to in force (Net)	(1,995)	(427,899,788)					(113)	(93,690)	(2,108)	(427,993,478)
23. In force December 31 of current year	32,622	7,517,437,584	(a)				1,927	1,877,243	34,549	7,519,314,826

(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)	185	233			18
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	260,140	264,899		113,324	(99,104)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	47	49			4
25.5 All other (b)	437	476			18
25.6 Totals (sum of Lines 25.1 to 25.5)	260,623	265,425		113,324	(99,081)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	260,808	265,658		113,324	(99,063)

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	160,586				160,586
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	160,586				160,586
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				1,185	1,185
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts ..	132				132
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	132			1,185	1,317
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year:							1	1,185	1	1,185
18.1 By payment in full							1	1,185	1	1,185
18.2 By payment on compromised claims										
18.3 Totals paid							1	1,185	1	1,185
18.4 Reduction by compromise ..										
18.5 Amount rejected										
18.6 Total settlements							1	1,185	1	1,185
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	141	49,620,420	(a)		1	10,000	1	1,000	143	49,631,420
21. Issued during year	17	10,695,000							17	10,695,000
22. Other changes to in force (Net)		(1,041,439)				(7,500)				(1,048,939)
23. In force December 31 of current year	158	59,273,981	(a)		1	2,500	1	1,000	160	59,277,481

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2022

NAIC Group Code 0244

NAIC Company Code 76236

NAIC Group Code		0244		LIFE INSURANCE		NAIC Company Code		76236	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total			
1.	Life insurance	6,152,499			158	6,152,657			
2.	Annuity considerations	3,425				3,425			
3.	Deposit-type contract funds		XXX		XXX				
4.	Other considerations								
5.	Totals (Sum of Lines 1 to 4)	6,155,924			158	6,156,082			
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS									
Life insurance:									
6.1	Paid in cash or left on deposit								
6.2	Applied to pay renewal premiums								
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period								
6.4	Other								
6.5	Totals (Sum of Lines 6.1 to 6.4)								
Annuities:									
7.1	Paid in cash or left on deposit								
7.2	Applied to provide paid-up annuities								
7.3	Other								
7.4	Totals (Sum of Lines 7.1 to 7.3)								
8.	Grand Totals (Lines 6.5 plus 7.4)								
DIRECT CLAIMS AND BENEFITS PAID									
9.	Death benefits	3,348,160				3,348,160			
10.	Matured endowments								
11.	Annuity benefits	170,714				170,714			
12.	Surrender values and withdrawals for life contracts ..	547,158				547,158			
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid								
14.	All other benefits, except accident and health								
15.	Totals	4,066,032				4,066,032			
DETAILS OF WRITE-INS									
1301.	.....							
1302.	.....							
1303.	.....							
1398.	Summary of Line 13 from overflow page								
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)								

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year	35	3,348,160						35	3,348,160
Settled during current year:										
18.1	By payment in full	35	3,348,160						35	3,348,160
18.2	By payment on compromised claims									
18.3	Totals paid	35	3,348,160						35	3,348,160
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements	35	3,348,160						35	3,348,160
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	7,665	1,651,241,450	(a)			37	28,528	7,702	1,651,269,978
21.	Issued during year	394	145,832,175						394	145,832,175
22.	Other changes to in force (Net)	(381)	(58,960,099)						(381)	(58,960,099)
23.	In force December 31 of current year	7,678	1,738,113,526	(a)			37	28,528	7,715	1,738,142,054

(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)				1
25.2	Guaranteed renewable (b)	85,777	88,455	133,676	296,713
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only				
25.5	All other (b)	60	127		(4)
25.6	Totals (sum of Lines 25.1 to 25.5)	85,837	88,582	133,676	296,711
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	85,837	88,582	133,676	296,711

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2022

NAIC Group Code 0244

NAIC Company Code 76236

NAIC Group Code 0244		LIFE INSURANCE			NAIC Company Code 76236	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance	2,191,161			21	2,191,182
2.	Annuity considerations	105,941				105,941
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	2,297,102			21	2,297,123
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits	1,390,797				1,390,797
10.	Matured endowments					
11.	Annuity benefits	359,358				359,358
12.	Surrender values and withdrawals for life contracts ..	17,015				17,015
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals	1,767,170				1,767,170
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year	8	1,390,797						8	1,390,797
Settled during current year:										
18.1	By payment in full	8	1,390,797						8	1,390,797
18.2	By payment on compromised claims									
18.3	Totals paid	8	1,390,797						8	1,390,797
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements	8	1,390,797						8	1,390,797
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	2,190	767,756,881	(a)			4	3,000	2,194	767,759,881
21.	Issued during year	229	64,000,606						229	64,000,606
22.	Other changes to in force (Net)	(140)	(38,655,116)						(140)	(38,655,116)
23.	In force December 31 of current year	2,279	793,102,370	(a)			4	3,000	2,283	793,105,370

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b)	1,007	1,010	4,119	
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)	792	948		3
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only	79	104		1
25.5	All other (b)				
25.6	Totals (sum of Lines 25.1 to 25.5)	871	1,051		4
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,878	2,061	4,119	4

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Tennessee

NAIC Group Code 0244

LIFE INSURANCE

DURING THE YEAR 2022

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	13,179,186			1,147	13,180,332
2. Annuity considerations	2,587,797				2,587,797
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	15,766,983			1,147	15,768,130
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	7,247,258			1,500	7,248,758
10. Matured endowments					
11. Annuity benefits	2,326,035				2,326,035
12. Surrender values and withdrawals for life contracts ..	316,597				316,597
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	9,889,890			1,500	9,891,390
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	60	7,247,258					2	1,500	62	7,248,758
Settled during current year:										
18.1 By payment in full	60	7,247,258					2	1,500	62	7,248,758
18.2 By payment on compromised claims										
18.3 Totals paid	60	7,247,258					2	1,500	62	7,248,758
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	60	7,247,258					2	1,500	62	7,248,758
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	13,974	4,446,893,548	(a)				147	211,185	14,121	4,447,104,733
21. Issued during year	1,116	499,843,933							1,116	499,843,933
22. Other changes to in force (Net)	(942)	(242,017,112)					(4)	(5,500)	(946)	(242,022,612)
23. In force December 31 of current year	14,148	4,704,720,369	(a)				143	205,685	14,291	4,704,926,054

(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)	948	951			8
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	139,065	140,311		58,671	89,189
25.3 Non-renewable for stated reasons only (b)					(33)
25.4 Other accident only	122	135			7
25.5 All other (b)	676	1,014		598	610
25.6 Totals (sum of Lines 25.1 to 25.5)	139,863	141,460		59,269	89,774
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	140,811	142,411		59,269	89,782

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	14,592,145			403	14,592,548
2. Annuity considerations	157,457				157,457
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	14,749,602			403	14,750,005
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,380,789				5,380,789
10. Matured endowments					
11. Annuity benefits	545,533				545,533
12. Surrender values and withdrawals for life contracts ..	946,872			886	947,758
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	6,873,194			886	6,874,079
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	187	5,380,789							187	5,380,789
Settled during current year:										
18.1 By payment in full	187	5,380,789							187	5,380,789
18.2 By payment on compromised claims										
18.3 Totals paid	187	5,380,789							187	5,380,789
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	187	5,380,789							187	5,380,789
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	21,876	3,786,846,550	(a)				74	74,528	21,950	3,786,921,078
21. Issued during year	1,580	432,248,276							1,580	432,248,276
22. Other changes to in force (Net)	(1,691)	(147,577,519)					(4)	(4,000)	(1,695)	(147,581,519)
23. In force December 31 of current year	21,765	4,071,517,306	(a)				70	70,528	21,835	4,071,587,834

(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)	28,793	31,337		22,688	39,368
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	84	95			3
25.6 Totals (sum of Lines 25.1 to 25.5)	28,877	31,431		22,688	39,371
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	28,877	31,431		22,688	39,371

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,111,953				2,111,953
2. Annuity considerations	103,000				103,000
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	2,214,953				2,214,953
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	180,000				180,000
10. Matured endowments					
11. Annuity benefits	332,931				332,931
12. Surrender values and withdrawals for life contracts ..	2,253				2,253
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	515,184				515,184
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	3	180,000							3	180,000
Settled during current year:										
18.1 By payment in full	3	180,000							3	180,000
18.2 By payment on compromised claims										
18.3 Totals paid	3	180,000							3	180,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	180,000							3	180,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1,962	1,003,821,022	(a)				1	500	1,963	1,003,821,522
21. Issued during year	97	41,214,440							97	41,214,440
22. Other changes to in force (Net)	(99)	(29,400,754)							(99)	(29,400,754)
23. In force December 31 of current year	1,960	1,015,634,708	(a)				1	500	1,961	1,015,635,208

(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)	21,218	21,367			
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)	21,218	21,367			
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	21,218	21,367			

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Vermont
NAIC Group Code 0244

LIFE INSURANCE

DURING THE YEAR 2022
NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	453,646				453,646
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	453,646				453,646
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	301,270				301,270
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts ..	7,394				7,394
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	308,664				308,664
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	3	301,270							3	301,270
Settled during current year:										
18.1 By payment in full	3	301,270							3	301,270
18.2 By payment on compromised claims										
18.3 Totals paid	3	301,270							3	301,270
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	3	301,270							3	301,270
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	589	163,140,465	(a)						589	163,140,465
21. Issued during year	11	5,125,000							11	5,125,000
22. Other changes to in force (Net)	(27)	(16,647,744)							(27)	(16,647,744)
23. In force December 31 of current year	573	151,617,721	(a)						573	151,617,721

(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)	397	396			1
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)	397	396			1
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	397	396			1

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	6,619,888			1,203	6,621,091
2. Annuity considerations	49,962				49,962
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	6,669,850			1,203	6,671,053
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,723,099				2,723,099
10. Matured endowments				1,185	1,185
11. Annuity benefits	1,359,289				1,359,289
12. Surrender values and withdrawals for life contracts ..	391,093				391,093
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	4,473,481			1,185	4,474,666
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year	51	2,723,099					3	1,185	54	2,724,284
Settled during current year:										
18.1 By payment in full	51	2,723,099					3	1,185	54	2,724,284
18.2 By payment on compromised claims										
18.3 Totals paid	51	2,723,099					3	1,185	54	2,724,284
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	51	2,723,099					3	1,185	54	2,724,284
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	7,357	1,826,876,690	(a)				164	200,814	7,521	1,827,077,504
21. Issued during year	441	141,875,780							441	141,875,780
22. Other changes to in force (Net)	(496)	(103,325,138)					(12)	(14,832)	(508)	(103,339,970)
23. In force December 31 of current year	7,302	1,865,427,332	(a)				152	185,982	7,454	1,865,613,314

(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)					(12)
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	68,271	70,546		81,186	54,876
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	134	145			(4)
25.6 Totals (sum of Lines 25.1 to 25.5)	68,404	70,691		81,186	54,872
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	68,404	70,691		81,186	54,860

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	4,387,583				4,387,583
2. Annuity considerations	14,800				14,800
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	4,402,383				4,402,383
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	355,000				355,000
10. Matured endowments					
11. Annuity benefits	726,566				726,566
12. Surrender values and withdrawals for life contracts ..	83,755				83,755
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	1,165,321				1,165,321
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year:	6	355,000							6	355,000
18.1 By payment in full	6	355,000							6	355,000
18.2 By payment on compromised claims										
18.3 Totals paid	6	355,000							6	355,000
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	6	355,000							6	355,000
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3,100	1,629,388,673	(a)				6	5,593	3,106	1,629,394,266
21. Issued during year	247	181,205,717							247	181,205,717
22. Other changes to in force (Net)	(153)	(79,401,563)							(153)	(79,401,563)
23. In force December 31 of current year	3,194	1,731,192,827	(a)				6	5,593	3,200	1,731,198,420

(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)	16,966	11,774		56,230	316,748
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	21	36			1
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	16,987	11,811		56,230	316,750
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,987	11,811		56,230	316,750

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2022

NAIC Group Code 0244

NAIC Company Code 76236

NAIC Group Code		0244		LIFE INSURANCE		NAIC Company Code		76236	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total			
1.	Life insurance	3,115,280			2,573	3,117,853			
2.	Annuity considerations	270,554				270,554			
3.	Deposit-type contract funds		XXX		XXX				
4.	Other considerations								
5.	Totals (Sum of Lines 1 to 4)	3,385,834			2,573	3,388,407			
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS									
Life insurance:									
6.1	Paid in cash or left on deposit								
6.2	Applied to pay renewal premiums								
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period								
6.4	Other								
6.5	Totals (Sum of Lines 6.1 to 6.4)								
Annuities:									
7.1	Paid in cash or left on deposit								
7.2	Applied to provide paid-up annuities								
7.3	Other								
7.4	Totals (Sum of Lines 7.1 to 7.3)								
8.	Grand Totals (Lines 6.5 plus 7.4)								
DIRECT CLAIMS AND BENEFITS PAID									
9.	Death benefits	2,169,638			7,593	2,177,231			
10.	Matured endowments				1,778	1,778			
11.	Annuity benefits	244,960				244,960			
12.	Surrender values and withdrawals for life contracts ..	256,245			803	257,047			
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid								
14.	All other benefits, except accident and health								
15.	Totals	2,670,842			10,173	2,681,015			
DETAILS OF WRITE-INS									
1301.	.....							
1302.	.....							
1303.	.....							
1398.	Summary of Line 13 from overflow page								
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)								

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year	53	2,169,638				12	9,370	65	2,179,008
Settled during current year:										
18.1	By payment in full	53	2,169,638				12	9,370	65	2,179,008
18.2	By payment on compromised claims									
18.3	Totals paid	53	2,169,638				12	9,370	65	2,179,008
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements	53	2,169,638				12	9,370	65	2,179,008
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	4,578	659,966,875	(a)			852	788,626	5,430	660,755,501
21.	Issued during year	501	57,952,000						501	57,952,000
22.	Other changes to in force (Net)	(377)	(49,261,971)				(56)	(46,470)	(433)	(49,308,441)
23.	In force December 31 of current year	4,702	668,656,904	(a)			796	742,156	5,498	669,399,060

(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)	6,959	8,253	288	188
24.4	Medicare Title XVIII exempt from state taxes or fees				
Other Individual Policies:					
25.1	Non-cancelable (b)				
25.2	Guaranteed renewable (b)	27,167	27,108	7,847	6,927
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only	78	95		6
25.5	All other (b)	223	184		11
25.6	Totals (sum of Lines 25.1 to 25.5)	27,469	27,386	7,847	6,944
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	34,428	35,640	8,135	7,132

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2022

NAIC Group Code 0244

NAIC Company Code 76236

NAIC Group Code		0244		LIFE INSURANCE		NAIC Company Code		76236	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total			
1. Life insurance		11,288,139				11,288,139			
2. Annuity considerations		1,949,758				1,949,758			
3. Deposit-type contract funds			XXX		XXX				
4. Other considerations									
5. Totals (Sum of Lines 1 to 4)		13,237,897				13,237,897			
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS									
Life insurance:									
6.1 Paid in cash or left on deposit									
6.2 Applied to pay renewal premiums									
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period									
6.4 Other									
6.5 Totals (Sum of Lines 6.1 to 6.4)									
Annuities:									
7.1 Paid in cash or left on deposit									
7.2 Applied to provide paid-up annuities									
7.3 Other									
7.4 Totals (Sum of Lines 7.1 to 7.3)									
8. Grand Totals (Lines 6.5 plus 7.4)									
DIRECT CLAIMS AND BENEFITS PAID									
9. Death benefits		8,654,328				8,654,328			
10. Matured endowments									
11. Annuity benefits		4,402,746				4,402,746			
12. Surrender values and withdrawals for life contracts ..		727,118				727,118			
13. Aggregate write-ins for miscellaneous direct claims and benefits paid									
14. All other benefits, except accident and health									
15. Totals		13,784,192				13,784,192			
DETAILS OF WRITE-INS									
1301.									
1302.									
1303.									
1398. Summary of Line 13 from overflow page									
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)									

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year	64	8,654,328						64	8,654,328
Settled during current year:										
18.1	By payment in full	64	8,654,328						64	8,654,328
18.2	By payment on compromised claims									
18.3	Totals paid	64	8,654,328						64	8,654,328
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements	64	8,654,328						64	8,654,328
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	13,778	4,208,298,364	(a)			5	4,000	13,783	4,208,302,364
21.	Issued during year	671	275,609,190						671	275,609,190
22.	Other changes to in force (Net)	(909)	(326,804,361)						(909)	(326,804,361)
23.	In force December 31 of current year	13,540	4,157,103,193	(a)			5	4,000	13,545	4,157,107,193

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b)				
24.1	Federal Employees Health Benefits Plan premium (b)				
24.2	Credit (Group and Individual)				
24.3	Collectively renewable policies/certificates (b)	45	60		1
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:				
25.1	Non-cancelable (b)				
25.2	Guaranteed renewable (b)	242,179	246,545	15,417	(127,642)
25.3	Non-renewable for stated reasons only (b)				
25.4	Other accident only	429	622		(18)
25.5	All other (b)	174	281		14
25.6	Totals (sum of Lines 25.1 to 25.5)	242,782	247,448	15,417	(127,645)
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	242,827	247,508	15,417	(127,644)

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2022

NAIC Group Code 0244

NAIC Company Code 76236

NAIC Group Code		0244		LIFE INSURANCE		NAIC Company Code		76236	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total			
1. Life insurance		716,830				716,830			
2. Annuity considerations									
3. Deposit-type contract funds			XXX		XXX				
4. Other considerations									
5. Totals (Sum of Lines 1 to 4)		716,830				716,830			
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS									
Life insurance:									
6.1 Paid in cash or left on deposit									
6.2 Applied to pay renewal premiums									
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period									
6.4 Other									
6.5 Totals (Sum of Lines 6.1 to 6.4)									
Annuities:									
7.1 Paid in cash or left on deposit									
7.2 Applied to provide paid-up annuities									
7.3 Other									
7.4 Totals (Sum of Lines 7.1 to 7.3)									
8. Grand Totals (Lines 6.5 plus 7.4)									
DIRECT CLAIMS AND BENEFITS PAID									
9. Death benefits		460,000				460,000			
10. Matured endowments									
11. Annuity benefits									
12. Surrender values and withdrawals for life contracts ..									
13. Aggregate write-ins for miscellaneous direct claims and benefits paid									
14. All other benefits, except accident and health									
15. Totals		460,000				460,000			
DETAILS OF WRITE-INS									
1301.									
1302.									
1303.									
1398. Summary of Line 13 from overflow page									
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)									

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year	4	460,000						4	460,000
Settled during current year:										
18.1	By payment in full	4	460,000						4	460,000
18.2	By payment on compromised claims									
18.3	Totals paid	4	460,000						4	460,000
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements	4	460,000						4	460,000
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	440	211,455,505	(a)			1	1,185	441	211,456,690
21.	Issued during year	52	23,485,000						52	23,485,000
22.	Other changes to in force (Net)	(21)	(6,910,000)						(21)	(6,910,000)
23.	In force December 31 of current year	471	228,030,505	(a)			1	1,185	472	228,031,690

(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)	688	692		
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)	688	692		
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	688	692		

(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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise ..										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	500,000	(a)						1	500,000
21. Issued during year										
22. Other changes to in force (Net)	3	152,930							3	152,930
23. In force December 31 of current year	4	652,930	(a)						4	652,930

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

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	5	1,815,000	(a)						5	1,815,000
21. Issued during year										
22. Other changes to in force (Net)	1	25,000							1	25,000
23. In force December 31 of current year	6	1,840,000	(a)						6	1,840,000

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

ACCIDENT AND HEALTH INSURANCE

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

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

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1.	Life insurance	22,465				22,465
2.	Annuity considerations					
3.	Deposit-type contract funds		XXX		XXX	
4.	Other considerations					
5.	Totals (Sum of Lines 1 to 4)	22,465				22,465
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS						
Life insurance:						
6.1	Paid in cash or left on deposit					
6.2	Applied to pay renewal premiums					
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4	Other					
6.5	Totals (Sum of Lines 6.1 to 6.4)					
Annuities:						
7.1	Paid in cash or left on deposit					
7.2	Applied to provide paid-up annuities					
7.3	Other					
7.4	Totals (Sum of Lines 7.1 to 7.3)					
8.	Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					
10.	Matured endowments					
11.	Annuity benefits					
12.	Surrender values and withdrawals for life contracts ..					
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid					
14.	All other benefits, except accident and health					
15.	Totals					
DETAILS OF WRITE-INS						
1301.	.....				
1302.	.....				
1303.	.....				
1398.	Summary of Line 13 from overflow page					
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year Settled during current year:									
18.1	By payment in full									
18.2	By payment on compromised claims									
18.3	Totals paid									
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	Total settlements									
19.	Unpaid Dec. 31, current year (16+17-18.6)									
POLICY EXHIBIT					No. of Policies					
20.	In force December 31, prior year	11	4,933,600	(a)					11	4,933,600
21.	Issued during year									
22.	Other changes to in force (Net)	(3)	(1,600,000)						(3)	(1,600,000)
23.	In force December 31 of current year	8	3,333,600	(a)					8	3,333,600

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Canada

DURING THE YEAR 2022

NAIC Group Code 0244

NAIC Company Code 76236

NAIC Group Code		0244		LIFE INSURANCE		NAIC Company Code		76236	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total			
1. Life insurance		58,072				58,072			
2. Annuity considerations									
3. Deposit-type contract funds			XXX		XXX				
4. Other considerations									
5. Totals (Sum of Lines 1 to 4)		58,072				58,072			
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS									
Life insurance:									
6.1 Paid in cash or left on deposit									
6.2 Applied to pay renewal premiums									
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period									
6.4 Other									
6.5 Totals (Sum of Lines 6.1 to 6.4)									
Annuities:									
7.1 Paid in cash or left on deposit									
7.2 Applied to provide paid-up annuities									
7.3 Other									
7.4 Totals (Sum of Lines 7.1 to 7.3)									
8. Grand Totals (Lines 6.5 plus 7.4)									
DIRECT CLAIMS AND BENEFITS PAID									
9. Death benefits									
10. Matured endowments									
11. Annuity benefits									
12. Surrender values and withdrawals for life contracts ..									
13. Aggregate write-ins for miscellaneous direct claims and benefits paid									
14. All other benefits, except accident and health									
15. Totals									
DETAILS OF WRITE-INS									
1301.									
1302.									
1303.									
1398. Summary of Line 13 from overflow page									
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)									

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise ..										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	41	24,946,106	(a)						41	24,946,106
21. Issued during year										
22. Other changes to in force (Net)	(3)	(1,625,000)							(3)	(1,625,000)
23. In force December 31 of current year	38	23,321,106	(a)						38	23,321,106

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Other Aliens

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	54,804				54,804
2. Annuity considerations	3,775				3,775
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	58,579				58,579
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (Sum of Lines 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (Sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts ..					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise ..										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	56	35,683,067	(a)				1	1,000	57	35,684,067
21. Issued during year										
22. Other changes to in force (Net)	(5)	(4,471,858)					(1)	(1,000)	(6)	(4,472,858)
23. In force December 31 of current year	51	31,211,209	(a)						51	31,211,209

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

ACCIDENT AND HEALTH INSURANCE

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

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2022

NAIC Group Code 0244

LIFE INSURANCE

NAIC Company Code 76236

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	370,155,575		15,039	31,058	370,201,672
2. Annuity considerations	30,114,083				30,114,083
3. Deposit-type contract funds	27,500	XXX		XXX	27,500
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	400,297,159		15,039	31,058	400,343,256
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	258,642,581		19,847,842	120,180	278,610,603
10. Matured endowments	133,181			50,022	183,203
11. Annuity benefits	79,027,587		20,100		79,047,687
12. Surrender values and withdrawals for life contracts ..	24,126,165			20,017	24,146,182
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals	361,929,514		19,867,942	190,219	381,987,675
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	250,000							1	250,000
17. Incurred during current year Settled during current year:	2,630	258,775,762			25	19,847,842	191	170,202	2,846	278,793,806
18.1 By payment in full	2,630	258,775,762			25	19,847,842	191	170,202	2,846	278,793,806
18.2 By payment on compromised claims										
18.3 Totals paid	2,630	258,775,762			25	19,847,842	191	170,202	2,846	278,793,806
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements	2,630	258,775,762			25	19,847,842	191	170,202	2,846	278,793,806
19. Unpaid Dec. 31, current year (16+17-18.6)	1	250,000							1	250,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	442,433	114,286,187,538	(a)		8	2,393,541,131	17,058	17,025,822	459,499	116,696,754,492
21. Issued during year	31,656	9,878,803,197				29,504,691			31,656	9,908,307,888
22. Other changes to in force (Net)	(29,590)	(6,476,045,963)				18,903,244	(800)	(780,334)	(30,390)	(6,457,923,053)
23. In force December 31 of current year	444,499	117,688,944,773	(a)		8	2,441,949,066	16,258	16,245,488	460,765	120,147,139,327

(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)	17,351	17,351		1,211,161	(259,613)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)	10,315	12,511		944	869
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					(47)
25.2 Guaranteed renewable (b)	3,660,523	3,750,532		3,660,363	4,249,772
25.3 Non-renewable for stated reasons only (b)					(82)
25.4 Other accident only	9,701	11,631		150	142
25.5 All other (b)	6,564	8,011		598	475
25.6 Totals (sum of Lines 25.1 to 25.5)	3,676,788	3,770,174		3,661,111	4,250,261
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,704,454	3,800,036		4,873,216	3,991,518

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE		1 Amount
1. Reserve as of December 31, Prior Year		347,110
2. Current year's realized pre-tax capital gains/(losses) of \$ (250,612) transferred into the reserve net of taxes of \$ (52,628)		(197,983)
3. Adjustment for current year's liability gains/(losses) released from the reserve		
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)		149,126
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)		343,041
6. Reserve as of December 31, current year (Line 4 minus Line 5)		(193,914)

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. 2022	269,237	73,804		343,041
2. 2023	246,452	24,149		270,601
3. 2024	202,692	(47,323)		155,369
4. 2025	142,251	(42,457)		99,794
5. 2026	37,442	(37,437)		6
6. 2027	(46,252)	(32,445)		(78,697)
7. 2028	(56,108)	(27,967)		(84,075)
8. 2029	(59,731)	(24,773)		(84,504)
9. 2030	(59,108)	(21,280)		(80,388)
10. 2031	(55,401)	(17,636)		(73,037)
11. 2032	(43,723)	(13,827)		(57,550)
12. 2033	(57,216)	(10,797)		(68,013)
13. 2034	(76,528)	(8,665)		(85,192)
14. 2035	(67,705)	(6,265)		(73,970)
15. 2036	(45,057)	(3,732)		(48,789)
16. 2037	(27,236)	(1,333)		(28,569)
17. 2038	(5,826)			(5,826)
18. 2039	16,793			16,793
19. 2040	18,475			18,475
20. 2041	6,599			6,599
21. 2042	2,604			2,604
22. 2043	939			939
23. 2044	957			957
24. 2045	902			902
25. 2046	718			718
26. 2047	515			515
27. 2048	313			313
28. 2049	110			110
29. 2050				
30. 2051				
31. 2052 and Later				
32. Total (Lines 1 to 31)	347,110	(197,983)		149,126

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE

	Default Component			Equity Component			7
	1	2	3	4	5	6	
	Other Than Mortgage Loans	Mortgage Loans	Total (Cols. 1 + 2)	Common Stock	Real Estate and Other Invested Assets	Total (Cols. 4 + 5)	Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year	32,396,829		32,396,829				32,396,829
2. Realized capital gains/(losses) net of taxes - General Account	(1,279,865)		(1,279,865)	316		316	(1,279,549)
3. Realized capital gains/(losses) net of taxes - Separate Accounts	(1,159,657)		(1,159,657)				(1,159,657)
4. Unrealized capital gains/(losses) net of deferred taxes - General Account	(1,914,960)		(1,914,960)	17,775	(302,867)	(285,092)	(2,200,052)
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts							
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves							
7. Basic contribution	12,322,970		12,322,970		193,841	193,841	12,516,810
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	40,365,316		40,365,316	18,091	(109,026)	(90,935)	40,274,381
9. Maximum reserve	57,382,816		57,382,816	3,555	1,718,325	1,721,880	59,104,697
10. Reserve objective	34,452,324		34,452,324	3,555	1,432,601	1,436,156	35,888,480
11. 20% of (Line 10 - Line 8)	(1,182,598)		(1,182,598)	(2,907)	308,325	305,418	(877,180)
12. Balance before transfers (Lines 8 + 11)	39,182,717		39,182,717	15,184	199,300	214,483	39,397,201
13. Transfers							
14. Voluntary contribution							
15. Adjustment down to maximum/up to zero				(11,629)		(11,629)	(11,629)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	39,182,717		39,182,717	3,555	199,300	202,855	39,385,572

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		XXX	XXX		0.0000		0.0000		0.0000	
2.1	1	NAIC Designation Category 1.A	276,287,151	XXX	XXX	276,287,151	0.0002	55,257	0.0007	193,401	0.0013	359,173
2.2	1	NAIC Designation Category 1.B	134,547,803	XXX	XXX	134,547,803	0.0004	53,819	0.0011	148,003	0.0023	309,460
2.3	1	NAIC Designation Category 1.C	202,593,556	XXX	XXX	202,593,556	0.0006	121,556	0.0018	364,668	0.0035	709,077
2.4	1	NAIC Designation Category 1.D	100,111,114	XXX	XXX	100,111,114	0.0007	70,078	0.0022	220,244	0.0044	440,489
2.5	1	NAIC Designation Category 1.E	142,799,335	XXX	XXX	142,799,335	0.0009	128,519	0.0027	385,558	0.0055	785,396
2.6	1	NAIC Designation Category 1.F	282,792,119	XXX	XXX	282,792,119	0.0011	311,071	0.0034	961,493	0.0068	1,922,986
2.7	1	NAIC Designation Category 1.G	379,874,560	XXX	XXX	379,874,560	0.0014	531,824	0.0042	1,595,473	0.0085	3,228,934
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	1,519,005,638	XXX	XXX	1,519,005,638	XXX	1,272,126	XXX	3,868,841	XXX	7,755,516
3.1	2	NAIC Designation Category 2.A	612,779,077	XXX	XXX	612,779,077	0.0021	1,286,836	0.0063	3,860,508	0.0105	6,434,180
3.2	2	NAIC Designation Category 2.B	889,041,571	XXX	XXX	889,041,571	0.0025	2,222,604	0.0076	6,756,716	0.0127	11,290,828
3.3	2	NAIC Designation Category 2.C	590,852,510	XXX	XXX	590,852,510	0.0036	2,127,069	0.0108	6,381,207	0.0180	10,635,345
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	2,092,673,158	XXX	XXX	2,092,673,158	XXX	5,636,509	XXX	16,998,431	XXX	28,360,353
4.1	3	NAIC Designation Category 3.A	119,248,245	XXX	XXX	119,248,245	0.0069	822,813	0.0183	2,182,243	0.0262	3,124,304
4.2	3	NAIC Designation Category 3.B	25,506,503	XXX	XXX	25,506,503	0.0099	252,514	0.0264	673,372	0.0377	961,595
4.3	3	NAIC Designation Category 3.C	41,014,920	XXX	XXX	41,014,920	0.0131	537,295	0.0350	1,435,522	0.0500	2,050,746
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)	185,769,667	XXX	XXX	185,769,667	XXX	1,612,623	XXX	4,291,137	XXX	6,136,645
5.1	4	NAIC Designation Category 4.A	1,248,238	XXX	XXX	1,248,238	0.0184	22,968	0.0430	53,674	0.0615	76,767
5.2	4	NAIC Designation Category 4.B	22,490,635	XXX	XXX	22,490,635	0.0238	535,277	0.0555	1,248,230	0.0793	1,783,507
5.3	4	NAIC Designation Category 4.C	5,437,140	XXX	XXX	5,437,140	0.0310	168,551	0.0724	393,649	0.1034	562,200
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)	29,176,013	XXX	XXX	29,176,013	XXX	726,796	XXX	1,695,553	XXX	2,422,474
6.1	5	NAIC Designation Category 5.A	2,592,500	XXX	XXX	2,592,500	0.0472	122,366	0.0846	219,326	0.1410	365,543
6.2	5	NAIC Designation Category 5.B	9,077,902	XXX	XXX	9,077,902	0.0663	601,865	0.1188	1,078,455	0.1980	1,797,425
6.3	5	NAIC Designation Category 5.C		XXX	XXX		0.0836		0.1498		0.2496	
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)	11,670,402	XXX	XXX	11,670,402	XXX	724,231	XXX	1,297,780	XXX	2,162,967
7.	6	NAIC 6	20,000	XXX	XXX	20,000	0.0000		0.2370	4,740	0.2370	4,740
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX		XXX		XXX		XXX	
9.		Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)	3,838,314,878	XXX	XXX	3,838,314,878	XXX	9,972,284	XXX	28,156,483	XXX	46,842,696
		PREFERRED STOCKS										
10.	1	Highest Quality	5,744,000	XXX	XXX	5,744,000	0.0005	2,872	0.0016	9,190	0.0033	18,955
11.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
12.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
13.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
14.	5	Lower Quality	4,900,000	XXX	XXX	4,900,000	0.0630	308,700	0.1128	552,720	0.1880	921,200
15.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
16.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
17.		Total Preferred Stocks (Sum of Lines 10 through 16)	10,644,000	XXX	XXX	10,644,000	XXX	311,572	XXX	561,910	XXX	940,155

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	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		0.0000		0.0000		0.0000	
19.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0002		0.0007		0.0013	
19.2	1	NAIC Designation Category 1.B		XXX	XXX		0.0004		0.0011		0.0023	
19.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0006		0.0018		0.0035	
19.4	1	NAIC Designation Category 1.D		XXX	XXX		0.0007		0.0022		0.0044	
19.5	1	NAIC Designation Category 1.E		XXX	XXX		0.0009		0.0027		0.0055	
19.6	1	NAIC Designation Category 1.F		XXX	XXX		0.0011		0.0034		0.0068	
19.7	1	NAIC Designation Category 1.G		XXX	XXX		0.0014		0.0042		0.0085	
19.8		Subtotal NAIC 1 (19.1+19.2+19.3+19.4+19.5+19.6+19.7)		XXX	XXX		XXX		XXX		XXX	
20.1	2	NAIC Designation Category 2.A		XXX	XXX		0.0021		0.0063		0.0105	
20.2	2	NAIC Designation Category 2.B		XXX	XXX		0.0025		0.0076		0.0127	
20.3	2	NAIC Designation Category 2.C		XXX	XXX		0.0036		0.0108		0.0180	
20.4		Subtotal NAIC 2 (20.1+20.2+20.3)		XXX	XXX		XXX		XXX		XXX	
21.1	3	NAIC Designation Category 3.A		XXX	XXX		0.0069		0.0183		0.0262	
21.2	3	NAIC Designation Category 3.B		XXX	XXX		0.0099		0.0264		0.0377	
21.3	3	NAIC Designation Category 3.C		XXX	XXX		0.0131		0.0350		0.0500	
21.4		Subtotal NAIC 3 (21.1+21.2+21.3)		XXX	XXX		XXX		XXX		XXX	
22.1	4	NAIC Designation Category 4.A		XXX	XXX		0.0184		0.0430		0.0615	
22.2	4	NAIC Designation Category 4.B		XXX	XXX		0.0238		0.0555		0.0793	
22.3	4	NAIC Designation Category 4.C		XXX	XXX		0.0310		0.0724		0.1034	
22.4		Subtotal NAIC 4 (22.1+22.2+22.3)		XXX	XXX		XXX		XXX		XXX	
23.1	5	NAIC Designation Category 5.A		XXX	XXX		0.0472		0.0846		0.1410	
23.2	5	NAIC Designation Category 5.B		XXX	XXX		0.0663		0.1188		0.1980	
23.3	5	NAIC Designation Category 5.C		XXX	XXX		0.0836		0.1498		0.2496	
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)		XXX	XXX		XXX		XXX		XXX	
24.	6	NAIC 6		XXX	XXX		0.0000		0.2370		0.2370	
25.		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24)		XXX	XXX		XXX		XXX		XXX	
DERIVATIVE INSTRUMENTS												
26.		Exchange Traded		XXX	XXX		0.0005		0.0016		0.0033	
27.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
28.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
29.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
30.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
31.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
32.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
33.		Total Derivative Instruments		XXX	XXX		XXX		XXX		XXX	
34.		Total (Lines 9 + 17 + 25 + 33)	3,848,958,878	XXX	XXX	3,848,958,878	XXX	10,283,856	XXX	28,718,393	XXX	47,782,851

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

Line Num- ber	NAIC Desig- nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages - CM1 - Highest Quality			XXX		0.0011		0.0057		0.0074	
36.		Farm Mortgages - CM2 - High Quality			XXX		0.0040		0.0114		0.0149	
37.		Farm Mortgages - CM3 - Medium Quality			XXX		0.0069		0.0200		0.0257	
38.		Farm Mortgages - CM4 - Low Medium Quality			XXX		0.0120		0.0343		0.0428	
39.		Farm Mortgages - CM5 - Low Quality			XXX		0.0183		0.0486		0.0628	
40.		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
41.		Residential Mortgages - All Other			XXX		0.0015		0.0034		0.0046	
42.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
43.		Commercial Mortgages - All Other - CM1 - Highest Quality			XXX		0.0011		0.0057		0.0074	
44.		Commercial Mortgages - All Other - CM2 - High Quality			XXX		0.0040		0.0114		0.0149	
45.		Commercial Mortgages - All Other - CM3 - Medium Quality			XXX		0.0069		0.0200		0.0257	
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality			XXX		0.0120		0.0343		0.0428	
47.		Commercial Mortgages - All Other - CM5 - Low Quality			XXX		0.0183		0.0486		0.0628	
		Overdue, Not in Process:										
48.		Farm Mortgages			XXX		0.0480		0.0868		0.1371	
49.		Residential Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
50.		Residential Mortgages - All Other			XXX		0.0029		0.0066		0.0103	
51.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
52.		Commercial Mortgages - All Other			XXX		0.0480		0.0868		0.1371	
		In Process of Foreclosure:										
53.		Farm Mortgages			XXX		0.0000		0.1942		0.1942	
54.		Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
55.		Residential Mortgages - All Other			XXX		0.0000		0.0149		0.0149	
56.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
57.		Commercial Mortgages - All Other			XXX		0.0000		0.1942		0.1942	
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)			XXX		XXX		XXX		XXX	
59.		Schedule DA Mortgages			XXX		0.0034		0.0114		0.0149	
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)			XXX		XXX		XXX		XXX	

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

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
COMMON STOCK												
1.		Unaffiliated - Public	22,500	XXX	XXX	22,500	0.0000		0.1580 (a)	3,555	0.1580 (a)	3,555
2.		Unaffiliated - Private		XXX	XXX		0.0000		0.1945		0.1945	
3.		Federal Home Loan Bank		XXX	XXX		0.0000		0.0061		0.0097	
4.		Affiliated - Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
Affiliated - Investment Subsidiary:												
5.		Fixed Income - Exempt Obligations					XXX		XXX		XXX	
6.		Fixed Income - Highest Quality					XXX		XXX		XXX	
7.		Fixed Income - High Quality					XXX		XXX		XXX	
8.		Fixed Income - Medium Quality					XXX		XXX		XXX	
9.		Fixed Income - Low Quality					XXX		XXX		XXX	
10.		Fixed Income - Lower Quality					XXX		XXX		XXX	
11.		Fixed Income - In/Near Default					XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public					0.0000		0.1580 (a)		0.1580 (a)	
13.		Unaffiliated Common Stock - Private					0.0000		0.1945		0.1945	
14.		Real Estate					(b)		(b)		(b)	
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX		0.0000		0.1580		0.1580	
16.		Affiliated - All Other		XXX	XXX		0.0000		0.1945		0.1945	
17.		Total Common Stock (Sum of Lines 1 through 16)	22,500			22,500	XXX		XXX	3,555	XXX	3,555
REAL ESTATE												
18.		Home Office Property (General Account only)					0.0000		0.0912		0.0912	
19.		Investment Properties					0.0000		0.0912		0.0912	
20.		Properties Acquired in Satisfaction of Debt					0.0000		0.1337		0.1337	
21.		Total Real Estate (Sum of Lines 18 through 20)					XXX		XXX		XXX	
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22.		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
23.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
24.	2	High Quality		XXX	XXX		0.0021		0.0064		0.0106	
25.	3	Medium Quality		XXX	XXX		0.0099		0.0263		0.0376	
26.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
27.	5	Lower Quality		XXX	XXX		0.0630		0.1128		0.1880	
28.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)		XXX	XXX		XXX		XXX		XXX	

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

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30.	1	Highest Quality		XXX	XXX		0.0005		0.0016		0.0033	
31.	2	High Quality	35,757,497	XXX	XXX	35,757,497	0.0021	75,091	0.0064	228,848	0.0106	379,029
32.	3	Medium Quality	11,994,957	XXX	XXX	11,994,957	0.0099	118,750	0.0263	315,467	0.0376	451,010
33.	4	Low Quality		XXX	XXX		0.0245		0.0572		0.0817	
34.	5	Lower Quality.....		XXX	XXX		0.0630		0.1128		0.1880	
35.	6	In or Near Default		XXX	XXX		0.0000		0.2370		0.2370	
36.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
37.		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	47,752,454	XXX	XXX	47,752,454	XXX	193,841	XXX	544,315	XXX	830,040
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38.		Mortgages - CM1 - Highest Quality			XXX		0.0011		0.0057		0.0074	
39.		Mortgages - CM2 - High Quality			XXX		0.0040		0.0114		0.0149	
40.		Mortgages - CM3 - Medium Quality			XXX		0.0069		0.0200		0.0257	
41.		Mortgages - CM4 - Low Medium Quality			XXX		0.0120		0.0343		0.0428	
42.		Mortgages - CM5 - Low Quality			XXX		0.0183		0.0486		0.0628	
43.		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
44.		Residential Mortgages - All Other		XXX	XXX		0.0015		0.0034		0.0046	
45.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
		Overdue, Not in Process Affiliated:										
46.		Farm Mortgages			XXX		0.0480		0.0868		0.1371	
47.		Residential Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
48.		Residential Mortgages - All Other			XXX		0.0029		0.0066		0.0103	
49.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
50.		Commercial Mortgages - All Other			XXX		0.0480		0.0868		0.1371	
		In Process of Foreclosure Affiliated:										
51.		Farm Mortgages			XXX		0.0000		0.1942		0.1942	
52.		Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
53.		Residential Mortgages - All Other			XXX		0.0000		0.0149		0.0149	
54.		Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0046		0.0046	
55.		Commercial Mortgages - All Other			XXX		0.0000		0.1942		0.1942	
56.		Total Affiliated (Sum of Lines 38 through 55)			XXX		XXX		XXX		XXX	
57.		Unaffiliated - In Good Standing With Covenants			XXX		(c)		(c)		(c)	
58.		Unaffiliated - In Good Standing Defeased With Government Securities			XXX		0.0011		0.0057		0.0074	
59.		Unaffiliated - In Good Standing Primarily Senior			XXX		0.0040		0.0114		0.0149	
60.		Unaffiliated - In Good Standing All Other			XXX		0.0069		0.0200		0.0257	
61.		Unaffiliated - Overdue, Not in Process			XXX		0.0480		0.0868		0.1371	
62.		Unaffiliated - In Process of Foreclosure			XXX		0.0000		0.1942		0.1942	
63.		Total Unaffiliated (Sum of Lines 57 through 62)			XXX		XXX		XXX		XXX	
64.		Total with Mortgage Loan Characteristics (Lines 56 + 63)			XXX		XXX		XXX		XXX	

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

Line 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)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
65.		Unaffiliated Public		XXX	XXX		0.0000		0.1580 (a)		0.1580 (a)	
66.		Unaffiliated Private		XXX	XXX		0.0000		0.1945		0.1945	
67.		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
68.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX		0.0000		0.1580		0.1580	
69.		Affiliated Other - All Other		XXX	XXX		0.0000		0.1945		0.1945	
70.		Total with Common Stock Characteristics (Sum of Lines 65 through 69)		XXX	XXX		XXX		XXX		XXX	
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
71.		Home Office Property (General Account only)					0.0000		0.0912		0.0912	
72.		Investment Properties	9,739,973			9,739,973	0.0000		0.0912	888,286	0.0912	888,286
73.		Properties Acquired in Satisfaction of Debt					0.0000		0.1337		0.1337	
74.		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	9,739,973			9,739,973	XXX		XXX	888,286	XXX	888,286
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
75.		Guaranteed Federal Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
76.		Non-guaranteed Federal Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
77.		Guaranteed State Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
78.		Non-guaranteed State Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
79.		All Other Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
80.		Total LIHTC (Sum of Lines 75 through 79)					XXX		XXX		XXX	
		RESIDUAL TRANCHES OR INTERESTS										
81.		Fixed Income Instruments - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
82.		Fixed Income Instruments - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
83.		Common Stock - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
84.		Common Stock - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
85.		Preferred Stock - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
86.		Preferred Stock - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
87.		Real Estate - Unaffiliated					0.0000		0.1580		0.1580	
88.		Real Estate - Affiliated					0.0000		0.1580		0.1580	
89.		Mortgage Loans - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
90.		Mortgage Loans - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
91.		Other - Unaffiliated		XXX	XXX		0.0000		0.1580		0.1580	
92.		Other - Affiliated		XXX	XXX		0.0000		0.1580		0.1580	
93.		Total Residual Tranches or Interests (Sum of Lines 81 through 92)					XXX		XXX		XXX	
		ALL OTHER INVESTMENTS										
94.		NAIC 1 Working Capital Finance Investments		XXX			0.0000		0.0042		0.0042	
95.		NAIC 2 Working Capital Finance Investments		XXX			0.0000		0.0137		0.0137	
96.		Other Invested Assets - Schedule BA		XXX			0.0000		0.1580		0.1580	
97.		Other Short-Term Invested Assets - Schedule DA		XXX			0.0000		0.1580		0.1580	
98.		Total All Other (Sum of Lines 94, 95, 96 and 97)		XXX			XXX		XXX		XXX	
99.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80, 93 and 98)	57,492,427			57,492,427	XXX	193,841	XXX	1,432,601	XXX	1,718,325

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS REPLICATIONS (SYNTHETIC) ASSETS

1 RSAT Number	2 Type	3 CUSIP	4 Description of Asset(s)	5 NAIC Designation or Other Description of Asset	6 Value of Asset	7 AVR Basic Contribution	8 AVR Reserve Objective	9 AVR Maximum Reserve
NONE								
0599999 - Total								

SCHEDULE F

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

	Total		Comprehensive (Hospital and Medical) Individual		Comprehensive (Hospital and Medical) Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1. Premiums written	1,859,638	XXX		XXX	17,351	XXX		XXX		XXX		XXX		XXX
2. Premiums earned	1,886,662	XXX		XXX	17,363	XXX		XXX		XXX		XXX		XXX
3. Incurred claims	438,909	23.3			(109,676)	(631.7)								
4. Cost containment expenses	(11,465)	(0.6)												
5. Incurred claims and cost containment expenses (Lines 3 and 4)	427,444	22.7			(109,676)	(631.7)								
6. Increase in contract reserves	22,658	1.2												
7. Commissions (a)	(226,342)	(12.0)												
8. Other general insurance expenses	1,231,333	65.3			30,546	175.9								
9. Taxes, licenses and fees	168,291	8.9			37,404	215.4								
10. Total other expenses incurred	1,173,283	62.2			67,949	391.3								
11. Aggregate write-ins for deductions														
12. Gain from underwriting before dividends or refunds .	263,278	14.0			59,089	340.3								
13. Dividends or refunds														
14. Gain from underwriting after dividends or refunds	263,278	14.0			59,089	340.3								
DETAILS OF WRITE-INS														
1101.														
1102.														
1103.														
1198. Summary of remaining write-ins for Line 11 from overflow page														
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)														

	Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %	23 Amount	24 %	25 Amount	26 %
1. Premiums written		XXX		XXX		XXX	661,903	XXX	260,097	XXX	920,287	XXX
2. Premiums earned		XXX		XXX		XXX	675,029	XXX	271,399	XXX	922,871	XXX
3. Incurred claims							166,752	24.7	366,512	135.0	15,321	1.7
4. Cost containment expenses											(11,465)	(1.2)
5. Incurred claims and cost containment expenses (Lines 3 and 4)							166,752	24.7	366,512	135.0	3,855	0.4
6. Increase in contract reserves							(158,184)	(23.4)	183,946	67.8	(3,103)	(0.3)
7. Commissions (a)							7,762	1.1	(188,715)	(69.5)	(45,389)	(4.9)
8. Other general insurance expenses							201,589	29.9	768,876	283.3	230,323	25.0
9. Taxes, licenses and fees							53,335	7.9	71,020	26.2	6,533	0.7
10. Total other expenses incurred							262,685	38.9	651,181	239.9	191,467	20.7
11. Aggregate write-ins for deductions												
12. Gain from underwriting before dividends or refunds .							403,776	59.8	(930,240)	(342.8)	730,652	79.2
13. Dividends or refunds												
14. Gain from underwriting after dividends or refunds							403,776	59.8	(930,240)	(342.8)	730,652	79.2
DETAILS OF WRITE-INS												
1101.												
1102.												
1103.												
1198. Summary of remaining write-ins for Line 11 from overflow page												
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)												

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

PART 2. - RESERVES AND LIABILITIES

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
A. Premium Reserves:													
1. Unearned premiums	204,981		706								121,576	76,436	6,262
2. Advance premiums	23,435										9,899	12,229	1,307
3. Reserve for rate credits													
4. Total premium reserves, current year	228,416		706								131,476	88,666	7,569
5. Total premium reserves, prior year	255,440		718								144,601	99,968	10,153
6. Increase in total premium reserves	(27,024)		(12)								(13,126)	(11,302)	(2,585)
B. Contract Reserves:													
1. Additional reserves (a)	7,005,894										2,159,491	4,820,986	25,417
2. Reserve for future contingent benefits													
3. Total contract reserves, current year	7,005,894										2,159,491	4,820,986	25,417
4. Total contract reserves, prior year	6,983,236										2,317,676	4,637,040	28,520
5. Increase in contract reserves	22,658										(158,184)	183,946	(3,103)
C. Claim Reserves and Liabilities:													
1. Total current year	8,207,918		489,105								1,851,316	1,422,752	4,444,745
2. Total prior year	9,207,022		625,472								1,868,863	1,411,721	5,300,966
3. Increase	(999,105)		(136,367)								(17,547)	11,031	(856,222)

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
1. Claims paid during the year:													
1.1 On claims incurred prior to current year	1,159,729		5,231								272,723		881,775
1.2 On claims incurred during current year	278,285		21,461								(88,425)	355,481	(10,233)
2. Claim reserves and liabilities, December 31, current year:													
2.1 On claims incurred prior to current year	5,747,459										925,658	676,398	4,145,403
2.2 On claims incurred during current year	2,460,459		489,105								925,658	746,354	299,342
3. Test:													
3.1 Lines 1.1 and 2.1	6,907,187		5,231								1,198,381	676,398	5,027,177
3.2 Claim reserves and liabilities, December 31, prior year	9,207,022		625,472								1,868,863	1,411,721	5,300,966
3.3 Line 3.1 minus Line 3.2	(2,299,835)		(620,241)								(670,482)	(735,323)	(273,789)

PART 4. - REINSURANCE

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
A. Reinsurance Assumed:													
1. Premiums written													
2. Premiums earned													
3. Incurred claims													
4. Commissions													
B. Reinsurance Ceded:													
1. Premiums written	3,546,905										994,124	1,687,040	865,740
2. Premiums earned	3,626,401										1,022,737	1,736,703	866,961
3. Incurred claims	3,552,609										296,747	3,119,892	135,970
4. Commissions	485,783										114,702	320,673	50,407

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Comprehensive (Hospital and Medical) Individual	2 Comprehensive (Hospital and Medical) Group	3 Medicare Supplement	4 Vision Only	5 Dental Only	6 Federal Employees Health Benefits Plan	7 Medicare Title XVIII	8 Medicaid Title XIX	9 Credit A&H	10 Disability Income	11 Long-Term Care	12 Other Health	13 Total
A. Direct:													
1. Incurred claims		(109,676)								463,499	3,486,404	151,290	3,991,518
2. Beginning claim reserves and liabilities		625,472								5,766,022	10,295,452	8,584,921	25,271,867
3. Ending claim reserves and liabilities		489,105								5,544,872	11,119,086	7,237,105	24,390,169
4. Claims paid		26,691								684,649	2,662,770	1,499,106	4,873,216
B. Assumed Reinsurance:													
1. Incurred claims													
2. Beginning claim reserves and liabilities													
3. Ending claim reserves and liabilities													
4. Claims paid													
C. Ceded Reinsurance:													
1. Incurred claims										296,747	3,119,892	135,970	3,552,609
2. Beginning claim reserves and liabilities										3,944,175	8,883,731	3,329,234	16,157,139
3. Ending claim reserves and liabilities										3,788,672	9,696,334	2,854,208	16,339,214
4. Claims paid										452,250	2,307,288	610,996	3,370,534
D. Net:													
1. Incurred claims		(109,676)								166,752	366,512	15,321	438,909
2. Beginning claim reserves and liabilities		625,472								1,821,847	1,411,721	5,255,687	9,114,728
3. Ending claim reserves and liabilities		489,105								1,756,200	1,422,752	4,382,897	8,050,955
4. Claims paid		26,691								232,399	355,481	888,110	1,502,682
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred claims and cost containment expenses		(109,676)								166,752	366,512	3,855	427,444
2. Beginning reserves and liabilities		625,472								1,821,847	1,411,721	5,255,687	9,114,728
3. Ending reserves and liabilities		489,105								1,756,200	1,422,752	4,382,897	8,050,955
4. Paid claims and cost containment expenses		26,691								232,399	355,481	876,645	1,491,217

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 1 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Amount of In Force at End of Year	9 Reserve	10 Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
0399999. Total General Account - U.S. Affiliates												
0699999. Total General Account - Non-U.S. Affiliates												
0799999. Total General Account - Affiliates												
..... 88064 .....	.. 35-1452221 ..	.. 08/18/1982 ..	CINCINNATI EQUITABLE LIFE INSURANCE CO	OH.....	..... YRT/I.....	..... OL.....	..... 15,000 .....	..... 394 .....	..... 429 .....	..... .....	..... .....	..... .....
..... 68276 .....	.. 48-1024691 ..	.. 01/01/1981 ..	EMPLOYERS REASSURANCE CORPORATION	KS.....	..... YRT/I.....	..... OL.....	..... 37,709 .....	..... 2,694 .....	..... (2,166) .....	..... .....	..... .....	..... .....
0899999. General Account - U.S. Non-Affiliates							52,709	3,088	(1,738)			
1099999. Total General Account - Non-Affiliates							52,709	3,088	(1,738)			
1199999. Total General Account							52,709	3,088	(1,738)			
1499999. Total Separate Accounts - U.S. Affiliates												
1799999. Total Separate Accounts - Non-U.S. Affiliates												
1899999. Total Separate Accounts - Affiliates												
2199999. Total Separate Accounts - Non-Affiliates												
2299999. Total Separate Accounts												
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)							52,709	3,088	(1,738)			
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)												
.....
.....
.....
.....
.....
.....
9999999 - Totals							52,709	3,088	(1,738)			

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 1 - SECTION 2

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

[illegible]

SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9	10		12	13		
								Current Year	Prior Year		Current Year	Prior Year		
0399999	Total General Account - Authorized U.S. Affiliates													
0699999	Total General Account - Authorized Non-U.S. Affiliates													
0799999	Total General Account - Authorized Affiliates													
68276	48-1024691	01/01/1990	EMPLOYERS REASSURANCE CORPORATION	KS	CO / I	OL	44,546,054	19,191,569	18,751,431	302,382				
68276	48-1024691	01/01/1990	EMPLOYERS REASSURANCE CORPORATION	KS	YRT / I	AXXX	1,220,998	13,730	12,460	29,960				
68276	48-1024691	01/01/1990	EMPLOYERS REASSURANCE CORPORATION	KS	DIS / I	XXXL	823,423	7,037	6,949	14,457				
68276	48-1024691	01/01/1990	EMPLOYERS REASSURANCE CORPORATION	KS	CO / I	OL	2,118,394	13,822	11,901	25,844				
68276	48-1024691	01/01/1990	EMPLOYERS REASSURANCE CORPORATION	KS	CO / I	OL		516,430	479,919	3,742				
86258	13-2572994	08/01/2001	GENERAL RE LIFE CORPORATION	CT	CO / I	XXXL	52,248,236	3,031,742	3,139,159	81,819				
86258	13-2572994	08/01/2001	GENERAL RE LIFE CORPORATION	CT	YRT / I	AXXX	97,567	131	119	154				
86258	13-2572994	08/01/2001	GENERAL RE LIFE CORPORATION	CT	YRT / I	XXXL	41,423	118	108	122				
86258	13-2572994	08/01/2001	GENERAL RE LIFE CORPORATION	CT	YRT / I	OL	44,883	113	104	222				
86258	13-2572994	08/01/2001	GENERAL RE LIFE CORPORATION	CT	DIS / I	OL		25,533	25,503	769				
88340	59-2859797	09/15/1997	HANNOVER LIFE REASSURANCE COMPANY	FL	CO / I	XXXL	1,658,404,451	41,716,689	8,807,369	1,323,955				
88340	59-2859797	09/15/1997	HANNOVER LIFE REASSURANCE COMPANY	FL	CO / I	OL	5,042,955	36,960		58,626				
88340	59-2859797	09/15/1997	HANNOVER LIFE REASSURANCE COMPANY	FL	YRT / I	AXXX	17,846,708	90,963	39,444	127,316				
88340	59-2859797	09/15/1997	HANNOVER LIFE REASSURANCE COMPANY	FL	YRT / I	XXXL	2,374,403,821	4,511,568	4,311,099	3,836,467				
88340	59-2859797	09/15/1997	HANNOVER LIFE REASSURANCE COMPANY	FL	YRT / I	OL	1,489,431,010	1,126,569	824,247	1,646,769				
88340	59-2859797	09/15/1997	HANNOVER LIFE REASSURANCE COMPANY	FL	DIS / I	OL		212,364	44,160	21,970				
65056	38-1659835	01/01/1999	JACKSON NATIONAL LIFE INSURANCE COMPANY	MI	ADB / I	OL	5,409,021	3,621,975	3,862,875	25,362				
65676	35-0472300	09/15/1997	LINCOLN NATIONAL LIFE INSURANCE COMPANY	IN	CO / I	XXXL	686,333,716	9,086,620	10,343,902	2,239,059				
65676	35-0472300	09/15/1997	LINCOLN NATIONAL LIFE INSURANCE COMPANY	IN	YRT / I	OL	1,229,544,491	6,831,785	6,567,129	2,194,451				
65676	35-0472300	09/15/1997	LINCOLN NATIONAL LIFE INSURANCE COMPANY	IN	YRT / I	AXXX	13,648,333	176,491	162,964	230,769				
65676	35-0472300	09/15/1997	LINCOLN NATIONAL LIFE INSURANCE COMPANY	IN	YRT / I	XXXL	16,082,661	159,571	164,230	213,014				
65676	35-0472300	09/15/1997	LINCOLN NATIONAL LIFE INSURANCE COMPANY	IN	DIS / I	OL	118,741,025	975,648	945,675	1,124,144				
65676	35-0472300	09/15/1997	LINCOLN NATIONAL LIFE INSURANCE COMPANY	IN	YRT / I	OL		921,701	975,540	90,521				
66346	58-0828824	08/24/1995	MUNICH AMERICAN REASSURANCE COMPANY	GA	YRT / I	XXXL	52,713,239	3,034,423	3,141,550	87,464				
66346	58-0828824	08/24/1995	MUNICH AMERICAN REASSURANCE COMPANY	GA	YRT / I	OL	1,480,000	9,445	8,792	2,888				
66346	58-0828824	11/01/2005	MUNICH AMERICAN REASSURANCE COMPANY	GA	DIS / I	AXXX	130,583,032	575,211	571,990	689,745				
66346	58-0828824	10/01/1994	MUNICH AMERICAN REASSURANCE COMPANY	GA	OTH / G	XXXL	1,702,281,599	4,990,583	4,914,430	4,929,314				
66346	58-0828824	10/01/1994	MUNICH AMERICAN REASSURANCE COMPANY	GA	CO / I	OL	5,295,662,671	2,308,181	1,705,913	2,836,418				
66346	58-0828824	10/01/1994	MUNICH AMERICAN REASSURANCE COMPANY	GA	YRT / I	OL		77,984	78,290	11,283				
66346	58-0828824	06/01/2001	MUNICH AMERICAN REASSURANCE COMPANY	GA	YRT / I	OL		546,861	513,854	239,688				
67466	95-1079000	04/01/2002	PACIFIC LIFE INSURANCE COMPANY	NE	YRT / I	XXXL	1,142,097,342	31,384,154	37,047,694	1,688,787				
67466	95-1079000	04/01/2002	PACIFIC LIFE INSURANCE COMPANY	NE	DIS / I	AXXX	2,580,688	30,135	30,756	40,074				
67466	95-1079000	04/01/2002	PACIFIC LIFE INSURANCE COMPANY	NE	OTH / G	XXXL	3,050,556	31,806	29,670	42,323				
67466	95-1079000	04/01/2002	PACIFIC LIFE INSURANCE COMPANY	NE	CO / I	OL	8,956,147	61,149	57,685	92,348				
67466	95-1079000	04/01/2002	PACIFIC LIFE INSURANCE COMPANY	NE	CO / I	OL		136,742	155,024	11,476				
93572	43-1235868	01/18/2005	RGA REINSURANCE COMPANY	MO	YRT / I	AXXX	180,548,510	1,013,902	1,010,425	1,235,699				
93572	43-1235868	01/18/2005	RGA REINSURANCE COMPANY	MO	YRT / I	XXXL	5,406,963,543	14,726,800	15,001,877	14,236,679				
93572	43-1235868	09/01/1995	RGA REINSURANCE COMPANY	MO	YRT / I	OL	364,107,423	566,159	423,127	1,279,573				
93572	43-1235868	01/18/2005	RGA REINSURANCE COMPANY	MO	DIS / I	OL		86,010	89,621	24,789				
93572	43-1235868	02/01/2004	RGA REINSURANCE COMPANY	MO	CO / I	OL				489				
97071	13-3126819	04/01/1982	SCOR GLOBAL LIFE USA REINSURANCE COMPANY	DE	CO / I	OL	857,167	29,247	46,197	31,133				
97071	13-3126819	04/01/2008	SCOR GLOBAL LIFE USA REINSURANCE COMPANY	DE	CO / I	AXXX	3,943,298	22,434		(4,051)				
97071	13-3126819	08/01/1975	SCOR GLOBAL LIFE USA REINSURANCE COMPANY	DE	YRT / I	XXXL	1,354,403,415	3,602,555	9,267	2,458,897				
97071	13-3126819	08/01/1975	SCOR GLOBAL LIFE USA REINSURANCE COMPANY	DE	YRT / I	OL	2,471,286,477	1,411,752	1,034,916	1,856,976				
97071	13-3126819	04/01/2008	SCOR GLOBAL LIFE USA REINSURANCE COMPANY	DE	YRT / I	OL		3,654		5,057				
97071	13-3126819	02/01/2020	SCOR GLOBAL LIFE USA REINSURANCE COMPANY	DE	DIS / I	OL	608,172,500			1,446,265				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER	CO	OTH / G	XXXL			66,286,839	729,580				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER	CO	YRT / I	OL			38,052	6,801				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER	CO	YRT / I	AXXX			61,291	3,824				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER	CO	YRT / I	XXXL			43,815	31,031				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER	CO	DIS / I	OL			94,985	41,336				
68713	84-0499703	09/15/1997	SECURITY LIFE OF DENVER	CO		OL			303,352	5,073				
71706	57-0290111	07/01/1970	STANDARD LIFE & CASUALTY	UT		OL	996,755	697,400	731,894	12,122				

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
82627	06-0839705	01/01/2000	SWISS RE LIFE & HEALTH AMERICA INC	MO	XXXX	XXXX	3,771,469,742	82,632,424	80,452,749	8,568,204				
82627	06-0839705	02/01/1988	SWISS RE LIFE & HEALTH AMERICA INC	MO	OL	OL	1,293,386,395	23,904,579	23,336,355	2,631,747				
82627	06-0839705	06/15/1998	SWISS RE LIFE & HEALTH AMERICA INC	MO	AXXX	AXXX	95,122,638	435,392	443,647	703,701				
82627	06-0839705	02/01/1988	SWISS RE LIFE & HEALTH AMERICA INC	MO	XXXX	XXXX	4,376,430,094	9,927,972	9,673,975	8,604,088				
82627	06-0839705	08/01/1975	SWISS RE LIFE & HEALTH AMERICA INC	MO	OL	OL	3,630,134,117	2,628,514	2,110,693	3,830,445				
82627	06-0839705	10/01/1993	SWISS RE LIFE & HEALTH AMERICA INC	MO	OL	OL		1,180,350	1,191,720	146,213				
82627	06-0839705	06/01/2004	SWISS RE LIFE & HEALTH AMERICA INC	MO	OL	OL	109,420,619	13,432	12,930	982,039				
86231	39-0989781	04/01/2008	TRANSAMERICA LIFE INS CO	IA	AXXX	AXXX			61,478	8,506				
86231	39-0989781	04/01/2008	TRANSAMERICA LIFE INS CO	IA	XXXX	XXXX			3,590,827	752,607				
86231	39-0989781	04/01/2008	TRANSAMERICA LIFE INS CO	IA	OL	OL			50,199	25,419				
86231	39-0989781	04/01/2008	TRANSAMERICA LIFE INS CO	IA	OL	OL			3,780	1,145				
0899999. General Account - Authorized U.S. Non-Affiliates							39,662,677,137	278,338,379	313,835,946	73,919,089				
1099999. Total General Account - Authorized Non-Affiliates							39,662,677,137	278,338,379	313,835,946	73,919,089				
1199999. Total General Account Authorized							39,662,677,137	278,338,379	313,835,946	73,919,089				
1499999. Total General Account - Unauthorized U.S. Affiliates														
1799999. Total General Account - Unauthorized Non-U.S. Affiliates														
1899999. Total General Account - Unauthorized Affiliates														
00000	AA-1440076	10/01/2000	SIRIUSPOINT INTERNATIONAL INSURANCE CORP (PUBL)	SWE	YRT / I	OL	2,641,343	35,688	32,121	29,273				
2099999. General Account - Unauthorized Non-U.S. Non-Affiliates							2,641,343	35,688	32,121	29,273				
2199999. Total General Account - Unauthorized Non-Affiliates							2,641,343	35,688	32,121	29,273				
2299999. Total General Account Unauthorized							2,641,343	35,688	32,121	29,273				
2599999. Total General Account - Certified U.S. Affiliates														
2899999. Total General Account - Certified Non-U.S. Affiliates														
2999999. Total General Account - Certified Affiliates														
3299999. Total General Account - Certified Non-Affiliates														
3399999. Total General Account Certified														
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates														
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates														
4099999. Total General Account - Reciprocal Jurisdiction Affiliates														
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates														
4499999. Total General Account Reciprocal Jurisdiction														
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							39,665,318,480	278,374,067	313,868,067	73,948,362				
4899999. Total Separate Accounts - Authorized U.S. Affiliates														
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates														
5299999. Total Separate Accounts - Authorized Affiliates														
5599999. Total Separate Accounts - Authorized Non-Affiliates														
5699999. Total Separate Accounts Authorized														
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates														
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates														
6399999. Total Separate Accounts - Unauthorized Affiliates														
6699999. Total Separate Accounts - Unauthorized Non-Affiliates														
6799999. Total Separate Accounts Unauthorized														
7099999. Total Separate Accounts - Certified U.S. Affiliates														
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates														
7499999. Total Separate Accounts - Certified Affiliates														
7799999. Total Separate Accounts - Certified Non-Affiliates														
7899999. Total Separate Accounts Certified														
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates														
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates														
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates														
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates														
8999999. Total Separate Accounts Reciprocal Jurisdiction														

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 1

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
								Current Year	Prior Year		Current Year	Prior Year		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domi-ciliary Juris-diction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year			Premiums			Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified														
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							39,662,677,137	278,338,379	313,835,946	73,919,089				
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							2,641,343	35,688	32,121	29,273				
9999999 - Totals							39,665,318,480	278,374,067	313,868,067	73,948,362				

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 2

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

NAIC Company Code	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
	ID Number	Effective Date	Name of Company	Domi- ciliary Juris- diction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	11	12	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
										Current Year	Prior Year		
0399999	Total General Account - Authorized U.S. Affiliates												
0699999	Total General Account - Authorized Non-U.S. Affiliates												
0799999	Total General Account - Authorized Affiliates												
86258	13-2572994	07/01/1999	GENERAL RE LIFE CORP	CT	CAT/I	LTC	1,687,040	499,064	40,985,616				
66346	58-0828824	02/01/1988	MUNICH AMER REASSUR CORP	GA	CAT/I	OH	994,124	262,492	6,198,977				
82627	06-0839705	08/01/1997	SWISS RE LIFE & HLTH AMER INC	MO	CAT/I	OH	5,175	1,640					
93572	43-1235868	09/01/1995	RGA REINS CO	MO	CAT/G	LTC	860,566		2,792,360				
0899999	General Account - Authorized U.S. Non-Affiliates						3,546,905	763,197	49,976,953				
1099999	Total General Account - Authorized Non-Affiliates						3,546,905	763,197	49,976,953				
1199999	Total General Account Authorized						3,546,905	763,197	49,976,953				
1499999	Total General Account - Unauthorized U.S. Affiliates												
1799999	Total General Account - Unauthorized Non-U.S. Affiliates												
1899999	Total General Account - Unauthorized Affiliates												
2199999	Total General Account - Unauthorized Non-Affiliates												
2299999	Total General Account Unauthorized												
2599999	Total General Account - Certified U.S. Affiliates												
2899999	Total General Account - Certified Non-U.S. Affiliates												
2999999	Total General Account - Certified Affiliates												
3299999	Total General Account - Certified Non-Affiliates												
3399999	Total General Account Certified												
3699999	Total General Account - Reciprocal Jurisdiction U.S. Affiliates												
3999999	Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates												
4099999	Total General Account - Reciprocal Jurisdiction Affiliates												
4399999	Total General Account - Reciprocal Jurisdiction Non-Affiliates												
4499999	Total General Account Reciprocal Jurisdiction												
4599999	Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						3,546,905	763,197	49,976,953				
4899999	Total Separate Accounts - Authorized U.S. Affiliates												
5199999	Total Separate Accounts - Authorized Non-U.S. Affiliates												
5299999	Total Separate Accounts - Authorized Affiliates												
5599999	Total Separate Accounts - Authorized Non-Affiliates												
5699999	Total Separate Accounts Authorized												
5999999	Total Separate Accounts - Unauthorized U.S. Affiliates												
6299999	Total Separate Accounts - Unauthorized Non-U.S. Affiliates												
6399999	Total Separate Accounts - Unauthorized Affiliates												
6699999	Total Separate Accounts - Unauthorized Non-Affiliates												
6799999	Total Separate Accounts Unauthorized												
7099999	Total Separate Accounts - Certified U.S. Affiliates												
7399999	Total Separate Accounts - Certified Non-U.S. Affiliates												
7499999	Total Separate Accounts - Certified Affiliates												
7799999	Total Separate Accounts - Certified Non-Affiliates												
7899999	Total Separate Accounts Certified												
8199999	Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates												
8499999	Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates												
8599999	Total Separate Accounts - Reciprocal Jurisdiction Affiliates												
8899999	Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates												
8999999	Total Separate Accounts Reciprocal Jurisdiction												
9099999	Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified												
9199999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)						3,546,905	763,197	49,976,953				
9299999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)												
9999999	Totals						3,546,905	763,197	49,976,953				

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols.5+6+7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999. Total General Account - Life and Annuity U.S. Affiliates									XXX					
0699999. Total General Account - Life and Annuity Non-U.S. Affiliates									XXX					
0799999. Total General Account - Life and Annuity Affiliates									XXX					
..00000 .....	..AA-1440076 ..	10/01/2000	SiriusPoint International Insurance Corp (publ)	35,688			35,688	35,688	8282					35,688
0999999. General Account - Life and Annuity Non-U.S. Non-Affiliates				35,688			35,688	35,688	XXX					35,688
1099999. Total General Account - Life and Annuity Non-Affiliates				35,688			35,688	35,688	XXX					35,688
1199999. Total General Account Life and Annuity				35,688			35,688	35,688	XXX					35,688
1499999. Total General Account - Accident and Health U.S. Affiliates									XXX					
1799999. Total General Account - Accident and Health Non-U.S. Affiliates									XXX					
1899999. Total General Account - Accident and Health Affiliates									XXX					
2199999. Total General Account - Accident and Health Non-Affiliates									XXX					
2299999. Total General Account Accident and Health									XXX					
2399999. Total General Account				35,688			35,688	35,688	XXX					35,688
2699999. Total Separate Accounts - U.S. Affiliates									XXX					
2999999. Total Separate Accounts - Non-U.S. Affiliates									XXX					
3099999. Total Separate Accounts - Affiliates									XXX					
3399999. Total Separate Accounts - Non-Affiliates									XXX					
3499999. Total Separate Accounts									XXX					
3599999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)									XXX					
3699999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)				35,688			35,688	35,688	XXX					35,688
9999999 - Totals				35,688			35,688	35,688	XXX					35,688

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
	8282	1.....	021000089	Citibank, N.A. ....	..... 35,688

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2022	2 2021	3 2020	4 2019	5 2018
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	77,495	76,604	73,158	71,385	69,819
2. Commissions and reinsurance expense allowances	4,437	4,508	4,414	4,733	4,907
3. Contract claims	98,736	91,111	68,138	76,275	65,841
4. Surrender benefits and withdrawals for life contracts	766	39	208	462	329
5. Dividends to policyholders and refunds to members					
6. Reserve adjustments on reinsurance ceded					
7. Increase in aggregate reserve for life and accident and health contracts	(34,605)	31,243	(24,545)	(14,398)	(8,347)
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	19,301	18,833	16,727	17,054	16,596
9. Aggregate reserves for life and accident and health contracts	329,114	363,759	395,002	419,547	433,945
10. Liability for deposit-type contracts					
11. Contract claims unpaid	10,421	14,480	10,448	8,780	11,623
12. Amounts recoverable on reinsurance	8,256	10,497	6,742	13,022	13,746
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends and refunds to members (not included in Line 10)					
15. Commissions and reinsurance expense allowances due	1,112	1,105	1,074	1,182	1,218
16. Unauthorized reinsurance offset					
17. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)	36	32	18	16	15
20. Trust agreements (T)					
21. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust					
23. Funds deposited by and withheld from (F)					
24. Letters of credit (L)					
25. Trust agreements (T)					
26. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	3,963,016,886		3,963,016,886
2. Reinsurance (Line 16)	9,367,897	(9,367,897)	
3. Premiums and considerations (Line 15)	153,327,589	19,301,281	172,628,870
4. Net credit for ceded reinsurance	XXX	329,601,854	329,601,854
5. All other admitted assets (balance)	66,542,017		66,542,017
6. Total assets excluding Separate Accounts (Line 26)	4,192,254,389	339,535,238	4,531,789,627
7. Separate Account assets (Line 27)	892,260,708		892,260,708
8. Total assets (Line 28)	5,084,515,097	339,535,238	5,424,050,335
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	3,598,006,357	329,114,214	3,927,120,572
10. Liability for deposit-type contracts (Line 3)	131,411,761		131,411,761
11. Claim reserves (Line 4)	31,056,370	10,421,023	41,477,393
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)	46		46
13. Premium & annuity considerations received in advance (Line 8)	3,150,582		3,150,582
14. Other contract liabilities (Line 9)	19,301,281		19,301,281
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)			
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)			
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)			
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)			
19. All other liabilities (balance)	82,968,332		82,968,332
20. Total liabilities excluding Separate Accounts (Line 26)	3,865,894,728	339,535,238	4,205,429,965
21. Separate Account liabilities (Line 27)	892,260,708		892,260,708
22. Total liabilities (Line 28)	4,758,155,436	339,535,238	5,097,690,673
23. Capital & surplus (Line 38)	326,359,661	XXX	326,359,661
24. Total liabilities, capital & surplus (Line 39)	5,084,515,097	339,535,238	5,424,050,335
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	329,114,214		
26. Claim reserves	10,421,023		
27. Policyholder dividends/reserves			
28. Premium & annuity considerations received in advance			
29. Liability for deposit-type contracts			
30. Other contract liabilities			
31. Reinsurance ceded assets	9,367,897		
32. Other ceded reinsurance recoverables			
33. Total ceded reinsurance recoverables	348,903,135		
34. Premiums and considerations	19,301,281		
35. Reinsurance in unauthorized companies			
36. Funds held under reinsurance treaties with unauthorized reinsurers			
37. Reinsurance with Certified Reinsurers			
38. Funds held under reinsurance treaties with Certified Reinsurers			
39. Other ceded reinsurance payables/offsets			
40. Total ceded reinsurance payable/offsets	19,301,281		
41. Total net credit for ceded reinsurance	329,601,854		

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	7,016,342	74,542	19,428	31,268		7,141,580
2.	Alaska	AK	100,578					100,578
3.	Arizona	AZ	3,377,113		8,614	1,481		3,387,207
4.	Arkansas	AR	3,842,999	17,735	13,151			3,873,885
5.	California	CA	9,153,001	155,403	3,502	5,408		9,317,314
6.	Colorado	CO	4,145,303	127,570	8,661	3,290		4,284,824
7.	Connecticut	CT	1,644,401		2,234			1,646,635
8.	Delaware	DE	812,772	194,386		1,286		1,008,444
9.	District of Columbia	DC	279,922					279,922
10.	Florida	FL	10,181,042	300,093	15,399	102,586		10,599,119
11.	Georgia	GA	20,582,681	40,784	51,282	199,313		20,874,060
12.	Hawaii	HI	132,987					132,987
13.	Idaho	ID	1,612,449	386,812	3,363			2,002,625
14.	Illinois	IL	22,305,672	3,822,493	168,294	105,285	27,500	26,429,244
15.	Indiana	IN	21,321,880	2,410,111	106,290	27,670		23,865,951
16.	Iowa	IA	15,183,512	5,050,120	34,888	31,710		20,300,231
17.	Kansas	KS	4,817,685	194,193	8,146	8,042		5,028,067
18.	Kentucky	KY	12,826,467	85,370	51,897	125,679		13,089,413
19.	Louisiana	LA	1,872,945					1,872,945
20.	Maine	ME	329,399					329,399
21.	Maryland	MD	4,920,158	77,750	25,634	7,159		5,030,700
22.	Massachusetts	MA	1,714,446	7,200	501	(1,588)		1,720,559
23.	Michigan	MI	16,961,900	923,591	161,349	139,387		18,186,228
24.	Minnesota	MN	12,127,189	2,047,416	48,582	17,380		14,240,567
25.	Mississippi	MS	2,073,156	300	1,009			2,074,465
26.	Missouri	MO	11,762,908	136,481	15,576	21,159		11,936,124
27.	Montana	MT	2,910,396	7,635	4,798			2,922,829
28.	Nebraska	NE	3,353,214	900	13,500			3,367,614
29.	Nevada	NV	633,114	9,140	5,596			647,850
30.	New Hampshire	NH	774,197	1,500	2,675	1,618		779,991
31.	New Jersey	NJ	2,383,210	300				2,383,510
32.	New Mexico	NM	686,708	10,990	233	9,795		707,726
33.	New York	NY	360,883	212,000	804			573,687
34.	North Carolina	NC	15,858,297	1,648,662	94,138	130,112		17,731,209
35.	North Dakota	ND	1,922,566		2,653			1,925,218
36.	Ohio	OH	54,232,349	5,240,556	329,505	558,427		60,360,837
37.	Oklahoma	OK	1,941,929		7,460			1,949,389
38.	Oregon	OR	3,004,345	2,016	765			3,007,126
39.	Pennsylvania	PA	25,925,344	1,681,565	154,532	104,650		27,866,090
40.	Rhode Island	RI	160,586					160,586
41.	South Carolina	SC	6,152,657	3,425	22,841	62,778		6,241,702
42.	South Dakota	SD	2,191,182	105,941	786			2,297,909
43.	Tennessee	TN	13,180,332	2,587,797	85,046	53,117		15,906,293
44.	Texas	TX	14,592,548	157,457	14,802	13,911		14,778,718
45.	Utah	UT	2,111,953	103,000	21,218			2,236,170
46.	Vermont	VT	453,646		397			454,043
47.	Virginia	VA	6,621,091	49,962	40,835	27,316		6,739,205
48.	Washington	WA	4,387,583	14,800	6,393	10,573		4,419,349
49.	West Virginia	WV	3,117,853	270,554	18,366	8,136		3,414,909
50.	Wisconsin	WI	11,288,139	1,949,758	94,969	147,210		13,480,076
51.	Wyoming	WY	716,830		688			717,518
52.	American Samoa	AS						
53.	Guam	GU	2,664					2,664
54.	Puerto Rico	PR	3,806					3,806
55.	U.S. Virgin Islands	VI	22,465					22,465
56.	Northern Mariana Islands	MP						
57.	Canada	CAN	58,072					58,072
58.	Aggregate Other Alien	OT	54,804	3,775				58,579
59.	Total		370,201,672	30,114,083	1,670,798	1,954,159	27,500	403,968,213

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
. 0244 ...	CINCINNATI INS GRP .....	.....00000	31-0746871 ..	.....	0000020286 ..	NASDAQ	CINCINNATI FINANCIAL CORPORATION .....	.. OH.....	UIP.....	CINCINNATI FINANCIAL CORPORATION	Board of Directors.....	.....	BOARD .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....10677	31-0542366 ..	.....	0001279885 ..	.....	THE CINCINNATI INSURANCE COMPANY .....	.. OH.....	UDP.....	CINCINNATI FINANCIAL CORPORATION	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....76236	31-1213778 ..	.....	0001279887 ..	.....	THE CINCINNATI LIFE INSURANCE COMPANY .....	.. OH.....	RE.....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....28665	31-0826946 ..	.....	0001279888 ..	.....	THE CINCINNATI CASUALTY COMPANY .....	.. OH.....	IA.....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....23280	31-1241230 ..	.....	0001279886 ..	.....	THE CINCINNATI INDEMNITY COMPANY .....	.. OH.....	IA.....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
.....	.....	.....	.....	.....	.....	.....	THE CINCINNATI SPECIALTY UNDERWRITERS INSURANCE COMPANY .....	.. DE.....	IA.....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....00000	31-0790388 ..	.....	.....	.....	CFC INVESTMENT COMPANY .....	.. OH.....	NIA.....	CINCINNATI FINANCIAL CORPORATION	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....00000	11-3823180 ..	.....	0001534469 ..	.....	CSU PRODUCER RESOURCES, INC .....	.. OH.....	NIA.....	CINCINNATI FINANCIAL CORPORATION	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....00000	81-1908205 ..	.....	.....	.....	CLIC BP INVESTMENTS B, LLC .....	.. OH.....	NIA.....	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....00000	81-4633687 ..	.....	.....	.....	CLIC BP INVESTMENTS H, LLC .....	.. OH.....	NIA.....	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....00000	81-3640769 ..	.....	.....	.....	CLIC DS INVESTMENTS I, LLC .....	.. OH.....	NIA.....	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....00000	82-1587731 ..	.....	.....	.....	CLIC WSD INVESTMENTS I, LLC .....	.. OH.....	NIA.....	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....00000	82-3254447 ..	.....	.....	.....	CLIC UPTOWN INVESTMENTS I, LLC .....	.. OH.....	NIA.....	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....00000	82-5173506 ..	.....	.....	.....	CLIC DISTRICT INVESTMENTS I, LLC .....	.. OH.....	NIA.....	THE CINCINNATI LIFE INSURANCE COMPANY	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....00000	83-1627569 ..	.....	.....	.....	CIC UPTOWN INVESTMENTS I, LLC .....	.. OH.....	NIA.....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....00000	61-1936938 ..	.....	.....	.....	CIC DANAMONT INVESTMENTS I, LLC .....	.. OH.....	NIA.....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....00000	32-0613415 ..	.....	.....	.....	CIC ICON INVESTMENTS I, LLC .....	.. OH.....	NIA.....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....00000	35-2698966 ..	.....	.....	.....	CIC BP INVESTMENTS G, LLC .....	.. OH.....	NIA.....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....00000	35-2780794 ..	.....	.....	.....	CIC HICKORY INVESTMENTS I, LLC .....	.. OH.....	NIA.....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....00000 .....	.....	.....	.....	.....	CIC PIMLICO INVESTMENTS I, LLC .....	.. OH.....	NIA.....	THE CINCINNATI INSURANCE COMPANY	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....00000	98-1489371 ..	.....	.....	.....	CINCINNATI GLOBAL UNDERWRITING LTD. ....	.. GBR.....	NIA.....	CINCINNATI FINANCIAL CORPORATION	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....00000 .....	.....	.....	.....	.....	CINCINNATI GLOBAL DEDICATED NO. 1 LIMITED ..	.. GBR.....	IA.....	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....00000 .....	.....	.....	.....	.....	CINCINNATI GLOBAL DEDICATED NO 2 LIMITED ..	.. GBR.....	IA.....	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....00000 .....	.....	.....	.....	.....	CINCINNATI GLOBAL DEDICATED NO 3 LIMITED ..	.. GBR.....	IA.....	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....00000 .....	.....	.....	.....	.....	CINCINNATI GLOBAL DEDICATED NO 4 LIMITED ..	.. GBR.....	IA.....	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....00000 .....	.....	.....	.....	.....	CINCINNATI GLOBAL DEDICATED NO 5 LIMITED ..	.. GBR.....	IA.....	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....00000 .....	.....	.....	.....	.....	CINCINNATI GLOBAL DEDICATED NO 6 LIMITED ..	.. GBR.....	IA.....	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
.....	.....	.....	.....	.....	.....	.....	CINCINNATI GLOBAL UNDERWRITING AGENCY LIMITED ..	.....	.....	.....	.....	.....	.....	.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....00000 .....	.....	.....	.....	.....	CINCINNATI GLOBAL UNDERWRITING SERVICES LIMITED .....	.. GBR.....	NIA.....	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....
. 0244 ...	CINCINNATI INS GRP .....	.....00000 .....	.....	.....	.....	.....	.....	.....	.....	CINCINNATI GLOBAL UNDERWRITING LTD.	Ownership.....	100.000	CINCINNATI FINANCIAL CORPORATION .....	... NO.....	.....

Asterisk	Explanation
.....	Pimlico Investments I, LLC is a wholly-owned affiliated company of the Cincinnati Insurance Company, at the time of reporting the IRS has not provided a Federal Employer Identification Number (FEIN).

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
.....00000	31-0746871	CINCINNATI FINANCIAL CORPORATION .....	.....729,000,000 .....	.....	.....	.....	.....	.....	.....	.....	.....729,000,000 .....	.....
.....00000	31-0790388	CFC INVESTMENT COMPANY .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....10677	31-0542366	THE CINCINNATI INSURANCE COMPANY .....	.....(677,000,000) .....	.....(12,604,500) .....	.....	.....	.....(13,468,897) .....	.....	.....	.....	.....(703,073,397) .....	.....(955,923,380)
.....28665	31-0826946	THE CINCINNATI CASUALTY COMPANY .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....495,641,269
.....23280	31-1241230	THE CINCINNATI INDEMNITY COMPANY .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....466,614,111
.....76236	31-1213778	THE CINCINNATI LIFE INSURANCE COMPANY .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....00000	82-5173506	CLIC DISTRICT INVESTMENTS I, LLC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....00000	81-1908205	CLIC BP INVESTMENTS B, LLC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....00000	81-4633687	CLIC BP INVESTMENTS H, LLC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....00000	82-1587731	CLIC WSD INVESTMENTS I, LLC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....00000	81-3640769	CLIC DS INVESTMENTS I, LLC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....13037	65-1316588	THE CINCINNATI SPECIALTY UNDERWRITERS INSURANCE COMPANY .....	.....(52,000,000) .....	.....	.....	.....	.....(108,691,366) .....	.....	.....	.....	.....(160,691,366) .....	.....(6,332,000)
.....00000	83-1627569	CIC UPTOWN INVESTMENTS I, LLC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....00000	61-1936938	CIC DANAMONT INVESTMENTS I, LLC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....00000	35-2698966	CIC BP INVESTMENTS G, LLC .....	.....	.....604,500 .....	.....	.....	.....	.....	.....	.....	.....604,500 .....	.....
.....00000	35-2780794	CIC HICKORY INVESTMENTS I, LLC .....	.....	.....12,000,000 .....	.....	.....	.....	.....	.....	.....	.....12,000,000 .....	.....
.....00000 .....	.....	CIC PIMLICO INVESTMENTS I, LLC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....00000	11-3823180	CSU PRODUCER RESOURCES, INC .....	.....	.....	.....	.....	.....122,160,263 .....	.....	.....	.....	.....122,160,263 .....	.....
.....00000	98-1489371	CINCINNATI GLOBAL UNDERWRITING LIMITED .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....00000 .....	.....	CINCINNATI GLOBAL DEDICATED NO 1 LIMITED .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....00000 .....	.....	CINCINNATI GLOBAL DEDICATED NO 2 LIMITED .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....00000 .....	.....	CINCINNATI GLOBAL DEDICATED NO 3 LIMITED .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....00000 .....	.....	CINCINNATI GLOBAL DEDICATED NO 4 LIMITED .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....00000 .....	.....	CINCINNATI GLOBAL DEDICATED NO 5 LIMITED .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....00000 .....	.....	CINCINNATI GLOBAL DEDICATED NO 6 LIMITED .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....00000 .....	.....	CINCINNATI GLOBAL UNDERWRITING AGENCY LIMITED .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.....00000 .....	.....	CINCINNATI GLOBAL UNDERWRITING SERVICES LIMITED .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9999999 Control Totals									XXX			

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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 Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
7. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountant’s Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES










SUPPLEMENTAL FILINGS

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	
10. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies) ..	NO
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
13. 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
14. 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
15. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	YES
16. 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
17. 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
18. 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
19. 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
20. 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
21. 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
22. 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
23. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	YES
24. 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
25. 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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

26.	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
27.	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
28.	Will the Worker's Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)	NO
29.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
30.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
31.	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
32.	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
33.	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
34.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	YES
35.	Will the Health Care Receivables Supplement be filed with the state of domicile and the NAIC by March 1?	NO
APRIL FILING		
36.	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
37.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
38.	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
39.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
40.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	WAIVED
41.	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?	WAIVED
42.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
43.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
44.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	NO
45.	Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	YES
46.	Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	YES
47.	Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	NO
AUGUST FILING		
48.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
10.	Explanations:	
11.		
12.		
16.		
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44.		
47.		
Bar Codes:		
10.	SIS Stockholder Information Supplement [Document Identifier 420]	
11.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
12.	Trusted Surplus Statement [Document Identifier 490]	
16.	Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]	
17.	Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]	
18.	Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]	
19.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]	
20.	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]	
21.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]	
22.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]	

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

24.	C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]	 <div>7 6 2 3 6 2 0 2 2 4 5 1 0 0 0 0 0</div>
25.	Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]	 <div>7 6 2 3 6 2 0 2 2 4 5 2 0 0 0 0 0</div>
26.	Modified Guaranteed Annuity Model Regulation [Document Identifier 453]	 <div>7 6 2 3 6 2 0 2 2 4 5 3 0 0 0 0 0</div>
27.	Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]	 <div>7 6 2 3 6 2 0 2 2 4 5 4 0 0 0 0 0</div>
28.	Workers' Compensation Carve-Out Supplement [Document Identifier 495]	 <div>7 6 2 3 6 2 0 2 2 4 8 5 0 0 0 0 0</div>
30.	Medicare Part D Coverage Supplement [Document Identifier 365]	 <div>7 6 2 3 6 2 0 2 2 3 6 5 0 0 0 0 0</div>
31.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 <div>7 6 2 3 6 2 0 2 2 2 2 2 4 0 0 0 0</div>
32.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 <div>7 6 2 3 6 2 0 2 2 2 2 2 5 0 0 0 0</div>
33.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 <div>7 6 2 3 6 2 0 2 2 2 2 2 6 0 0 0 0</div>
35.	Health Care Receivables Supplement [Document Identifier 470]	 <div>7 6 2 3 6 2 0 2 2 4 7 0 0 0 0 0 0</div>
38.	Credit Insurance Experience Exhibit [Document Identifier 230]	 <div>7 6 2 3 6 2 0 2 2 2 3 0 0 0 0 0 0</div>
40.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 <div>7 6 2 3 6 2 0 2 2 2 2 1 6 0 0 0 0</div>
41.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 <div>7 6 2 3 6 2 0 2 2 2 2 1 7 0 0 0 0</div>
42.	Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]	 <div>7 6 2 3 6 2 0 2 2 4 3 5 0 0 0 0 0</div>
44.	Variable Annuities Supplement [Document Identifier 286]	 <div>7 6 2 3 6 2 0 2 2 2 2 8 6 0 0 0 0</div>
47.	Variable Annuities Summary of the PBR Actuarial Report [Document Identifier 459]	 <div>7 6 2 3 6 2 0 2 2 4 5 8 0 0 0 0 0</div>

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
2504. SEPARATE ACCOUNTS CLAIMS RECEIVABLE	265,562		265,562	2,796,977
2505. RECEIVABLES CLEARING	52,528	12,938	39,590	40,639
2506. DISALLOWED NEGATIVE IMR RESERVES	193,914	193,914		
2597. Summary of remaining write-ins for Line 25 from overflow page	512,005	206,853	305,152	2,837,616

Additional Write-ins for Liabilities Line 25

	1 Current Year	2 Prior Year
2504. RETIRED LIVES RESERVE	32,609	31,355
2597. Summary of remaining write-ins for Line 25 from overflow page	32,609	31,355

Additional Write-ins for Exhibit of Nonadmitted Assets Line 25

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2504. DISALLOWED NEGATIVE IMR RESERVE	193,914		(193,914)
2597. Summary of remaining write-ins for Line 25 from overflow page	193,914		(193,914)

Additional Write-ins for Schedule T Line 58

	1	Direct Business Only					
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5 (b)	7 Deposit-Type Contracts
		2 Life Insurance Premiums	3 Annuity Considerations				
States, Etc.	Active Status						
58004. FINLAND	XXX	736				736	
58005. GERMANY	XXX	722				722	
58006. GREECE	XXX	9,039				9,039	
58007. ISRAEL	XXX	1,845				1,845	
58008. JAPAN	XXX	9,944	3,775			13,719	
58009. MEXICO	XXX	2,709				2,709	
58010. POLAND	XXX	778				778	
58011. PORTUGAL	XXX	939				939	
58012. SPAIN	XXX	708				708	
58013. SWITZERLAND	XXX	5,820				5,820	
58014. TAIWAN	XXX	532				532	
58015. UNITED KINGDOM	XXX	9,099				9,099	
58997. Summary of remaining write-ins for Line 58 from overflow page	XXX	42,871	3,775			46,646	



SUPPLEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

VM-20 RESERVES SUPPLEMENT – PART 1A

Life Insurance Reserves Valued According to VM-20 by Product Type
For The Year Ended December 31, 2022
(To Be Filed by March 1)

NAIC Group Code 0244

NAIC Company Code 76236

	Prior Year	Current Year	
	1 Reported Reserve	2 Reported Reserve	3 Due and Deferred Premium Asset
1. Post-Reinsurance-Ceded Reserve			
1.1. Term Life Insurance.....	70,648,054		
1.2. Universal Life With Secondary Guarantee	2,243,501		
1.3. Non-Participating Whole Life	23,233,850		
1.4. Participating Whole Life			
1.5. Universal Life Without Secondary Guarantee	415,939		
1.6. Variable Universal Life Without Secondary Guarantee			
1.7. Variable Life Without Secondary Guarantee			
1.8. Indexed Life Without Secondary Guarantee			
1.9. Aggregate Write-Ins for Other Products			
2. Total Post-Reinsurance-Ceded Reserve (Sum of Lines 1.1 through 1.9)	96,541,344		XXX
3. Pre-Reinsurance-Ceded Reserve			
3.1. Term Life Insurance.....	75,621,672		
3.2. Universal Life With Secondary Guarantee	2,250,094		
3.3. Non-Participating Whole Life	23,370,319		
3.4. Participating Whole Life			
3.5. Universal Life Without Secondary Guarantee	457,429		
3.6. Variable Universal Life Without Secondary Guarantee			
3.7. Variable Life Without Secondary Guarantee			
3.8. Indexed Life Without Secondary Guarantee			
3.9. Aggregate Write-Ins for Other Products			
4. Total Pre-Reinsurance-Ceded Reserve (Sum of Lines 3.1 through 3.9)	101,699,514		XXX
5. Total Reserves Ceded (Line 4 minus Line 2)	5,158,170		XXX
DETAILS OF WRITE-INS			
1.901.			
1.902.			
1.903.			
1.998. Summary of remaining write-ins for Line 1.9 from overflow page			
1.999. Totals (Lines 1.901 thru 1.903 plus 1.998) (Line 1.9 above)			
3.901.			
3.902.			
3.903.			
3.998. Summary of remaining write-ins for Line 3.9 from overflow page			
3.999. Totals (Lines 3.901 thru 3.903 plus 3.998) (Line 3.9 above)			

VM-20 RESERVES SUPPLEMENT – PART 1B

Life Insurance Reserves Valued According to VM-20 by Product Type
For The Year Ended December 31, 2022
(To Be Filed by March 1)
(\$000 Omitted for Face Amounts)

[illegible]

VM-20 RESERVES SUPPLEMENT – PART 2

Life PBR Exemption
For The Year Ended December 31, 2022
(To Be Filed by March 1)

Life PBR Exemption as defined in the NAIC adopted Valuation Manual (VM)	
1. Has the company been allowed a Life PBR Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile?	Yes [] No []
2. If the response to Question 1 is "Yes", then check the source of the "Life PBR Exemption" definition? (Check either 2.1, 2.2 or 2.3)	
2.1 NAIC Adopted VM []	
2.2 State Statute (SVL) [] Complete items "a" and "b" as appropriate.	
a. Is the criteria in the State Statute (SVL) different from the NAIC adopted VM?	Yes [] No []
b. If the answer to "a" above is "Yes", provide the criteria the state has used to allow the Life PBR Exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):	
2.3 State Regulation [] Complete items "a" and "b" as appropriate.	
a. Is the criteria in the State Regulation different from the NAIC adopted VM?	Yes [] No []
b. If the answer to "a" above is "Yes", provide the criteria of the state's Life PBR Exemption that the company has met and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):	
3. If the criteria for the "Life PBR Exemption" is the same as or substantially similar to the NAIC adopted VM (i.e., Question 2.1 is checked or Question 2.2.a is "No" or Question 2.3.a is "No"), then provide the most recent year that the company filed a statement of exemption that was allowed. If such calendar year is not the current calendar year for this statement, also provide confirmation that the company meets the criteria for utilizing an ongoing statement of exemption, meaning that none of the following apply: 1) the company fails to meet either of the conditions in VM Section II, Subsection 1.G.2, 2) the policies exempted contain those in VM Section II, Subsection 1.G.3, or 3) the domiciliary commissioner contacted the company prior to Sept. 1 and notified them that the statement of exemption was not allowed:	

VM-20 RESERVES SUPPLEMENT – PART 3

Other Exclusions from Life PBR
For The Year Ended December 31, 2022
(To Be Filed by March 1)

1A. Has the company filed and been granted a Single State Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile?	Yes [] No []	
1B. If the answer to question 1A is "Yes" please discuss any business not covered under the Single State Exemption.		
2A. If the answer to question 1A is "Yes", does the company have risks for policies issued outside its state of domicile?		Yes [] No []
2B. If the answer to question 2A is "Yes" please discuss the risks for policies issued outside the state of domicile, how those risks came to be a responsibility of the company, and why the company would still be considered a Single State Company with such risks.		
3. Is all of the company's individual ordinary life insurance business excluded from the requirements of VM-20 pursuant to Section II.B of the Valuation Manual?		Yes [] No []



SUPPLEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

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

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred		Cumulative Net Amounts Paid Policyholders				
		1 2018	2 2019	3 2020	4 2021	5 2022(a)
1.	Prior	727	673	505	344	284
2.	2018	137	127	95	65	54
3.	2019	XXX	192	144	98	81
4.	2020	XXX	XXX	157	107	88
5.	2021	XXX	XXX	XXX	133	110
6.	2022	XXX	XXX	XXX	XXX	80

Section B - Other Accident and Health

1.	Prior	315	142	108	270	270
2.	2018	487	78	2	7	(2)
3.	2019	XXX	394	60	4	7
4.	2020	XXX	XXX	438	154	4
5.	2021	XXX	XXX	XXX	361	153
6.	2022	XXX	XXX	XXX	XXX	311

Section C - Credit Accident and Health

1.	Prior					
2.	2018					
3.	2019	XXX				
4.	2020	XXX				
5.	2021	XXX	XX	XXX		
6.	2022	XXX	XX	XXX	XXX	

Section D -

1.	Prior					
2.	2018					
3.	2019	XXX				
4.	2020	XXX				
5.	2021	XXX	XX	XXX		
6.	2022	XXX	XX	XXX	XXX	

Section E -

1.	Prior					
2.	2018					
3.	2019	XXX				
4.	2020	XXX				
5.	2021	XXX	XX	XXX		
6.	2022	XXX	XX	XXX	XXX	

Section F -

1.	Prior					
2.	2018					
3.	2019	XXX				
4.	2020	XXX				
5.	2021	XXX	XX	XXX		
6.	2022	XXX	XX	XXX	XXX	

Section G -

1.	Prior					
2.	2018					
3.	2019	XXX				
4.	2020	XXX				
5.	2021	XXX	XX	XXX		
6.	2022	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 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred		Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
		1 2018	2 2019	3 2020	4 2021	5 2022
1.	2018	867	1,325	859	XXX	XXX
2.	2019	XXX	902	535	577	XXX
3.	2020	XXX	XXX	755	871	630
4.	2021	XXX	XXX	XXX	759	691
5.	2022	XXX	XXX	XXX	XXX	457

Section B - Other Accident and Health

1.	2018	1,379	1,008	817	XXX	XXX
2.	2019	XXX	1,289	890	505	XXX
3.	2020	XXX	XXX	1,360	1,178	714
4.	2021	XXX	XXX	XXX	1,456	913
5.	2022	XXX	XXX	XXX	XXX	2,282

Section C - Credit Accident and Health

1.	2018				XXX	XXX
2.	2019	XXX				XXX
3.	2020	XXX				
4.	2021	XXX	XX	XXX		
5.	2022	XXX	XX	XXX	XXX	

Section D -

1.	2018				XXX	XXX
2.	2019	XXX				XXX
3.	2020	XXX				
4.	2021	XX	XX	XXX		
5.	2022	XXX	XX	XXX	XXX	

Section E -

1.	2018				XXX	XXX
2.	2019	XXX				XXX
3.	2020	XXX				
4.	2021	XX	XX	XXX		
5.	2022	XXX	XX	XXX	XXX	

Section F -

1.	2018				XXX	XXX
2.	2019	XXX				XXX
3.	2020	XXX				
4.	2021	XX	XX	XXX		
5.	2022	XXX	XX	XXX	XXX	

Section G -

1.	2018				XXX	XXX
2.	2019	XXX				XXX
3.	2020	XXX				
4.	2021	XX	XX	XXX		
5.	2022	XXX	XX	XXX	XXX	

SUPPLEMENT FOR THE YEAR 2022 OF THE CINCINNATI LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred		Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year			
		1 2018	2 2019	3	4 2021
1.	2018				
2.	2019	XXX			
3.	2020	XXX	XX		
4.	2021	XXX	XXX	XXX	
5.	2022	XXX	XXX	XXX	XXX

Section B - Other Accident and Health

1.	2018				
2.	2019	XXX			
3.	2020	XXX			
4.	2021	XXX	XX	XXX	
5.	2022	XXX	XX	XXX	XXX

Section C - Credit Accident and Health

1.	2018				
2.	2019	XXX			
3.	2020	XXX			
4.	2021	XXX	XX	XXX	
5.	2022	XXX	XX	XXX	XXX

Section D -

1.	2018				
2.	2019	XXX			
3.	2020	XXX			
4.	2021	XXX	XX	XXX	
5.	2022	XXX	XX	XXX	XXX

Section E -

1.	2018				
2.	2019	XXX			
3.	2020	XXX			
4.	2021	XXX	XX	XXX	
5.	2022	XXX	XX	XXX	XXX

Section F -

1.	2018				
2.	2019	XXX			
3.	2020	XXX			
4.	2021	XXX	XX	XXX	
5.	2022	XXX	XX	XXX	XXX

Section G -

1.	2018				
2.	2019	XXX			
3.	2020	XXX			
4.	2021	XXX	XX	XXX	
5.	2022	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	OTHER	289
2.	Ordinary Life	OTHER	24,431
3.	Individual Annuity	OTHER	5,203
4.	Supplementary Contracts		
5.	Credit Life		
6.	Group Life	DEVELOPMENT	154
7.	Group Annuities		
8.	Group Accident and Health	DEVELOPMENT	4,614
9.	Credit Accident and Health		
10.	Other Accident and Health	DEVELOPMENT	3,594
11.	Total		38,285