



ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2023
 OF THE CONDITION AND AFFAIRS OF THE
CINCINNATI EQUITABLE LIFE INSURANCE COMPANY

NAIC Group Code 0067, 0067 NAIC Company Code 88064 Employer's ID Number 35-1452221
(Current) (Prior)

Organized under the Laws of OH State of Domicile or Port of Entry OH
 Country of Domicile US
 Licensed as business type: Life, Accident and Health
 Incorporated/Organized 10/19/1977 Commenced Business 07/11/1978
 Statutory Home Office 525 VINE STREET, SUITE 1925 CINCINNATI, OH, US 45202
 Main Administrative Office 525 VINE STREET, SUITE 1925 CINCINNATI, OH, US 45202 513-621-1826
(Telephone) CINCINNATI, OH, US 45202-3428
 Mail Address P.O. BOX 3428
 Primary Location of Books and Records 525 VINE STREET, SUITE 1925 513-621-1826
(Telephone) CINCINNATI, OH, US 45202
 Internet Website Address WWW.CINEQLIFE.COM
 Statutory Statement Contact JOSHUA C KORSON 517-679-4756
(Telephone) JKORSON@FBINSMI.COM 513-621-4531
(E-Mail) *(Fax)*

OFFICERS

..... CARL JOSEPH BEDNARSKI, PRESIDENT ANDREW JAMES KOK, SECRETARY
 DONALD EUGENE SIMON, EXECUTIVE VICE PRESIDENT THOMAS LIGOURI NUGENT#, TREASURER

OTHER

..... THOMAS ALAN SCHROTE, CHIEF OPERATING OFFICER TONYA GAIL CRAWFORD, VICE PRESIDENT OF SALES & MARKETING

DIRECTORS OR TRUSTEES

..... DAVID HOWARD BAHRMAN CARL JOSEPH BEDNARSKI
..... MARY LEONA DANIELS MICHAEL ALLEN DERUITER
..... TRAVIS EDWARD FAHLEY MICHAEL CHARLES FUSILIER
..... BENJAMIN JEFFERY LACROSS JENNIFER LYNN LEWIS
..... PATRICK WILLIAM MCGUIRE MICHAEL RICHARD MULDERS
..... ABRAHAM JOHN PASCH# PAUL DAVID PRIDGEON
..... JEFFERY BLAIR SANDBORN STEPHANIE LEE SCHAFER
..... LARRY MARTIN SHAW LARRY ALLEN WALTON#

State of Michigan
 County of Eaton SS

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.

X	X	X
Carl Joseph Bednarski President	Donald Eugene Simon Executive Vice President	Thomas Ligouri Nugent Treasurer

Subscribed and sworn to before me
 this day of
 , 2024

X

a. Is this an original filing? Yes
 b. If no:
 1. State the amendment number:
 2. Date filed:
 3. Number of pages attached:

Annual Statement for the Year 2023 of the Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2023

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole								5,990,161			37,408	
3. Term												6,027,569
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)								5,990,161			37,408	
11. Total Individual Life	10,273,530											6,027,569
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed								75,002				
21. Indexed												75,002
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)								75,002				
26. Total Individual Annuities	53,428											75,002
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX				
35. Comprehensive group (d)								XXX				
36. Medicare Supplement (d)								XXX				
37. Vision only (d)								XXX				
38. Dental only (d)								XXX				
39. Federal Employees Health Benefits Plan (d)								XXX				
40. Title XVIII Medicare (d)								XXX				
41. Title XIX Medicaid (d)								XXX				
42. Credit A&H								XXX				
43. Disability income (d)								XXX				
44. Long-term care (d)								XXX				
45. Other health (d)								XXX				
46. Total Accident and Health								XXX				
47. Total	10,326,958 (c)							6,065,164			37,408	
												6,102,572

LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13		Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23		24		25	
	14	15	16	17	18	19	20	21	Number of Pols/Certs		Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount		
Incurred During Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount		
Individual Life																	
1. Industrial																	
2. Whole	5,991,387	939	5,970,852	7	19,309				946	5,990,161	127,105	1,740	11,509,228	(1,049)	(6,760,120)	11,385	68,821,547
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other (f)																	
11. Total Individual Life	5,991,387	939	5,970,852	7	19,309				946	5,990,161	127,105	1,740	11,509,228	(1,049)	(6,760,120)	11,385	68,821,547
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other (f)																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed	91,046	11	75,002						11	75,002	16,043	6	27,425	(12)	(47,447)	100	780,945
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other (f)																	
26. Total Individual Annuities	91,046	11	75,002						11	75,002	16,043	6	27,425	(12)	(47,447)	100	780,945
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other (f)																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	6,082,433	950	6,045,854	7	19,309				957	6,065,164	143,149	1,746	11,536,653	(1,061)	(6,807,567)	11,485	69,602,492

(a) 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 \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount: \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

Annual Statement for the Year 2023 of the Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2023

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole											23,371	
3. Term												23,371
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life											23,371	23,371
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)									XXX	XXX	XXX	
35. Comprehensive group (d)									XXX	XXX	XXX	
36. Medicare Supplement (d)									XXX	XXX	XXX	
37. Vision only (d)									XXX	XXX	XXX	
38. Dental only (d)									XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)									XXX	XXX	XXX	
40. Title XVIII Medicare (d)									XXX	XXX	XXX	
41. Title XIX Medicaid (d)									XXX	XXX	XXX	
42. Credit A&H									XXX	XXX	XXX	
43. Disability income (d)									XXX	XXX	XXX	
44. Long-term care (d)									XXX	XXX	XXX	
45. Other health (d)									XXX	XXX	XXX	
46. Total Accident and Health									XXX	XXX	XXX	
47. Total											23,371	23,371

LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23		24		25		
		14	15	16	17	18	19	20	21		Unpaid December 31, Current Year		Number of Pols/Certs		Amount		
Incurred During Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other (f)																	
11. Total Individual Life																	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other (f)																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other (f)																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other (f)																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total																	

NONE

(a) 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 \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount: \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$



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

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole								8,185,407			203	
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)								8,185,407			203	
11. Total Individual Life	11,341,246											8,185,609
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed								84,071				
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)								84,071				
26. Total Individual Annuities	38,039											84,071
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX				
35. Comprehensive group (d)								XXX				
36. Medicare Supplement (d)								XXX				
37. Vision only (d)								XXX				
38. Dental only (d)								XXX				
39. Federal Employees Health Benefits Plan (d)								XXX				
40. Title XVIII Medicare (d)								XXX				
41. Title XIX Medicaid (d)								XXX				
42. Credit A&H								XXX				
43. Disability income (d)								XXX				
44. Long-term care (d)								XXX				
45. Other health (d)								XXX				
46. Total Accident and Health								XXX				
47. Total	11,379,285 (c)							8,269,477			203	
												8,269,680

LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13		Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23		24		25	
	14	15	16	17	18	19	20	21	Number of Pols/Certs		Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount		
Individual Life																	
1. Industrial																	
2. Whole	8,081,296	1,228	8,184,637	2	770				1,230	8,185,407	157,819	1,987	12,910,357	(1,339)	(9,071,289)	14,273	90,632,650
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other (f)																	
11. Total Individual Life	8,081,296	1,228	8,184,637	2	770				1,230	8,185,407	157,819	1,987	12,910,357	(1,339)	(9,071,289)	14,273	90,632,650
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other (f)																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed	94,488	8	84,071						8	84,071	10,417	4	25,844	(8)	(80,633)	24	129,173
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other (f)																	
26. Total Individual Annuities	94,488	8	84,071						8	84,071	10,417	4	25,844	(8)	(80,633)	24	129,173
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other (f)																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
47. Total	8,175,784	1,236	8,268,708	2	770				1,238	8,269,477	168,237	1,991	12,936,201	(1,347)	(9,151,922)	14,297	90,761,823

(a) 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 \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount: \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole								4,226,173			27,800	
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)								4,226,173			27,800	
11. Total Individual Life	7,332,316											4,253,972
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life	7,332,316											
Individual Annuities												
20. Fixed								8,608				
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)								8,608				
26. Total Individual Annuities	8,538											8,608
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities	8,538											
Accident and Health												
34. Comprehensive individual (d)								XXX				
35. Comprehensive group (d)								XXX				
36. Medicare Supplement (d)								XXX				
37. Vision only (d)								XXX				
38. Dental only (d)								XXX				
39. Federal Employees Health Benefits Plan (d)								XXX				
40. Title XVIII Medicare (d)								XXX				
41. Title XIX Medicaid (d)								XXX				
42. Credit A&H								XXX				
43. Disability income (d)								XXX				
44. Long-term care (d)								XXX				
45. Other health (d)								XXX				
46. Total Accident and Health	(e)							XXX				
47. Total	7,340,854 (c)							4,234,781			27,800	4,262,580

LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13		Claims Settled During Current Year							22		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			Unpaid December 31, Current Year		Number of Pols/Certs		Amount	
	14	15	16	17	18	19	20	21	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual Life																	
1. Industrial																	
2. Whole	4,179,395	712	4,221,274	1	4,899				713	4,226,173	29,985	1,521	9,098,201	(835)	(5,266,836)	9,604	54,228,986
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other (f)																	
11. Total Individual Life	4,179,395	712	4,221,274	1	4,899				713	4,226,173	29,985	1,521	9,098,201	(835)	(5,266,836)	9,604	54,228,986
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other (f)																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed	8,608	5	8,608						5	8,608		2	1,233	(4)	(335)	23	63,861
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other (f)																	
26. Total Individual Annuities	8,608	5	8,608						5	8,608		2	1,233	(4)	(335)	23	63,861
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other (f)																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	4,188,003	717	4,229,881	1	4,899				718	4,234,781	29,985	1,523	9,099,434	(839)	(5,267,171)	9,627	54,292,847

(a) 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 \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount: \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$



8 8 0 6 4 2 0 2 3 4 3 0 2 3 1 0 0

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life	26,383											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life	26,383											
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)									XXX	XXX	XXX	
35. Comprehensive group (d)									XXX	XXX	XXX	
36. Medicare Supplement (d)									XXX	XXX	XXX	
37. Vision only (d)									XXX	XXX	XXX	
38. Dental only (d)									XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)									XXX	XXX	XXX	
40. Title XVIII Medicare (d)									XXX	XXX	XXX	
41. Title XIX Medicaid (d)									XXX	XXX	XXX	
42. Credit A&H									XXX	XXX	XXX	
43. Disability income (d)									XXX	XXX	XXX	
44. Long-term care (d)									XXX	XXX	XXX	
45. Other health (d)									XXX	XXX	XXX	
46. Total Accident and Health									XXX	XXX	XXX	
47. Total	26,383 (c)											

LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23		24		25		
		14	15	16	17	18	19	20	21		Unpaid December 31, Current Year		Number of Pols/Certs		Amount		
Incurred During Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other (f)																	
11. Total Individual Life																	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other (f)																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other (f)																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other (f)																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total															1	100,000	
																2	200,000

(a) 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 \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount: \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

Annual Statement for the Year 2023 of the Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2023

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	706,875							222,663			1,830	224,493
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)								222,663			1,830	224,493
11. Total Individual Life	706,875											
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)								XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)								XXX	XXX	XXX		
46. Total Accident and Health								XXX	XXX	XXX		
47. Total	706,875 (c)							222,663		1,830		224,493

LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23		24		25		
		14	15	16	17	18	19	20	21		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	
Line of Business	Incurred During Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	
Individual Life																	
1. Industrial																	
2. Whole	222,241	40	217,360	1	5,303			41	222,663	4,578	346	3,568,739	(76)	(516,441)	721	5,676,737	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other (f)																	
11. Total Individual Life	222,241	40	217,360	1	5,303			41	222,663	4,578	346	3,568,739	(76)	(516,441)	721	5,676,737	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other (f)																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other (f)																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other (f)																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	222,241	40	217,360	1	5,303			41	222,663	4,578	346	3,568,739	(76)	(516,441)	721	5,676,737	

(a) 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 \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount: \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole	7,389,759							5,267,964		9	27,979	
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)								5,267,964		9	27,979	
11. Total Individual Life	7,389,759											5,295,952
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed			10,130						8,486			
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)									8,486			
26. Total Individual Annuities			10,130									8,486
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)								XXX	XXX	XXX		
35. Comprehensive group (d)								XXX	XXX	XXX		
36. Medicare Supplement (d)								XXX	XXX	XXX		
37. Vision only (d)								XXX	XXX	XXX		
38. Dental only (d)								XXX	XXX	XXX		
39. Federal Employees Health Benefits Plan (d)								XXX	XXX	XXX		
40. Title XVIII Medicare (d)								XXX	XXX	XXX		
41. Title XIX Medicaid (d)								XXX	XXX	XXX		
42. Credit A&H								XXX	XXX	XXX		
43. Disability income (d)								XXX	XXX	XXX		
44. Long-term care (d)								XXX	XXX	XXX		
45. Other health (d)			10,738					XXX	XXX	XXX		
46. Total Accident and Health			10,738					XXX	XXX	XXX		
47. Total	7,410,627 (c)							5,276,450		9	27,979	1,518
												5,305,956

LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13		Claims Settled During Current Year						22		Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise	Amount Rejected	Total Settled During Current Year				23	24	25	26	27	28
	14	15	16	17	18	19	20	21	Unpaid	December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount
Individual Life																
1. Industrial																
2. Whole	5,152,965	1,122	5,263,639	3	4,325		1,125	5,267,964	80,859	1,857	10,349,325	(1,254)	(6,298,922)	13,282	62,155,432	
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	5,152,965	1,122	5,263,639	3	4,325		1,125	5,267,964	80,859	1,857	10,349,325	(1,254)	(6,298,922)	13,282	62,155,432	
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed	8,486	4	8,486					4	8,486		1	355		1,355	4	12,044
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities	8,486	4	8,486					4	8,486		1	355		1,355	4	12,044
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		6		
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		6		
47. Total	5,161,450	1,126	5,272,125	3	4,325		1,129	5,276,450	80,859	1,858	10,349,680	(1,254)	(6,297,567)	13,292	62,167,476	

(a) 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 \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount: \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

Annual Statement for the Year 2023 of the Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2023



NAIC Group Code: 0067

NAIC Company Code: 88064

LIFE INSURANCE (STATE PAGE)^(b)

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole												
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life												
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)									XXX	XXX	XXX	
35. Comprehensive group (d)									XXX	XXX	XXX	
36. Medicare Supplement (d)									XXX	XXX	XXX	
37. Vision only (d)									XXX	XXX	XXX	
38. Dental only (d)									XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)									XXX	XXX	XXX	
40. Title XVIII Medicare (d)									XXX	XXX	XXX	
41. Title XIX Medicaid (d)									XXX	XXX	XXX	
42. Credit A&H									XXX	XXX	XXX	
43. Disability income (d)									XXX	XXX	XXX	
44. Long-term care (d)									XXX	XXX	XXX	
45. Other health (d)									XXX	XXX	XXX	
46. Total Accident and Health									XXX	XXX	XXX	
47. Total		(c)										

NONE

LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23		24		25		
		14	15	16	17	18	19	20	21		Unpaid December 31, Current Year		Number of Pols/Certs		Amount		
Line of Business	Incurred During Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	
Individual Life																	
1. Industrial																	
2. Whole																	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other (f)																	
11. Total Individual Life																	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other (f)																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other (f)																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other (f)																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total																	

NONE

(a) 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 \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount: \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

2. Group Life - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

3. Individual Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

4. Group Annuities - Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

Line of Business	1 Premiums and Annuities Considerations	2 Other Considerations	Dividends to Policyholders/Refunds to Members					Claims and Benefits Paid				
			3 Paid in Cash or Left on Deposit	4 Applied to Pay Renewal Premiums	5 Applied to Provide Paid-Up Additions or Shorten the Endowment or Premium-Paying Period	6 Other	7 Total (Col. 3+4+5+6)	8 Death and Annuity Benefits	9 Matured Endowments	10 Surrender Values and Withdrawals for Life Contracts	11 All Other Benefits	12 Total (Sum Columns 8 through 11)
Individual Life												
1. Industrial												
2. Whole			187,219						223,300		2,009	225,309
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other (f)												
11. Total Individual Life			187,219						223,300		2,009	225,309
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other (f)												
19. Total Group Life												
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other (f)												
26. Total Individual Annuities												
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other (f)												
33. Total Group Annuities												
Accident and Health												
34. Comprehensive individual (d)									XXX	XXX	XXX	
35. Comprehensive group (d)									XXX	XXX	XXX	
36. Medicare Supplement (d)									XXX	XXX	XXX	
37. Vision only (d)									XXX	XXX	XXX	
38. Dental only (d)									XXX	XXX	XXX	
39. Federal Employees Health Benefits Plan (d)									XXX	XXX	XXX	
40. Title XVIII Medicare (d)									XXX	XXX	XXX	
41. Title XIX Medicaid (d)									XXX	XXX	XXX	
42. Credit A&H									XXX	XXX	XXX	
43. Disability income (d)									XXX	XXX	XXX	
44. Long-term care (d)									XXX	XXX	XXX	
45. Other health (d)									XXX	XXX	XXX	
46. Total Accident and Health									XXX	XXX	XXX	
47. Total	187,219 (c)								223,300		2,009	225,309

LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit						
	13	Claims Settled During Current Year								22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)		
		Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23		24		25		
		14	15	16	17	18	19	20	21		Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	
Individual Life																	
1. Industrial																	
2. Whole	212,445	34	223,300								34	223,300	13,831	168	2,417,462	(106)	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other (f)																	
11. Total Individual Life	212,445	34	223,300								34	223,300	13,831	168	2,417,462	(106)	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other (f)																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed																	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other (f)																	
26. Total Individual Annuities																	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other (f)																	
33. Total Group Annuities																	
Accident and Health																	
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX								
47. Total	212,445	34	223,300								34	223,300	13,831	168	2,417,462	(106)	
(a) 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 \$																	
(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount: \$																	
(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$																	
(d) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products																	
(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$																	
(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:																	
1. Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$																	
2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$																	
3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$																	
4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$																	



LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

24.GT

LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Direct Death Benefits, Matured Endowments Incurred and Annuity Benefits										Policy Exhibit					
	13		Claims Settled During Current Year							22	Issued During Year		Other Changes to In Force (Net)		In Force December 31, Current Year (b)	
			Totals Paid		Reduction by Compromise		Amount Rejected		Total Settled During Current Year			23		24		25
	14	15	16	17	18	19	20	21	Number of Pols/Certs		Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	
Incurred During Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Unpaid December 31, Current Year	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	Number of Pols/Certs	Amount	
Individual Life																
1. Industrial																
2. Whole	23,839,729	4,075	24,081,061	14	34,606			4,089	24,115,668	414,178	7,620	49,953,312	(4,659)	(29,111,805)	49,748	285,969,249
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other (f)																
11. Total Individual Life	23,839,729	4,075	24,081,061	14	34,606			4,089	24,115,668	414,178	7,620	49,953,312	(4,659)	(29,111,805)	49,748	285,969,249
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other (f)																
19. Total Group Life																
Individual Annuities																
20. Fixed	202,627	28	176,166					28	176,166	26,461	13	54,857	(24)	(127,060)	151	986,023
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other (f)																
26. Total Individual Annuities	202,627	28	176,166					28	176,166	26,461	13	54,857	(24)	(127,060)	151	986,023
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other (f)																
33. Total Group Annuities																
Accident and Health																
34. Comprehensive individual (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
35. Comprehensive group (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
36. Medicare Supplement (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
37. Vision only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
38. Dental only (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
39. Federal Employees Health Benefits Plan (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
40. Title XVIII Medicare (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42. Credit A&H	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
44. Long-term care (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
45. Other health (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
46. Total Accident and Health	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47. Total	24,042,356	4,103	24,257,228	14	34,606			4,117	24,291,834	440,638	7,633	50,008,169	(4,683)	(29,238,865)	49,905	286,955,272

(a) 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 \$

(b) Corporate Owned Life Insurance/BOLI: 1) Number of policies: 2) covering number of lives: 3) face amount: \$

(c) Deposit-Type Contract Considerations NOT included in Total Premiums and Annuities Considerations: Individual: \$ Group: \$ Total: \$

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

(e) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

(f) Certain Separate Account products are included in "Other" product categories in the table(s) above:

1. Individual Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

2. Group Life – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

3. Individual Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

4. Group Annuities – Other includes the following amounts related to Separate Account policies: Column 1) \$ Column 7) \$ Column 12) \$

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE**INTEREST MAINTENANCE RESERVE**

	1 Amount
1. Reserve as of December 31, prior year.....	156,448
2. Current year's realized pre-tax capital gains/(losses) of \$ (31,471) transferred into the reserve net of taxes of \$ (6,609).....	(24,862)
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).....	131,586
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	61,984
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	69,602

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. 2023.....	68,104	(6,120)		61,984
2. 2024.....	45,052	(5,916)		39,136
3. 2025.....	20,691	(5,374)		15,317
4. 2026.....	(984)	(3,911)		(4,895)
5. 2027.....	(11,807)	(2,406)		(14,212)
6. 2028.....	(12,542)	(837)		(13,378)
7. 2029.....	(13,984)	(20)		(14,003)
8. 2030.....	(15,244)	(36)		(15,280)
9. 2031.....	(16,096)	(53)		(16,149)
10. 2032.....	(17,631)	(73)		(17,704)
11. 2033.....	(15,398)	(93)		(15,491)
12. 2034.....	(10,550)	(91)		(10,641)
13. 2035.....	(4,785)	(68)		(4,853)
14. 2036.....	1,634	(45)		1,589
15. 2037.....	7,462	(18)		7,444
16. 2038.....	11,600	9		11,608
17. 2039.....	13,220	23		13,243
18. 2040.....	15,182	23		15,205
19. 2041.....	17,356	24		17,381
20. 2042.....	18,779	25		18,805
21. 2043.....	18,476	26		18,502
22. 2044.....	15,203	24		15,227
23. 2045.....	10,998	19		11,017
24. 2046.....	6,897	14		6,911
25. 2047.....	3,131	9		3,140
26. 2048.....	868	3		871
27. 2049.....	408			408
28. 2050.....	266			266
29. 2051.....	115			115
30. 2052.....	26			26
31. 2053 and Later.....				
32. Total (Lines 1 to 31).....	156,448	(24,862)		131,586

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	1,372,157	89,283	1,461,440	613,572	37,847	651,418	2,112,858
2. Realized capital gains/(losses) net of taxes-General Account	(49)		(49)				(49)
3. Realized capital gains/(losses) net of taxes-Separate Accounts							
4. Unrealized capital gains/(losses) net of deferred taxes-General Account	(1,431)		(1,431)				(1,431)
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.....	311,611	26,817	338,427	—	4,117	4,117	342,544
8. Accumulated balances (Lines 1 through 5 - 6 + 7).....	1,682,288	116,100	1,798,388	613,572	41,964	655,535	2,453,923
9. Maximum reserve.....	1,652,722	128,531	1,781,252	—	55,171	55,171	1,836,424
10. Reserve objective.....	924,809	99,004	1,023,813	—	51,274	51,274	1,075,087
11. 20% of (Line 10 - Line 8).....	(151,496)	(3,419)	(154,915)	(122,714)	1,862	(120,852)	(275,767)
12. Balance before transfers (Lines 8 + 11).....	1,530,792	112,681	1,643,473	490,857	43,826	534,683	2,178,156
13. Transfers.....				(11,346)	11,346	—	—
14. Voluntary contribution.....							
15. Adjustment down to maximum/up to zero.....				(479,512)		(479,512)	(479,512)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	1,530,792	112,681	1,643,473	—	55,171	55,171	1,698,644

ASSET VALUATION RESERVE

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS

DEFAULT COMPONENT

ASSET VALUATION RESERVE (CONTINUED)

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS

DEFAULT COMPONENT

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

Line Number	NAIC Designation	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. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
MORTGAGE LOANS												
35		In Good Standing:			XXX		0.0011		0.0057		0.0074	
36		Farm Mortgages – CM1 – Highest Quality			XXX		0.0040		0.0114		0.0149	
37		Farm Mortgages – CM2 – High Quality			XXX		0.0069		0.0200		0.0257	
38		Farm Mortgages – CM3 – Medium Quality			XXX		0.0120		0.0343		0.0428	
39		Farm Mortgages – CM4 – Low Medium Quality			XXX		0.0183		0.0486		0.0628	
40		Farm Mortgages – CM5 – Low Quality			XXX		0.0003		0.0007		0.0011	
41		Residential Mortgages – Insured or Guaranteed			XXX		0.0015		0.0034		0.0046	
42		Residential Mortgages – All Other			XXX		0.0003		0.0007		0.0011	
43		Commercial Mortgages – Insured or Guaranteed			XXX		0.0011		0.0057		0.0074	
44		Commercial Mortgages – All Other – CM1 – Highest Quality	8,672,556		XXX	8,672,556	9,540	0.0040	10,450	49,434	64,177	
45		Commercial Mortgages – All Other – CM2 – High Quality	2,612,493		XXX	2,612,493	6,827	0.0069	6,827	29,782	38,926	
46		Commercial Mortgages – All Other – CM3 – Medium Quality	989,405		XXX	989,405	0.0120	0.0183	0.0200	19,788	25,428	
47		Commercial Mortgages – All Other – CM4 – Low Medium Quality			XXX		0.0183		0.0343		0.0428	
		Commercial Mortgages – All Other – CM5 – Low Quality			XXX		0.0486		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		–		0.1942		0.1942	
54		Residential Mortgages - Insured or Guaranteed			XXX		–		0.0046		0.0046	
55		Residential Mortgages - All Other			XXX		–		0.0149		0.0149	
56		Commercial Mortgages - Insured or Guaranteed			XXX		–		0.0046		0.0046	
57		Commercial Mortgages - All Other			XXX		–		0.1942		0.1942	
58		Total Schedule B Mortgages (Sum of Lines 35 through 57)	12,274,454		XXX	12,274,454	XXX	26,817	XXX	99,004	XXX	
59		Schedule DA Mortgages			XXX		0.0034		0.0114		0.0149	
60		Total Mortgage Loans on Real Estate (Lines 58 + 59)	12,274,454		XXX	12,274,454	XXX	26,817	XXX	99,004	XXX	
											128,531	

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

Line Number	NAIC Designation	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. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
COMMON STOCK												
1		Unaffiliated Public.....		XXX.....	XXX.....		—	—	(a)	—	(a)	
2		Unaffiliated Private.....		XXX.....	XXX.....		—	—	0.1945	—	0.1945	
3		Federal Home Loan Bank.....		XXX.....	XXX.....		—	—	0.0061	—	0.0097	
4		Affiliated Life with AVR.....		XXX.....	XXX.....		—	—	—	—	—	
5		Affiliated Investment Subsidiary:										
6		Fixed Income Exempt Obligations.....					XXX.....		XXX.....		XXX.....	
7		Fixed Income Highest Quality.....					XXX.....		XXX.....		XXX.....	
8		Fixed Income High Quality.....					XXX.....		XXX.....		XXX.....	
9		Fixed Income Medium Quality.....					XXX.....		XXX.....		XXX.....	
10		Fixed Income Low Quality.....					XXX.....		XXX.....		XXX.....	
11		Fixed Income Lower Quality.....					XXX.....		XXX.....		XXX.....	
12		Fixed Income In or Near Default.....					XXX.....		XXX.....		XXX.....	
13		Unaffiliated Common Stock Public.....					—	—	(a)	—	(a)	
14		Unaffiliated Common Stock Private.....					—	—	0.1945	—	0.1945	
15		Real Estate.....					(b)		(b)	—	(b)	
16		Affiliated-Certain Other (See SVO Purposes & Procedures Manual).....		XXX.....	XXX.....		—	—	0.1580	—	0.1580	
17		Affiliated - All Other.....		XXX.....	XXX.....		—	—	0.1945	—	0.1945	
		Total Common Stock (Sum of Lines 1 through 16).....					XXX	—	XXX	—	XXX	
REAL ESTATE												
18		Home Office Property (General Account only).....					—	—	0.0912	—	0.0912	
19		Investment Properties.....					—	—	0.0912	—	0.0912	
20		Properties Acquired in Satisfaction of Debt.....					—	—	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.....		—	—	—	—	—	
23		Highest Quality.....		XXX.....	XXX.....		0.0005		0.0016		0.0033	
24		High Quality.....		XXX.....	XXX.....		0.0021		0.0064		0.0106	
25		Medium Quality.....		XXX.....	XXX.....		0.0099		0.0263		0.0376	
26		Low Quality.....		XXX.....	XXX.....		0.0245		0.0572		0.0817	
27		Lower Quality.....		XXX.....	XXX.....		0.0630		0.1128		0.1880	
28		In or Near Default.....		XXX.....	XXX.....		—	—	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 Number	NAIC Designation	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. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
30	1	INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS	233,786	XXX	XXX	233,786	0.0005	117	0.0016	374	0.0033	771
31	2	Highest Quality		XXX	XXX		0.0021		0.0064		0.0106	
32	3	High Quality		XXX	XXX		0.0099		0.0263		0.0376	
33	4	Medium Quality		XXX	XXX		0.0245		0.0572		0.0817	
34	5	Low Quality		XXX	XXX		0.0630		0.1128		0.1880	
35	6	Lower Quality		XXX	XXX		—	—	0.2370		0.2370	
36		In or Near Default		XXX	XXX		—	—	—	—	—	
37		Affiliated Life with AVR		XXX	XXX		—	—	—	—	—	
		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	233,786	XXX	XXX	233,786	XXX	117	XXX	374	XXX	771
34		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
		Mortgages - CM1 - Highest Quality			XXX		0.0011		0.0057		0.0074	
		Mortgages - CM2 - High Quality			XXX		0.0040		0.0114		0.0149	
		Mortgages - CM3 - Medium Quality			XXX		0.0069		0.0200		0.0257	
		Mortgages - CM4 - Low Medium Quality			XXX		0.0120		0.0343		0.0428	
		Mortgages - CM5 - Low Quality			XXX		0.0183		0.0486		0.0628	
		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
		Residential Mortgages - All Other			XXX		0.0015		0.0034		0.0046	
		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0007		0.0011	
		Overdue, Not in Process Affiliated:										
		Farm Mortgages			XXX		0.0480		0.0868		0.1371	
		Residential Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
		Residential Mortgages - All Other			XXX		0.0029		0.0066		0.0103	
		Commercial Mortgages - Insured or Guaranteed			XXX		0.0006		0.0014		0.0023	
		Commercial Mortgages -- All Other			XXX		0.0480		0.0868		0.1371	
		In Process of Foreclosure Affiliated:										
		Farm Mortgages			XXX		—	—	0.1942		0.1942	
		Residential Mortgages - Insured or Guaranteed			XXX		—	—	0.0046		0.0046	
		Residential Mortgages - All Other			XXX		—	—	0.0149		0.0149	
		Commercial Mortgages - Insured or Guaranteed			XXX		—	—	0.0046		0.0046	
		Commercial Mortgages - All Other			XXX		—	—	0.1942		0.1942	
		Total Affiliated (Sum of Lines 38 through 55)			XXX		XXX	—	XXX		XXX	
		Unaffiliated - In Good Standing With Covenants			XXX		(c)		(c)		(c)	
		Unaffiliated - In Good Standing Defeased With Government Securities			XXX		0.0011		0.0057		0.0074	
		Unaffiliated - In Good Standing Primarily Senior	1,000,000		XXX	1,000,000	0.0040	4,000	0.0114	11,400	0.0149	14,900
		Unaffiliated - In Good Standing All Other			XXX		0.0069		0.0200		0.0257	
		Unaffiliated - Overdue, Not in Process			XXX		0.0480		0.0868		0.1371	
		Unaffiliated - In Process of Foreclosure			XXX		—	—	0.1942		0.1942	
		Total Unaffiliated (Sum of Lines 57 through 62)	1,000,000		XXX	1,000,000	XXX	4,000	XXX	11,400	XXX	14,900
		Total with Mortgage Loan Characteristics (Lines 56 + 63)	1,000,000		XXX	1,000,000	XXX	4,000	XXX	11,400	XXX	14,900

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

Line Number	NAIC Designation	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. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
65		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK		XXX	XXX		—	—	(a)		(a)	
66		Unaffiliated Public		XXX	XXX		—	—	0.1945		0.1945	
67		Unaffiliated Private		XXX	XXX		—	—	—		—	
68		Affiliated Life with AVR		XXX	XXX		—	—	0.1580		0.1580	
69		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX		—	—	0.1945		0.1945	
70		Affiliated Other - All Other		XXX	XXX		—	—	XXX		XXX	
Total with Common Stock Characteristics (Sum of Lines 65 through 69)				XXX	XXX		XXX	—	XXX		XXX	
71		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE					—	—	0.0912		0.0912	
72		Home Office Property (General Account only)					—	—	0.0912		0.0912	
73		Investment Properties					—	—	0.0912		0.0912	
74		Properties Acquired in Satisfaction of Debt					—	—	0.1337		0.1337	
Total with Real Estate Characteristics (Sum of Lines 71 through 73)							XXX	—	XXX		XXX	
75		LOW INCOME HOUSING TAX CREDIT INVESTMENTS					0.0003		0.0006		0.0010	
76		Guaranteed Federal Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
77		Non-guaranteed Federal Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
78		Guaranteed State Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
79		Non-guaranteed State Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
80		All Other Low Income Housing Tax Credit					XXX		XXX		XXX	
Total LIHTC (Sum of Lines 75 through 79)							XXX		XXX		XXX	
81		RESIDUAL TRANCES OR INTERESTS		XXX	XXX		—	—	0.1580		0.1580	
82		Fixed Income Instruments – Unaffiliated		XXX	XXX		—	—	0.1580		0.1580	
83		Fixed Income Instruments – Affiliated		XXX	XXX		—	—	0.1580		0.1580	
84		Common Stock – Unaffiliated		XXX	XXX		—	—	0.1580		0.1580	
85		Common Stock – Affiliated		XXX	XXX		—	—	0.1580		0.1580	
86		Preferred Stock – Unaffiliated		XXX	XXX		—	—	0.1580		0.1580	
87		Preferred Stock – Affiliated		XXX	XXX		—	—	0.1580		0.1580	
88		Real Estate – Unaffiliated					—	—	0.1580		0.1580	
89		Real Estate – Affiliated		XXX	XXX		—	—	0.1580		0.1580	
90		Mortgage Loans – Unaffiliated		XXX	XXX		—	—	0.1580		0.1580	
91		Mortgage Loans – Affiliated		XXX	XXX		—	—	0.1580		0.1580	
92		Other – Unaffiliated		XXX	XXX		—	—	0.1580		0.1580	
93		Other – Affiliated		XXX	XXX		—	—	0.1580		0.1580	
Total Residual Trances or Interests (Sum of Lines 81 through 92)							XXX	—	XXX		XXX	
94		ALL OTHER INVESTMENTS		XXX			—	—	0.0042		0.0042	
95		NAIC 1 Working Capital Finance Investments		XXX			—	—	0.0137		0.0137	
96		NAIC 2 Working Capital Finance Investments		XXX			—	—	0.1580	39,500	0.1580	
97		Other Invested Assets - Schedule BA	250,000	XXX		250,000	—	—	0.1580	39,500	0.1580	
98		Other Short-Term Invested Assets - Schedule DA		XXX			—	—	0.1580		0.1580	
99		Total All Other (Sum of Lines 94, 95, 96 and 97)	250,000	XXX		250,000	XXX	—	XXX	39,500	XXX	
Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80, 93 and 98)			1,483,786	XXX	XXX	1,483,786	XXX	4,117	XXX	51,274	XXX	

(a) Times the company's weighted average portfolio beta (Minimum .1215, Maximum .2431).

(b) Determined using same factors and breakdowns used for directly owned real estate.

(c) This will be the factor associated with the risk category determined in the company generated worksheet.

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

1	2	3	4	5	6	7	8	9
RSAT Number	Type	CUSIP (6 digits)	Description of Asset(s)	NAIC Designation or Other Description of Asset	Value of Asset	AVR Basic Contribution	AVR Reserve Objective	AVR Maximum Reserve
0599999 - Totals.....								

NONE

SCHEDULE F

Showing all claims for death losses and all other contract claims resisted or compromised during the year, and
all claims for death losses and all other contract claims resisted December 31 of current year

1 Contract Numbers	2 Claim Numbers	3 State of Residence of Claimant	4 Year of Claim for Death or Disability	5 Amount Claimed	6 Amount Paid During the Year	7 Amount Resisted Dec. 31 of Current Year	8 Why Compromised or Resisted
5399999 – Totals.....							XXX.....

NONE

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.....	10,738	XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Premiums earned.....	10,738	XXX		XXX		XXX		XXX		XXX		XXX		XXX
3. Incurred claims.....	964	9.0												
4. Cost containment expenses.....														
5. Incurred claims and cost containment expenses (Lines 3 and 4).....	964	9.0												
6. Increase in contract reserves.....	—	—												
7. Commissions (a).....	1,540	14.3												
8. Other general insurance expenses.....	821	7.6												
9. Taxes, licenses and fees.....	53	0.5												
10. Total other expenses incurred.....	2,414	22.5												
11. Aggregate write-ins for deductions.....														
12. Gain from underwriting before dividends or refunds.....	7,360	68.5												
13. Dividends or refunds.....														
14. Gain from underwriting after dividends or refunds.....	7,360	68.5												
Details of Write-Ins														
1101.														
1102.														
1103.														
1198.. Summary of remaining write-ins for Line 11 from overflow page.....														
1199. Totals (Lines 1101 through 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		XXX		XXX		XXX
2. Premiums earned.....		XXX		XXX		XXX		XXX		XXX		XXX
3. Incurred claims.....												
4. Cost containment expenses.....												
5. Incurred claims and cost containment expenses (Lines 3 and 4).....												
6. Increase in contract reserves.....												
7. Commissions (a).....												
8. Other general insurance expenses.....												
9. Taxes, licenses and fees.....												
10. Total other expenses incurred.....												
11. Aggregate write-ins for deductions.....												
12. Gain from underwriting before dividends or refunds.....												
13. Dividends or refunds.....												
14. Gain from underwriting after dividends or refunds.....												
Details of Write-Ins												
1101.												
1102.												
1103.												
1198.. Summary of remaining write-ins for Line 11 from overflow page.....												
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....												

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (CONTINUED)

PART 2 - RESERVES AND LIABILITIES

	1 Total	2 Comprehensive (Hospital and Medical) Individual	3 Comprehensive (Hospital and Medical) Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Medicare Title XVIII	9 Medicaid Title XIX	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health
A. Premium Reserves:													
1. Unearned premiums													
2. Advance premiums													
3. Reserve for rate credits													
4. Total premium reserves, current year													
5. Total premium reserves, prior year													
6. Increase in total premium reserves													
B. Contract Reserves:													
1. Additional reserves (a)	1,323												1,323
2. Reserve for future contingent benefits													
3. Total contract reserves, current year	1,323												1,323
4. Total contract reserves, prior year	1,323												1,323
5. Increase in contract reserves	—												—
C. Claim Reserves and Liabilities:													
1. Total current year	3,669												3,669
2. Total prior year	4,223												4,223
3. Increase	(554)												(554)

PART 3 - TEST OF PRIOR YEARS CLAIM RESERVES AND LIABILITIES

1. Claims paid during the year:													
1.1. On claims incurred prior to current year	293												293
1.2. On claims incurred during current year	1,225												1,225
2. Claim reserves and liabilities, December 31, current year:													
2.1. On claims incurred prior to current year													
2.2. On claims incurred during current year	3,669												3,669
3. Test:													
3.1. Lines 1.1 and 2.1	293												293
3.2. Claim reserves and liabilities, December 31, prior year	4,223												4,223
3.3. Line 3.1 minus Line 3.2	(3,930)												(3,930)

PART 4 - REINSURANCE

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

NONE

(a) Includes \$ premium deficiency reserve.

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	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	Total
A. Direct:														
1. Incurred Claims														964
2. Beginning Claim Reserves and Liabilities														4,223
3. Ending Claim Reserves and Liabilities														3,669
4. Claims Paid														1,518
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														
2. Beginning Claim Reserves and Liabilities														
3. Ending Claim Reserves and Liabilities														
4. Claims Paid														
D. Net:														
1. Incurred Claims														964
2. Beginning Claim Reserves and Liabilities														4,223
3. Ending Claim Reserves and Liabilities														3,669
4. Claims Paid														1,518
E. Net Incurred Claims and Cost Containment Expenses:														
1. Incurred Claims and Cost Containment Expenses														964
2. Beginning Reserves and Liabilities														4,223
3. Ending Reserves and Liabilities														4,223
4. Paid Claims and Cost Containment Expenses														964

(41) Schedule S - Part 1 - Section 1

NONE

(42) Schedule S - Part 1 - Section 2

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses 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 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity, Non-Affiliates, U.S. Non-Affiliates						
82627	06-0839705	10/01/2022	SWISS RE LIFE & HEALTH OF AMERICA, INC.	MO	7,500	
0899999 - Life and Annuity, Non-Affiliates, U.S. Non-Affiliates					7,500	
1099999 - Life and Annuity, Total Non-Affiliates					7,500	
1199999 - Total Life and Annuity					7,500	
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					7,500	
9999999 - Total (Sum of 1199999 and 2299999)					7,500	

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 Domiciliary Jurisdiction	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		
General Account, Authorized, Affiliates, U.S., Other														
63096	38-6056370	12/10/2020	FARM BUREAU LIFE INSURANCE COMPANY OF MI	MI	CO/I	OL	750,000	3,196	35	1,474				
63096	38-6056370	12/10/2020	FARM BUREAU LIFE INSURANCE COMPANY OF MI	MI	OTH/I	ADB				97				
0299999 - General Account, Authorized, Affiliates, U.S., Other								750,000	3,196	35	1,571			
0399999 - General Account, Authorized, Affiliates, U.S., Total								750,000	3,196	35	1,571			
0799999 - General Account, Authorized, Total Authorized Affiliates								750,000	3,196	35	1,571			
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates														
76236	31-1213778	07/01/1982	CINCINNATI LIFE INSURANCE COMPANY	OH	YRT/I	OL	15,000		394					
82627	06-0839705	03/01/1981	SWISS RE LIFE & HEALTH OF AMERICA, INC	MO	YRT/I	OL								
82627	06-0839705	03/01/1981	SWISS RE LIFE & HEALTH OF AMERICA, INC	MO	OTH/I	ADB								
82627	06-0839705	10/01/2022	SWISS RE LIFE & HEALTH OF AMERICA, INC	MO	CO/I	OL	4,270,088	21,200	218	276,725				
0899999 - General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates								4,285,088	21,200	612	276,725			
1099999 - General Account, Authorized, Total Authorized Non-Affiliates								4,285,088	21,200	612	276,725			
1199999 - Total General Account Authorized								5,035,088	24,396	647	278,297			
4599999 - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified								5,035,088	24,396	647	278,297			
9199999 - Total U.S.								5,035,088	24,396	647	278,297			
9999999 - Total (Sum of 4599999 and 9099999)								5,035,088	24,396	647	278,297			

(45) Schedule S - Part 3 - Section 2

NONE

(46) Schedule S - Part 4

NONE

(46) Schedule S - Part 4 - Bank Information

NONE

(47) Schedule S - Part 5

NONE

(47) Schedule S - Part 5 - Bank Information

NONE

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

	1 2023	2 2022	3 2021	4 2020	5 2019
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	278	3	1	1	5
2. Commissions and reinsurance expense allowances	172				
3. Contract claims	8				
4. Surrender benefits and withdrawals for life contracts					
5. Dividends to policyholders and refunds to members					
6. Reserve adjustments on reinsurance ceded					
7. Increase in aggregate reserves for life and accident and health contracts	24				
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	168				
9. Aggregate reserves for life and accident and health contracts	24	1			3
10. Liability for deposit-type contracts					
11. Contract claims unpaid					
12. Amounts recoverable on reinsurance	8	—			
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends and refunds to members (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset					
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)					
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).....	212,558,402		212,558,402
2. Reinsurance (Line 16).....	165,679	(165,679)	—
3. Premiums and considerations (Line 15).....	1,080,940	130,504	1,211,444
4. Net credit for ceded reinsurance.....	XXX	59,571	59,571
5. All other admitted assets (balance).....	6,300,920		6,300,920
6. Total assets excluding Separate Accounts (Line 26).....	220,105,942	24,396	220,130,337
7. Separate Account assets (Line 27).....			
8. Total assets (Line 28).....	220,105,942	24,396	220,130,337
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	203,466,065	24,396	203,490,461
10. Liability for deposit-type contracts (Line 3).....	178,825		178,825
11. Claim reserves (Line 4).....	444,307		444,307
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7).....	893		893
13. Premium & annuity considerations received in advance (Line 8).....	593,045		593,045
14. Other contract liabilities (Line 9).....	69,602		69,602
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).....	2,740,464		2,740,464
20. Total liabilities excluding Separate Accounts (Line 26).....	207,493,201	24,396	207,517,597
21. Separate Account liabilities (Line 27).....			
22. Total liabilities (Line 28).....	207,493,201	24,396	207,517,597
23. Capital & surplus (Line 38).....	12,612,741	XXX	12,612,741
24. Total liabilities, capital & surplus (Line 39).....	220,105,942	24,396	220,130,337
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	24,396	XXX	XXX
26. Claim reserves.....		XXX	XXX
27. Policyholder dividends/reserves.....		XXX	XXX
28. Premium & annuity considerations received in advance.....		XXX	XXX
29. Liability for deposit-type contracts.....		XXX	XXX
30. Other contract liabilities.....		XXX	XXX
31. Reinsurance ceded assets.....	165,679	XXX	XXX
32. Other ceded reinsurance recoverables.....		XXX	XXX
33. Total ceded reinsurance recoverables.....	190,075	XXX	XXX
34. Premiums and considerations.....	130,504	XXX	XXX
35. Reinsurance in unauthorized companies.....		XXX	XXX
36. Funds held under reinsurance treaties with unauthorized reinsurers.....		XXX	XXX
37. Reinsurance with Certified Reinsurers.....		XXX	XXX
38. Funds held under reinsurance treaties with Certified Reinsurers.....		XXX	XXX
39. Other ceded reinsurance payables/offsets.....		XXX	XXX
40. Total ceded reinsurance payable/offsets.....	130,504	XXX	XXX
41. Total net credit for ceded reinsurance.....	59,571	XXX	XXX

SCHEDULE T – PART 2
 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
 Allocated By States And Territories

States, Etc.	Life (Group and Individual)	Direct Business Only				
		1	2	3	4	5
Annuites (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals		
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA	10,273,530	53,428			10,326,958
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN	11,341,246	38,039			11,379,285
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY	7,332,316	8,538			7,340,854
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI	26,383				26,383
24. Minnesota	MN					
25. Mississippi	MS	706,875				706,875
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH	7,389,759	10,130			7,399,889
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN	187,219				187,219
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Other Alien	OT					
59. Totals		37,257,328	110,135			37,367,463

Annual Statement for the Year 2023 of the Cincinnati Equitable 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	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*	
0067	Michigan Farm Bureau Group	38-1718391				Michigan Farm Bureau	MI	UIP		Ultimate Controlling Company	Board of Directors			NO		
		21555	38-1316179			Farm Bureau Mutual Insurance Company of Michigan	MI	IA		Michigan Farm Bureau	Other		Michigan Farm Bureau	NO	1	
		63096	38-6056370			Farm Bureau Life Insurance Company of Michigan	MI	IA		Michigan Farm Bureau	Ownership	100.000	Michigan Farm Bureau	NO		
		21547	38-6056228			Farm Bureau General Insurance Company of Michigan	MI	IA		Michigan Farm Bureau	Ownership	100.000	Michigan Farm Bureau	NO		
			38-2961817			Michigan Farm Bureau Financial Corporation	MI	UDP		Michigan Farm Bureau	Ownership	100.000	Michigan Farm Bureau	NO		
			27-5177082			FBL Real Estate Holdings, LLC	MI	DS		Farm Bureau Life Insurance Company of Michigan	Ownership	100.000	Michigan Farm Bureau	NO		
			38-2102277			MFB, Inc.	MI	NIA		Michigan Farm Bureau	Ownership	100.000	Michigan Farm Bureau	NO		
			86-1744708			Gravity Works Design, LLC	MI	NIA		Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO		
			38-1883116			Community Service Acceptance Company	MI	NIA		Michigan Farm Bureau	Ownership	100.000	Michigan Farm Bureau	NO		
		74799	73-1333608			Leaders Life Insurance Company	OK	IA		Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO		
0067	Michigan Farm Bureau Group	31-1154154				Cincinnati Equitable Companies, Inc.	OH	NIA		Michigan Farm Bureau	Ownership	100.000	Michigan Farm Bureau	NO		
		88064	35-1452221			Cincinnati Equitable Life Insurance Company	OH	RE		Financial Corporation	Cincinnati Equitable Companies, Inc.	Ownership	100.000	Michigan Farm Bureau	NO	
0067	Michigan Farm Bureau Group	16721	31-0239840			Cincinnati Equitable Insurance Company	OH	IA		Michigan Farm Bureau	Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	

Asterisk	Explanation

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
21555	38-1316179	Farm Bureau Mutual Insurance Company of Michigan.....						(67,982,338)			(67,982,338)	(428,574,777)
63096	38-6056370	Farm Bureau Life Insurance Company of Michigan.....	(2,000,000)	632,000							(1,368,000)	(3,486,642)
21547	38-60556228	Farm Bureau General Insurance Company of Michigan.....						67,982,338			67,982,338	533,999,748
	38-2961817	Michigan Farm Bureau Financial Corporation.....	7,247,000	(4,332,000)							2,915,000	
	38-2102277	MFB, Inc.....		700,000							700,000	
	38-1883116	Community Service Acceptance Company.....	(2,247,000)								(2,247,000)	
74799	73-1333608	Leaders Life Insurance Company.....										3,484,528
88064	35-1452221	Cincinnati Equitable Life Insurance Company.....	(3,000,000)	3,000,000							—	2,114
9999999 - Control Totals			—	—				—	XXX		—	105,424,971

SCHEDULE Y

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

1 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6) (Yes/No)	8 Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
Farm Bureau Mutual Insurance Company of Michigan.....	Michigan Farm Bureau.....	100.000 %	NO.....	Michigan Farm Bureau.....	Michigan Farm Bureau Group.....	100.000 %	NO.....
Farm Bureau Life Insurance Company of Michigan.....	Michigan Farm Bureau Financial Corporation.....	100.000 %	NO.....	Michigan Farm Bureau.....	Michigan Farm Bureau Group.....	100.000 %	NO.....
Farm Bureau General Insurance Company of Michigan.....	Michigan Farm Bureau Financial Corporation.....	100.000 %	NO.....	Michigan Farm Bureau.....	Michigan Farm Bureau Group.....	100.000 %	NO.....
Leaders Life Insurance Company.....	Michigan Farm Bureau Financial Corporation.....	100.000 %	NO.....	Michigan Farm Bureau.....	Michigan Farm Bureau Group.....	100.000 %	NO.....
Cincinnati Equitable Life Insurance Company.....	Cincinnati Equitable Companies, Inc.....	100.000 %	NO.....	Michigan Farm Bureau.....	Michigan Farm Bureau Group.....	100.000 %	NO.....
Cincinnati Equitable Insurance Company.....	Michigan Farm Bureau Financial Corporation.....	100.000 %	NO.....	Michigan Farm Bureau.....	Michigan Farm Bureau Group.....	100.000 %	NO.....

SUPPLEMENTAL EXHIBIT AND SCHEDULE 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.

	Response
	March Filing
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....
2.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....
3.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....
4.	Will an actuarial opinion be filed by March 1?.....
	April Filing
5.	Will Management's Discussion and Analysis be filed by April 1?.....
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).....
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?.....
	June Filing
8.	Will an audited financial report be filed by June 1?.....
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?.....
	SUPPLEMENTAL FILINGS
	The following supplemental reports are required to be filed as part of your 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).....
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....
12.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?.....
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?.....
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?.....
15.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?.....
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?.....
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?.....
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?.....
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?.....
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?.....
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?.....
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?.....
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?.....
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?.....
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?.....
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?.....
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?.....
28.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies).....
29.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?.....
30.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....
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?.....
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?.....
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?.....
34.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?.....
35.	Will the Health Supplement be filed with the state of domicile and the NAIC by March 1?.....
36.	Will the Market Conduct Annual Statement (MCAS) Premium exhibit for the Year be filed with appropriate jurisdictions and with the NAIC by March 1?.....
	April Filing
37.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?.....
38.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?.....

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

	Response
39. 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
40. Will the Accident and Health Policy Experience Exhibit be filed by April 1?.....	YES
41. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?.....	NO
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?.....	NO
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?.....	NO
46. Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?.....	NO
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
---	-----

	Explanation	Barcode
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.	N/A	 8 8 0 6 4 2 0 2 3 4 2 0 0 0 0 0 0
11.		
12.	N/A	 8 8 0 6 4 2 0 2 3 4 9 0 0 0 0 0 0
13.		
14.		
15.	N/A	 8 8 0 6 4 2 0 2 3 4 4 2 0 0 0 0 0
16.	N/A	 8 8 0 6 4 2 0 2 3 4 4 3 0 0 0 0 0
17.	N/A	 8 8 0 6 4 2 0 2 3 4 4 4 0 0 0 0 0
18.	N/A	 8 8 0 6 4 2 0 2 3 4 4 5 0 0 0 0 0
19.	N/A	 8 8 0 6 4 2 0 2 3 4 4 6 0 0 0 0 0
20.	N/A	 8 8 0 6 4 2 0 2 3 4 4 7 0 0 0 0 0
21.	N/A	 8 8 0 6 4 2 0 2 3 4 4 8 0 0 0 0 0
22.	N/A	 8 8 0 6 4 2 0 2 3 4 4 9 0 0 0 0 0
23.	N/A	 8 8 0 6 4 2 0 2 3 4 5 0 0 0 0 0 0
24.	N/A	 8 8 0 6 4 2 0 2 3 4 5 1 0 0 0 0 0
25.	N/A	 8 8 0 6 4 2 0 2 3 4 5 2 0 0 0 0 0
26.	N/A	 8 8 0 6 4 2 0 2 3 4 5 3 0 0 0 0 0
27.	N/A	 8 8 0 6 4 2 0 2 3 4 5 4 0 0 0 0 0
28.	N/A	 8 8 0 6 4 2 0 2 3 4 9 5 0 0 0 0 0
29.		
30.	N/A	 8 8 0 6 4 2 0 2 3 3 6 5 0 0 0 0 0
31.	N/A	 8 8 0 6 4 2 0 2 3 2 2 4 0 0 0 0 0
32.	N/A	 8 8 0 6 4 2 0 2 3 2 2 5 0 0 0 0 0
33.	N/A	 8 8 0 6 4 2 0 2 3 2 2 6 0 0 0 0 0
34.	N/A	 8 8 0 6 4 2 0 2 3 4 5 6 0 0 0 0 0
35.		
36.		
37.		
38.	N/A	 8 8 0 6 4 2 0 2 3 3 0 6 0 0 0 0 0
39.	N/A	 8 8 0 6 4 2 0 2 3 2 3 0 0 0 0 0 0
40.		
41.		
42.	N/A	 8 8 0 6 4 2 0 2 3 4 3 5 0 0 0 0 0

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

Barcode

Explanation	Barcode
43. N/A	 8 8 0 6 4 2 0 2 3 3 4 5 0 0 0 0 0
44. N/A	 8 8 0 6 4 2 0 2 3 2 8 6 0 0 0 0 0
45. N/A	 8 8 0 6 4 2 0 2 3 4 5 7 0 0 0 0 0
46. N/A	 8 8 0 6 4 2 0 2 3 4 5 8 0 0 0 0 0
47. N/A	 8 8 0 6 4 2 0 2 3 4 5 9 0 0 0 0 0
48.	

OVERFLOW PAGE FOR WRITE-INS

OVERFLOW PAGE FOR WRITE-INS

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2023
 (To Be Filed By March 1)
 FOR THE STATE OF Ohio

NAIC Group Code: 0067

NAIC Company Code: 88064

Address (City, State and Zip Code): CINCINNATI, OH, US 45202-3428

Person Completing This Exhibit: DAVID BRENT RANKIN

Title: LIFE ACCOUNTING MANAGER

Telephone Number: 517-679-5369

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2020				Policies Issued in 2021, 2022, 2023			
										11 Premiums Earned	12 Incurred Claims Amount	13 Incurred Claims % of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount	17 Incurred Claims % of Premiums Earned	18 Number of Covered Lives
N/A	AP355BAUC	B	NO	3	10/01/1996	12/31/2004	12/31/2004	12/31/2004	MEDICARE SUPPLEMENT	10,738	964	8.978	6				
0199999 - TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										10,738	964	8.978	6				
0299999 - TOTAL EXPERIENCE ON GROUP POLICIES																	

GENERAL INTERROGATORIES

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

**SCHEDULE O SUPPLEMENT**

For The Year Ended December 31, 2023
(To Be Filed by March 1)

Of The: Cincinnati Equitable Life Insurance Company

Address (City, State and Zip Code): CINCINNATI, OH, US 45202-3428

NAIC Group Code: 0067

NAIC Company Code: 88064

Employer's ID Number: 35-1452221

SUPPLEMENTAL SCHEDULE O — PART 1

Development of Incurred Losses
(\$000 Omitted)

SECTION A — GROUP ACCIDENT AND HEALTH

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2019	2 2020	3 2021	4 2022	5 2023 (a)
1. Prior.....					
2. 2019.....					
3. 2020.....	XXX				
4. 2021.....	XXX	XXX			
5. 2022.....	XXX	XXX	XXX		
6. 2023.....	XXX	XXX	XXX	XXX	XXX

SECTION B — OTHER ACCIDENT AND HEALTH

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2019	2 2020	3 2021	4 2022	5 2023 (a)
1. Prior.....	37	37			
2. 2019.....	8	6			
3. 2020.....	XXX	5	1		
4. 2021.....	XXX	XXX	6		
5. 2022.....	XXX	XXX	XXX	1	
6. 2023.....	XXX	XXX	XXX	XXX	XXX

SECTION C — CREDIT ACCIDENT AND HEALTH

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2019	2 2020	3 2021	4 2022	5 2023 (a)
1. Prior.....					
2. 2019.....					
3. 2020.....	XXX				
4. 2021.....	XXX	XXX			
5. 2022.....	XXX	XXX	XXX		
6. 2023.....	XXX	XXX	XXX	XXX	XXX

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

SUPPLEMENTAL SCHEDULE O – PART 1Development of Incurred Losses
(\$000 Omitted)**SECTION D – OTHER COVERAGES USING THE DEVELOPMENT METHOD**

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2019	2 000	3 2021	4 2022	5 2023 (a)
1. Prior.....					
2. 2019.....					
3. 2020.....	XXX				
4. 2021.....	XXX	XXX			
5. 2022.....	XXX	XXX	XXX		
6. 2023.....	XXX	XXX	XXX	XXX	XXX

SECTION E – OTHER COVERAGES USING THE DEVELOPMENT METHOD

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2019	2 020	3 2021	4 2022	5 2023 (a)
1. Prior.....					
2. 2019.....					
3. 2020.....	XXX				
4. 2021.....	XXX	XXX			
5. 2022.....	XXX	XXX	XXX		
6. 2023.....	XXX	XXX	XXX	XXX	XXX

SECTION F – OTHER COVERAGES USING THE DEVELOPMENT METHOD

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2019	2 020	3 2021	4 2022	5 2023 (a)
1. Prior.....					
2. 2019.....					
3. 2020.....	XXX				
4. 2021.....	XXX	XXX			
5. 2022.....	XXX	XXX	XXX		
6. 2023.....	XXX	XXX	XXX	XXX	XXX

SECTION G – OTHER COVERAGES USING THE DEVELOPMENT METHOD

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2019	2 020	3 2021	4 2022	5 2023 (a)
1. Prior.....					
2. 2019.....					
3. 2020.....	XXX				
4. 2021.....	XXX	XXX			
5. 2022.....	XXX	XXX	XXX		
6. 2023.....	XXX	XXX	XXX	XXX	XXX

SUPPLEMENTAL SCHEDULE O – PART 2Development of Incurred Losses
(\$000 Omitted)**SECTION A – GROUP ACCIDENT AND HEALTH**

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior.....					
2. 2019.....					
3. 2020.....	XXX				
4. 2021.....	XXX	XXX			
5. 2022.....	XXX	XXX	XXX		
6. 2023.....	XXX	XXX	XXX	XXX	XXX

SECTION B – OTHER ACCIDENT AND HEALTH

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior.....					
2. 2019.....					
3. 2020.....	XXX				
4. 2021.....	XXX	XXX			
5. 2022.....	XXX	XXX	XXX		
6. 2023.....	XXX	XXX	XXX	XXX	XXX

SECTION C – CREDIT ACCIDENT AND HEALTH

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. Prior.....					
2. 2019.....					
3. 2020.....	XXX				
4. 2021.....	XXX	XXX			
5. 2022.....	XXX	XXX	XXX		
6. 2023.....	XXX	XXX	XXX	XXX	XXX

SUPPLEMENTAL SCHEDULE O – PART 2Development of Incurred Losses
(\$000 Omitted)**SECTION D – OTHER COVERAGES USING THE DEVELOPMENT METHOD**

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2019	2 000	3 2021	4 2022	5 2023
1. Prior.....					
2. 2019.....					
3. 2020.....	XXX				
4. 2021.....	XXX	XXX			
5. 2022.....	XXX	XXX	XXX		
6. 2023.....	XXX	XXX	XXX	XXX	XXX

SECTION E – OTHER COVERAGES USING THE DEVELOPMENT METHOD

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2019	2 020	3 2021	4 2022	5 2023
1. Prior.....					
2. 2019.....					
3. 2020.....	XXX				
4. 2021.....	XXX	XXX			
5. 2022.....	XXX	XXX	XXX		
6. 2023.....	XXX	XXX	XXX	XXX	XXX

SECTION F – OTHER COVERAGES USING THE DEVELOPMENT METHOD

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2019	2 020	3 2021	4 2022	5 2023
1. Prior.....					
2. 2019.....					
3. 2020.....	XXX				
4. 2021.....	XXX	XXX			
5. 2022.....	XXX	XXX	XXX		
6. 2023.....	XXX	XXX	XXX	XXX	XXX

SECTION G – OTHER COVERAGES USING THE DEVELOPMENT METHOD

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2019	2 020	3 2021	4 2022	5 2023
1. Prior.....					
2. 2019.....					
3. 2020.....	XXX				
4. 2021.....	XXX	XXX			
5. 2022.....	XXX	XXX	XXX		
6. 2023.....	XXX	XXX	XXX	XXX	XXX

SUPPLEMENTAL SCHEDULE O – PART 3Development 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 2019	2 2020	3 2021	4 2022	5 2023
1. 2019.....				XXX.....	XXX.....
2. 2020.....	XXX.....				XXX.....
3. 2021.....	XXX.....				
4. 2022.....	XXX.....	XXX.....	XXX.....		
5. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	

SECTION B – OTHER 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 2019	2 2020	3 2021	4 2022	5 2023
1. 2019.....	8.....	6.....		XXX.....	XXX.....
2. 2020.....	XXX.....	5.....	1.....		XXX.....
3. 2021.....	XXX.....	XXX.....	11.....		
4. 2022.....	XXX.....	XXX.....	XXX.....		1.....
5. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	

SECTION C – CREDIT 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 2019	2 2020	3 2021	4 2022	5 2023
1. 2019.....				XXX.....	XXX.....
2. 2020.....	XXX.....				XXX.....
3. 2021.....	XXX.....				
4. 2022.....	XXX.....	XXX.....	XXX.....		
5. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	

SUPPLEMENTAL SCHEDULE O – PART 3Development of Incurred Losses
(\$000 Omitted)**SECTION D – OTHER COVERAGES USING THE DEVELOPMENT METHOD**

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. 2019.....				XXX.....	XXX.....
2. 2020.....	XXX.....				XXX.....
3. 2021.....	XXX.....	XXX.....			XXX.....
4. 2022.....	XXX.....	XXX.....	XXX.....		
5. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	

SECTION E – OTHER COVERAGES USING THE DEVELOPMENT METHOD

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. 2019.....				XXX.....	XXX.....
2. 2020.....	XXX.....				XXX.....
3. 2021.....	XXX.....	XXX.....			
4. 2022.....	XXX.....	XXX.....	XXX.....		
5. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	

SECTION F – OTHER COVERAGES USING THE DEVELOPMENT METHOD

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. 2019.....				XXX.....	XXX.....
2. 2020.....	XXX.....				XXX.....
3. 2021.....	XXX.....	XXX.....			
4. 2022.....	XXX.....	XXX.....	XXX.....		
5. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	

SECTION G – OTHER COVERAGES USING THE DEVELOPMENT METHOD

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2019	2 2020	3 2021	4 2022	5 2023
1. 2019.....				XXX.....	XXX.....
2. 2020.....	XXX.....				XXX.....
3. 2021.....	XXX.....	XXX.....			
4. 2022.....	XXX.....	XXX.....	XXX.....		
5. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	

SUPPLEMENTAL SCHEDULE O – PART 4Development 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 2019	2 2020	3 2021	4 2022	5 2023
1. 2019.....					
2. 2020.....	XXX				
3. 2021.....	XXX	XXX			
4. 2022.....	XXX	XXX	XXX	XXX	
5. 2023.....	XXX	XXX	XXX	XXX	XXX

SECTION B – OTHER 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 2019	2 2020	3 2021	4 2022	5 2023
1. 2019.....					
2. 2020.....	XXX				
3. 2021.....	XXX	XXX			
4. 2022.....	XXX	XXX	XXX	XXX	
5. 2023.....	XXX	XXX	XXX	XXX	XXX

SECTION C – CREDIT 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 2019	2 2020	3 2021	4 2022	5 2023
1. 2019.....					
2. 2020.....	XXX				
3. 2021.....	XXX	XXX			
4. 2022.....	XXX	XXX	XXX	XXX	
5. 2023.....	XXX	XXX	XXX	XXX	XXX

SUPPLEMENTAL SCHEDULE O – PART 4Development of Incurred Losses
(\$000 Omitted)**SECTION D – OTHER COVERAGES USING THE DEVELOPMENT METHOD**

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 2019	2 2020	3 2021	4 2022	5 2023
1. 2019.....					
2. 2020.....	XXX				
3. 2021.....	XXX	XXX			
4. 2022.....	XXX	XXX	XXX		
5. 2023.....	XXX	XXX	XXX	XXX	

SECTION E – OTHER COVERAGES USING THE DEVELOPMENT METHOD

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 2019	2 2020	3 2021	4 2022	5 2023
1. 2019.....					
2. 2020.....	XXX				
3. 2021.....	XXX	XXX			
4. 2022.....	XXX	XXX	XXX		
5. 2023.....	XXX	XXX	XXX	XXX	

SECTION F – OTHER COVERAGES USING THE DEVELOPMENT METHOD

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 2019	2 2020	3 2021	4 2022	5 2023
1. 2019.....					
2. 2020.....	XXX				
3. 2021.....	XXX	XXX			
4. 2022.....	XXX	XXX	XXX		
5. 2023.....	XXX	XXX	XXX	XXX	

SECTION G – OTHER COVERAGES USING THE DEVELOPMENT METHOD

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 2019	2 2020	3 2021	4 2022	5 2023
1. 2019.....					
2. 2020.....	XXX				
3. 2021.....	XXX	XXX			
4. 2022.....	XXX	XXX	XXX		
5. 2023.....	XXX	XXX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O – PART 5

(\$000 Omitted)

RESERVE AND LIABILITY METHODOLOGY - EXHIBITS 6 AND 8

Line of Business	1	2	Methodology	Amount
1. Industrial life.....				
2. Ordinary life.....	Other			414
3. Individual annuity.....	Other			26
4. Supplementary contracts.....				
5. Credit life.....				
6. Group life.....				
7. Group annuities.....				
8. Group accident and health.....				
9. Credit accident and health.....				
10. Other accident and health.....	Development			4
11. Total.....		XXX		444



HEALTH SUPPLEMENTS

For The Year Ended December 31, 2023
(To Be Filed by March 1)

Of The: Cincinnati Equitable Life Insurance Company

Address (City, State and Zip Code): CINCINNATI, OH, US 45202-3428

NAIC Group Code: 0067

NAIC Company Code: 88064

Employer's ID Number: 35-1452221

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

OVERFLOW PAGE FOR WRITE-INS

Annual Statement for the Year 2023 of the Cincinnati Equitable Life Insurance Company

EXHIBIT 3
HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0799999 - Gross Health Care Receivables.....						

NONE

EXHIBIT 3A

ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables from Prior Years (Cols. 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables.....						
2. Claim overpayment receivables.....						
3. Loans and advances to providers.....						
4. Capitation arrangement receivables.....						
5. Risk sharing receivables.....						
6. Other health care receivables.....						
7. Totals (Lines 1 through 6).....						

NONE

Note that the accrued amounts in Columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023

(To Be Filed By March 1)

FOR THE STATE OF Georgia

NAIC Group Code: 0067

NAIC Company Code: 88064

	1
MCAS Line of Business	MCAS Reportable Premium / Considerations (YES/NO)
1. Disability income.....	
2. Health.....	
3. Homeowners.....	
4. Individual annuity.....	YES
5. Individual life.....	YES
6. Lender-placed home and auto.....	
7. Long-term care.....	
8. Other health.....	NO
9. Private flood.....	
10. Private passenger auto.....	
11. Short-term limited duration health plans.....	
12. Travel.....	


MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023

(To Be Filed By March 1)

FOR THE STATE OF Indiana

NAIC Group Code: 0067

NAIC Company Code: 88064

	1
MCAS Line of Business	MCAS Reportable Premium / Considerations (YES/NO)
1. Disability income.....	
2. Health.....	
3. Homeowners.....	
4. Individual annuity.....	NO
5. Individual life.....	YES
6. Lender-placed home and auto.....	
7. Long-term care.....	
8. Other health.....	NO
9. Private flood.....	
10. Private passenger auto.....	
11. Short-term limited duration health plans.....	
12. Travel.....	

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023

(To Be Filed By March 1)

FOR THE STATE OF Kentucky

NAIC Group Code: 0067

NAIC Company Code: 88064

	1 MCAS Reportable Premium / Considerations (YES/NO)
MCAS Line of Business	
1. Disability income.....	
2. Health.....	
3. Homeowners.....	
4. Individual annuity.....	NO
5. Individual life.....	YES
6. Lender-placed home and auto.....	
7. Long-term care.....	
8. Other health.....	NO
9. Private flood.....	
10. Private passenger auto.....	
11. Short-term limited duration health plans.....	
12. Travel.....	

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023

(To Be Filed By March 1)
FOR THE STATE OF Michigan

NAIC Group Code: 0067

NAIC Company Code: 88064

	1 MCAS Reportable Premium / Considerations (YES/NO)
MCAS Line of Business	
1. Disability income.....	
2. Health.....	
3. Homeowners.....	
4. Individual annuity.....	NO
5. Individual life.....	NO
6. Lender-placed home and auto.....	
7. Long-term care.....	
8. Other health.....	NO
9. Private flood.....	
10. Private passenger auto.....	
11. Short-term limited duration health plans.....	
12. Travel.....	


MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023

(To Be Filed By March 1)

FOR THE STATE OF Mississippi

NAIC Group Code: 0067

NAIC Company Code: 88064

	1
MCAS Line of Business	MCAS Reportable Premium / Considerations (YES/NO)
1. Disability income.....	
2. Health.....	
3. Homeowners.....	
4. Individual annuity.....	NO
5. Individual life.....	YES
6. Lender-placed home and auto.....	
7. Long-term care.....	
8. Other health.....	NO
9. Private flood.....	
10. Private passenger auto.....	
11. Short-term limited duration health plans.....	
12. Travel.....	

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023

(To Be Filed By March 1)

FOR THE STATE OF Ohio

NAIC Group Code: 0067

NAIC Company Code: 88064

	1 MCAS Reportable Premium / Considerations (YES/NO)
MCAS Line of Business	
1. Disability income.....	
2. Health.....	
3. Homeowners.....	
4. Individual annuity.....	NO
5. Individual life.....	YES
6. Lender-placed home and auto.....	
7. Long-term care.....	
8. Other health.....	NO
9. Private flood.....	
10. Private passenger auto.....	
11. Short-term limited duration health plans.....	
12. Travel.....	


MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023

(To Be Filed By March 1)

FOR THE STATE OF Pennsylvania

NAIC Group Code: 0067

NAIC Company Code: 88064

	1
MCAS Line of Business	MCAS Reportable Premium / Considerations (YES/NO)
1. Disability income.....	
2. Health.....	
3. Homeowners.....	
4. Individual annuity.....	NO
5. Individual life.....	NO
6. Lender-placed home and auto.....	
7. Long-term care.....	
8. Other health.....	NO
9. Private flood.....	
10. Private passenger auto.....	
11. Short-term limited duration health plans.....	
12. Travel.....	

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023

(To Be Filed By March 1)

FOR THE STATE OF Tennessee

NAIC Group Code: 0067

NAIC Company Code: 88064

	1 MCAS Reportable Premium / Considerations (YES/NO)
MCAS Line of Business	
1. Disability income.....	
2. Health.....	
3. Homeowners.....	
4. Individual annuity.....	NO
5. Individual life.....	YES
6. Lender-placed home and auto.....	
7. Long-term care.....	
8. Other health.....	NO
9. Private flood.....	
10. Private passenger auto.....	
11. Short-term limited duration health plans.....	
12. Travel.....	