



ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2024
 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
 JKORSON@FBINSMI.COM (Telephone) 513-621-4531
 (E-Mail) (Fax)
 OFFICERS
 CARL JOSEPH BEDNARSKI, PRESIDENT DONALD EUGENE SIMON, EXECUTIVE VICE PRESIDENT
 ANDREW JAMES KOK, SECRETARY THOMAS LIGOURI NUGENT, TREASURER
 OTHER
 PAUL ROBERT RETZLAFF#, CHIEF OPERATING OFFICER TONYA GAIL CRAWFORD, VICE PRESIDENT OF SALES & MARKETING

DIRECTORS OR TRUSTEES

DAVID HOWARD BAHRMAN
 MARY LEONA DANIELS
 TRAVIS EDWARD FAHLEY
 BENJAMIN JEFFERY LACROSS
 PATRICK WILLIAM MCGUIRE
 ABRAHAM JOHN PASCH
 JEFFERY BLAIR SANDBORN
 LARRY MARTIN SHAW
 CARL JOSEPH BEDNARSKI
 MICHAEL ALLEN DERUITER
 MICHAEL CHARLES FUSILIER
 JENNIFER LYNN LEWIS
 MICHAEL RICHARD MULDERS
 PAUL DAVID PRIDGEON
 STEPHANIE LEE SCHAFER
 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 Donald Eugene Simon Thomas Ligouri Nugent
 President Executive Vice President Treasurer

Subscribed and sworn to before me
 this _____ day of
 _____, 2025

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

X _____

Annual Statement for the Year 2024 of the Cincinnati Equitable Life Insurance Company



DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2024

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													
11. Total Individual Life	10,174,549								6,276,984			40,969	
Group Life													
12. Whole													
13. Term													
14. Universal													
15. Variable													
16. Variable universal													
17. Credit													
18. Other													
19. Total Group Life	10,174,549								6,276,984			40,969	
Individual Annuities													
20. Fixed									103,569				
21. Indexed													
22. Variable with guarantees													
23. Variable without guarantees													
24. Life contingent payout													
25. Other													
26. Total Individual Annuities	8,288								103,569				
Group Annuities													
27. Fixed													
28. Indexed													
29. Variable with guarantees													
30. Variable without guarantees													
31. Life contingent payout													
32. Other													
33. Total Group Annuities	8,288												
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	10,182,837 (c)								6,380,553			40,969	
													6,421,523

Annual Statement for the Year 2024 of the Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Incurred During Current Year	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)													
		14		15		16		17		18		19		20		21		23		24		25		26		27		28	
		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	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	6,279,338	993	6,268,738		12	8,246				1,005	6,276,984		129,459		1,815	11,082,918		(1,134)	(6,261,159)		12,066		73,643,306						
3. Term																													
4. Indexed																													
5. Universal																													
6. Universal with secondary guarantees																													
7. Variable																													
8. Variable universal																													
9. Credit																													
10. Other																													
11. Total Individual Life	6,279,338	993	6,268,738		12	8,246				1,005	6,276,984		129,459		1,815	11,082,918		(1,134)	(6,261,159)		12,066		73,643,306						
Group Life																													
12. Whole																													
13. Term																													
14. Universal																													
15. Variable																													
16. Variable universal																													
17. Credit																													
18. Other																													
19. Total Group Life																													
Individual Annuities																													
20. Fixed	87,525	14	103,569							14	103,569		—		1	1,408		(12)	(64,647)		89		717,706						
21. Indexed																													
22. Variable with guarantees																													
23. Variable without guarantees																													
24. Life contingent payout																													
25. Other																													
26. Total Individual Annuities	87,525	14	103,569							14	103,569		—		1	1,408		(12)	(64,647)		89		717,706						
Group Annuities																													
27. Fixed																													
28. Indexed																													
29. Variable with guarantees																													
30. Variable without guarantees																													
31. Life contingent payout																													
32. Other																													
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	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	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	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	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	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	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	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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
42. Credit A&H																													
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	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	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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
47. Total	6,366,864	1,007	6,372,307		12	8,246				1,019	6,380,553		129,459		1,816	11,084,326		(1,146)	(6,325,806)		12,155		74,361,012						

(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 \$

Annual Statement for the Year 2024 of the Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

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

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													
11. Total Individual Life													
Group Life													
12. Whole													
13. Term													
14. Universal													
15. Variable													
16. Variable universal													
17. Credit													
18. Other													
19. Total Group Life													
Individual Annuities													
20. Fixed													
21. Indexed													
22. Variable with guarantees													
23. Variable without guarantees													
24. Life contingent payout													
25. Other													
26. Total Individual Annuities													
Group Annuities													
27. Fixed													
28. Indexed													
29. Variable with guarantees													
30. Variable without guarantees													
31. Life contingent payout													
32. Other													
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

Annual Statement for the Year 2024 of the Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Incurred During Current Year	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	14	15	Reduction by Compromise	16	17	Amount Rejected	18	19	Total Settled During Current Year	20	21	23	24	25	26	27	28
		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																		
11. Total Individual Life																		
Group Life																		
12. Whole																		
13. Term																		
14. Universal																		
15. Variable																		
16. Variable universal																		
17. Credit																		
18. Other																		
19. Total Group Life																		
Individual Annuities																		
20. Fixed																		
21. Indexed																		
22. Variable with guarantees																		
23. Variable without guarantees																		
24. Life contingent payout																		
25. Other																		
26. Total Individual Annuities																		
Group Annuities																		
27. Fixed																		
28. Indexed																		
29. Variable with guarantees																		
30. Variable without guarantees																		
31. Life contingent payout																		
32. Other																		
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	XXX
35. Comprehensive group (d)	XXX	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	XXX
37. Vision only (d)	XXX	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	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	XXX
40. Title XVIII Medicare (d)	XXX	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	XXX
42. Credit A&H	XXX	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	XXX
44. Long-term care (d)	XXX	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	XXX
46. Total Accident and Health	XXX	XXX	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 \$

Annual Statement for the Year 2024 of the Cincinnati Equitable Life Insurance Company



DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2024

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													
11. Total Individual Life	11,361,656								8,668,919			2,976	
Group Life													
12. Whole													
13. Term													
14. Universal													
15. Variable													
16. Variable universal													
17. Credit													
18. Other													
19. Total Group Life	11,361,656								8,668,919			2,976	
Individual Annuities													
20. Fixed									24,761				
21. Indexed													
22. Variable with guarantees													
23. Variable without guarantees													
24. Life contingent payout													
25. Other													
26. Total Individual Annuities	19,357								24,761				
Group Annuities													
27. Fixed													
28. Indexed													
29. Variable with guarantees													
30. Variable without guarantees													
31. Life contingent payout													
32. Other													
33. Total Group Annuities	19,357												
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	11,381,013 (c)								8,693,680			2,976	
													8,696,657

Annual Statement for the Year 2024 of the Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Incurred During Current Year	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)			
		14		15		16	17	18	19	20	21	23		24		27	28
		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	8,739,893	1,256	8,663,126	9	5,793			1,265	8,668,919	228,794	2,021	11,798,210	(1,327)	(7,808,656)	14,967	94,622,204	
3. Term																	
4. Indexed																	
5. Universal																	
6. Universal with secondary guarantees																	
7. Variable																	
8. Variable universal																	
9. Credit																	
10. Other																	
11. Total Individual Life	8,739,893	1,256	8,663,126	9	5,793			1,265	8,668,919	228,794	2,021	11,798,210	(1,327)	(7,808,656)	14,967	94,622,204	
Group Life																	
12. Whole																	
13. Term																	
14. Universal																	
15. Variable																	
16. Variable universal																	
17. Credit																	
18. Other																	
19. Total Group Life																	
Individual Annuities																	
20. Fixed	14,344	3	24,761					3	24,761	—	6	2,410	(6)	4,086	24	135,669	
21. Indexed																	
22. Variable with guarantees																	
23. Variable without guarantees																	
24. Life contingent payout																	
25. Other																	
26. Total Individual Annuities	14,344	3	24,761					3	24,761	—	6	2,410	(6)	4,086	24	135,669	
Group Annuities																	
27. Fixed																	
28. Indexed																	
29. Variable with guarantees																	
30. Variable without guarantees																	
31. Life contingent payout																	
32. Other																	
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																	
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	8,754,237	1,259	8,687,888	9	5,793			1,268	8,693,680	228,794	2,027	11,800,620	(1,333)	(7,804,570)	14,991	94,757,873	

(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 \$

Annual Statement for the Year 2024 of the Cincinnati Equitable Life Insurance Company



DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2024

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													
11. Total Individual Life	7,613,859								5,153,021			14,209	
Group Life													
12. Whole													
13. Term													
14. Universal													
15. Variable													
16. Variable universal													
17. Credit													
18. Other													
19. Total Group Life	7,613,859								5,153,021			14,209	
Individual Annuities													
20. Fixed									3,945				
21. Indexed													
22. Variable with guarantees													
23. Variable without guarantees													
24. Life contingent payout													
25. Other													
26. Total Individual Annuities	5,792								3,945				
Group Annuities													
27. Fixed													
28. Indexed													
29. Variable with guarantees													
30. Variable without guarantees													
31. Life contingent payout													
32. Other													
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	7,619,651 (c)								5,156,966			14,209	
													5,171,175

Annual Statement for the Year 2024 of the Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Incurred During Current Year	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)													
		14		15		16		17		18		19		20		21		23		24		25		26		27		28	
		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	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	5,159,033	846	5,150,208	4	2,813					850	5,153,021	35,997	1,467	8,418,104	(980)	(5,967,624)	10,091	56,679,466											
3. Term																													
4. Indexed																													
5. Universal																													
6. Universal with secondary guarantees																													
7. Variable																													
8. Variable universal																													
9. Credit																													
10. Other																													
11. Total Individual Life	5,159,033	846	5,150,208	4	2,813					850	5,153,021	35,997	1,467	8,418,104	(980)	(5,967,624)	10,091	56,679,466											
Group Life																													
12. Whole																													
13. Term																													
14. Universal																													
15. Variable																													
16. Variable universal																													
17. Credit																													
18. Other																													
19. Total Group Life																													
Individual Annuities																													
20. Fixed	3,945	3	3,945							3	3,945	—	5	2,803	(4)	155	24	66,819											
21. Indexed																													
22. Variable with guarantees																													
23. Variable without guarantees																													
24. Life contingent payout																													
25. Other																													
26. Total Individual Annuities	3,945	3	3,945							3	3,945	—	5	2,803	(4)	155	24	66,819											
Group Annuities																													
27. Fixed																													
28. Indexed																													
29. Variable with guarantees																													
30. Variable without guarantees																													
31. Life contingent payout																													
32. Other																													
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	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	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	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	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	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	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	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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
42. Credit A&H																													
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	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	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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
47. Total	5,162,978	849	5,154,153	4	2,813					853	5,156,966	35,997	1,472	8,420,907	(984)	(5,967,469)	10,115	56,746,285											

(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 \$



8 8 0 6 4 2 0 2 4 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								27,049				27,049
3. Term												
4. Indexed												
5. Universal												
6. Universal with secondary guarantees												
7. Variable												
8. Variable universal												
9. Credit												
10. Other												
11. Total Individual Life	364,343							27,049				27,049
Group Life												
12. Whole												
13. Term												
14. Universal												
15. Variable												
16. Variable universal												
17. Credit												
18. Other												
19. Total Group Life	364,343											
Individual Annuities												
20. Fixed												
21. Indexed												
22. Variable with guarantees												
23. Variable without guarantees												
24. Life contingent payout												
25. Other												
26. Total Individual Annuities	—											
Group Annuities												
27. Fixed												
28. Indexed												
29. Variable with guarantees												
30. Variable without guarantees												
31. Life contingent payout												
32. Other												
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	364,343 (c)								XXX	XXX	XXX	
47. Total	364,343 (c)								27,049			

Annual Statement for the Year 2024 of the Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Incurred During Current Year	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)		
		14		15	16	17	18	19	20	21	23	24	25	26	27	28
		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	27,049	4	27,049	—	—	—	—	4	27,049	—	137	3,710,559	(19)	(480,254)	120	3,430,305
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	27,049	4	27,049	—	—	—	—	4	27,049	—	137	3,710,559	(19)	(480,254)	120	3,430,305
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total Individual Annuities	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
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																
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	27,049	4	27,049	—	—	—	—	4	27,049	—	137	3,710,559	(19)	(480,254)	120	3,430,305

(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 \$

Annual Statement for the Year 2024 of the Cincinnati Equitable Life Insurance Company

A standard linear barcode representing the ISBN 978-0-8041-2802-3. The barcode consists of vertical black lines of varying widths on a white background. Below the barcode, the numbers 8806420244302251000 are printed in a small, black, sans-serif font.

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DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

24.MS

Annual Statement for the Year 2024 of the Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Incurred During Current Year	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)		
		14	15	16	17	18	19	20	21	23	24	25	26	27	28	
		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	301,468	43	272,246	1	1,800			44	274,046	32,000	290	3,406,738	(173)	(3,219,890)	838	5,863,585
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	301,468	43	272,246	1	1,800			44	274,046	32,000	290	3,406,738	(173)	(3,219,890)	838	5,863,585
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed	-	-	-	-				-	-	-	-	-	-	-	-	-
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total Individual Annuities	-	-	-	-				-	-	-	-	-	-	-	-	-
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
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																
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	301,468	43	272,246	1	1,800			44	274,046	32,000	290	3,406,738	(173)	(3,219,890)	838	5,863,585

(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 \$

Annual Statement for the Year 2024 of the Cincinnati Equitable Life Insurance Company



DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2024

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													
11. Total Individual Life	8,759,743								5,350,627			51,601	
Group Life													
12. Whole													
13. Term													
14. Universal													
15. Variable													
16. Variable universal													
17. Credit													
18. Other													
19. Total Group Life	8,759,743								5,350,627			51,601	
Individual Annuities													
20. Fixed			8,129							4,471			
21. Indexed													4,471
22. Variable with guarantees													
23. Variable without guarantees													
24. Life contingent payout													
25. Other													
26. Total Individual Annuities	8,129								4,471				4,471
Group Annuities													
27. Fixed													
28. Indexed													
29. Variable with guarantees													
30. Variable without guarantees													
31. Life contingent payout													
32. Other													
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	8,459								XXX	XXX	XXX	3,185	3,185
47. Total	8,459								5,355,098			51,601	3,185
	8,776,331 (c)												5,409,885

Annual Statement for the Year 2024 of the Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Incurred During Current Year	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)														
		14		15		16		17		18		19		20		21		23		24		25		26		27		28		
		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	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	5,381,769	1,182	5,333,825		14		16,802					1,196		5,350,627		112,000		2,288		11,482,384		(1,327)		(6,852,236)		14,243		66,785,580		
3. Term																														
4. Indexed																														
5. Universal																														
6. Universal with secondary guarantees																														
7. Variable																														
8. Variable universal																														
9. Credit																														
10. Other																														
11. Total Individual Life	5,381,769	1,182	5,333,825		14		16,802					1,196		5,350,627		112,000		2,288		11,482,384		(1,327)		(6,852,236)		14,243		66,785,580		
Group Life																														
12. Whole																														
13. Term																														
14. Universal																														
15. Variable																														
16. Variable universal																														
17. Credit																														
18. Other																														
19. Total Group Life																														
Individual Annuities																														
20. Fixed	4,471	2	4,471																2	4,471	—	4	905	(2)	2,866	6	15,815			
21. Indexed																														
22. Variable with guarantees																														
23. Variable without guarantees																														
24. Life contingent payout																														
25. Other																														
26. Total Individual Annuities	4,471	2	4,471																2	4,471	—	4	905	(2)	2,866	6	15,815			
Group Annuities																														
27. Fixed																														
28. Indexed																														
29. Variable with guarantees																														
30. Variable without guarantees																														
31. Life contingent payout																														
32. Other																														
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	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	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	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	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	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	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	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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
42. Credit A&H																														
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	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	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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
47. Total	5,386,240	1,184	5,338,296		14		16,802											1,198	5,355,098	112,000	2,292	11,483,289		(1,329)		(6,849,370)		14,255		66,801,395

(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 \$

Annual Statement for the Year 2024 of the Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Company Code: 88064

NAIC Group Code: 0067

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												46	
2. Whole		—											46
3. Term													
4. Indexed													
5. Universal													
6. Universal with secondary guarantees													
7. Variable													
8. Variable universal													
9. Credit													
10. Other													
11. Total Individual Life		—										46	
Group Life													
12. Whole													
13. Term													
14. Universal													
15. Variable													
16. Variable universal													
17. Credit													
18. Other													
19. Total Group Life													
Individual Annuities													
20. Fixed													
21. Indexed													
22. Variable with guarantees													
23. Variable without guarantees													
24. Life contingent payout													
25. Other													
26. Total Individual Annuities													
Group Annuities													
27. Fixed													
28. Indexed													
29. Variable with guarantees													
30. Variable without guarantees													
31. Life contingent payout													
32. Other													
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)										46	46

Annual Statement for the Year 2024 of the Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Incurred During Current Year	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)		
		14		15	16	17	18	19	20	21	23	24	25	26	27	28
		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																
11. Total Individual Life											113	1,035,500	(36)	(323,500)	77	712,000
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed																
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total Individual Annuities																
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
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		
35. Comprehensive group (d)	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		
37. Vision only (d)	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		
39. Federal Employees Health Benefits Plan (d)	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		
41. Title XIX Medicaid (d)	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		
43. Disability income (d)	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		
45. Other health (d)	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		
47. Total																
											113	1,035,500	(36)	(323,500)	77	712,000

(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 \$

Annual Statement for the Year 2024 of the Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2024

LIFE INSURANCE (STATE PAGE)^(b)

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

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													
11. Total Individual Life	270,119								305,688				305,688
Group Life													
12. Whole													
13. Term													
14. Universal													
15. Variable													
16. Variable universal													
17. Credit													
18. Other													
19. Total Group Life	270,119								305,688				305,688
Individual Annuities													
20. Fixed													
21. Indexed													
22. Variable with guarantees													
23. Variable without guarantees													
24. Life contingent payout													
25. Other													
26. Total Individual Annuities													
Group Annuities													
27. Fixed													
28. Indexed													
29. Variable with guarantees													
30. Variable without guarantees													
31. Life contingent payout													
32. Other													
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	270,119 (c)								305,688				305,688

Annual Statement for the Year 2024 of the Cincinnati Equitable Life Insurance Company

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2024
LIFE INSURANCE (STATE PAGE) (CONTINUED)^(b)

Line of Business	Incurred During Current Year	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)											
		14		15		16		17		18		19		20		21		23		24		25		26		27	
		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	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	330,504	39	305,688		—		—					39	305,688		38,647		170		2,185,292		(195)		(3,143,782)		456		3,295,407
3. Term																											
4. Indexed																											
5. Universal																											
6. Universal with secondary guarantees																											
7. Variable																											
8. Variable universal																											
9. Credit																											
10. Other																											
11. Total Individual Life	330,504	39	305,688		—		—					39	305,688		38,647		170		2,185,292		(195)		(3,143,782)		456		3,295,407
Group Life																											
12. Whole																											
13. Term																											
14. Universal																											
15. Variable																											
16. Variable universal																											
17. Credit																											
18. Other																											
19. Total Group Life																											
Individual Annuities																											
20. Fixed	—	—	—	—	—										—	—	—	—	—	—	—	—	—	—	—	—	—
21. Indexed																											
22. Variable with guarantees																											
23. Variable without guarantees																											
24. Life contingent payout																											
25. Other																											
26. Total Individual Annuities	—	—	—	—	—										—	—	—	—	—	—	—	—	—	—	—	—	
Group Annuities																											
27. Fixed																											
28. Indexed																											
29. Variable with guarantees																											
30. Variable without guarantees																											
31. Life contingent payout																											
32. Other																											
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	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	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	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	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	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	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	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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42. Credit A&H																											
43. Disability income (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	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	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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47. Total	330,504	39	305,688		—		—					39	305,688		38,647		170		2,185,292		(195)		(3,143,782)		456		3,295,407

(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 \$



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

LIFE INSURANCE (STATE PAGE)^(b)

NAIC Group Code: 0067

NAIC Company Code: 88064

24.GT

Annual Statement for the Year 2024 of the Cincinnati Equitable Life Insurance Company

GRAND TOTAL DURING THE YEAR 2024

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

Line of Business	Incurred During Current Year	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)		
		14		15	16	17	18	19	20	21	23	24	25	26	27	28
		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	26,219,055	4,363	26,020,881	40	35,455			4,403	26,056,335	576,898	8,301	53,119,705	(5,191)	(34,057,101)	52,858	305,031,853
3. Term																
4. Indexed																
5. Universal																
6. Universal with secondary guarantees																
7. Variable																
8. Variable universal																
9. Credit																
10. Other																
11. Total Individual Life	26,219,055	4,363	26,020,881	40	35,455			4,403	26,056,335	576,898	8,301	53,119,705	(5,191)	(34,057,101)	52,858	305,031,853
Group Life																
12. Whole																
13. Term																
14. Universal																
15. Variable																
16. Variable universal																
17. Credit																
18. Other																
19. Total Group Life																
Individual Annuities																
20. Fixed	110,286	22	136,746					22	136,746	—	16	7,526	(24)	(57,540)	143	936,009
21. Indexed																
22. Variable with guarantees																
23. Variable without guarantees																
24. Life contingent payout																
25. Other																
26. Total Individual Annuities	110,286	22	136,746					22	136,746	—	16	7,526	(24)	(57,540)	143	936,009
Group Annuities																
27. Fixed																
28. Indexed																
29. Variable with guarantees																
30. Variable without guarantees																
31. Life contingent payout																
32. Other																
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		
35. Comprehensive group (d)	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		
37. Vision only (d)	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		
39. Federal Employees Health Benefits Plan (d)	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		
41. Title XIX Medicaid (d)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
42. Credit A&H																
43. Disability income (d)	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		
45. Other health (d)	XXX	XXX	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	XXX	XXX	6	
47. Total	26,329,341	4,385	26,157,627	40	35,455			4,425	26,193,081	576,898	8,317	53,127,231	(5,215)	(34,114,641)	53,007	305,967,862

(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 \$

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

		1 Amount
1. Reserve as of December 31, prior year.....		69,602
2. Current year's realized pre-tax capital gains/(losses) of \$.....(12,207) transferred into the reserve net of taxes of \$.....2,563.....		(9,644)
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).....		59,958
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....		40,485
6. Reserve as of December 31, current year (Line 4 minus Line 5).....		19,474

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. 2024.....	39,136	1,349		40,485
2. 2025.....	15,317	3,997		19,314
3. 2026.....	(4,895)	3,945		(950)
4. 2027.....	(14,212)	2,281		(11,931)
5. 2028.....	(13,378)	529		(12,849)
6. 2029.....	(14,003)	(1,355)		(15,358)
7. 2030.....	(15,280)	(2,424)		(17,704)
8. 2031.....	(16,149)	(2,563)		(18,713)
9. 2032.....	(17,704)	(2,706)		(20,409)
10. 2033.....	(15,491)	(2,916)		(18,407)
11. 2034.....	(10,641)	(3,089)		(13,730)
12. 2035.....	(4,853)	(2,871)		(7,724)
13. 2036.....	1,589	(2,258)		(669)
14. 2037.....	7,444	(1,569)		5,874
15. 2038.....	11,608	(883)		10,726
16. 2039.....	13,243	(126)		13,117
17. 2040.....	15,205	252		15,457
18. 2041.....	17,381	214		17,595
19. 2042.....	18,805	173		18,978
20. 2043.....	18,502	131		18,632
21. 2044.....	15,227	85		15,312
22. 2045.....	11,017	55		11,072
23. 2046.....	6,911	44		6,955
24. 2047.....	3,140	33		3,172
25. 2048.....	871	20		891
26. 2049.....	408	7		415
27. 2050.....	266	-		266
28. 2051.....	115	-		115
29. 2052.....	26	-		26
30. 2053.....				-
31. 2054 and Later.....				-
32. Total (Lines 1 to 31).....	69,602	(9,644)		59,958

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.	1,530,792	112,681	1,643,473	—	55,171	55,171	1,698,644
2. Realized capital gains/(losses) net of taxes-General Account	3,792		3,792				3,792
3. Realized capital gains/(losses) net of taxes-Separate Accounts	1,431		1,431				1,431
4. Unrealized capital gains/(losses) net of deferred taxes-General Account							
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	366,584	34,093	400,677	—	4,116	4,116	404,792
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	1,902,598	146,774	2,049,372	—	59,287	59,287	2,108,659
9. Maximum reserve	1,840,400	156,764	1,997,164	—	134,164	134,164	2,131,328
10. Reserve objective	1,048,003	120,731	1,168,734	—	130,270	130,270	1,299,004
11. 20% of (Line 10 - Line 8)	(170,919)	(5,209)	(176,128)	—	14,197	14,197	(161,931)
12. Balance before transfers (Lines 8 + 11)	1,731,679	141,565	1,873,244	—	73,484	73,484	1,946,728
13. Transfers							
14. Voluntary contribution							
15. Adjustment down to maximum/up to zero							
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	1,731,679	141,565	1,873,244	—	73,484	73,484	1,946,728

ASSET VALUATION RESERVE
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)
LONG-TERM BONDS												
1		Exempt Obligations	638,735	XXX	XXX	638,735	—	—	—	—	—	
2.1	1	NAIC Designation Category 1.A	15,001,724	XXX	XXX	15,001,724	0.0002	3,000	0.0007	10,501	0.0013	
2.2	1	NAIC Designation Category 1.B	6,724,967	XXX	XXX	6,724,967	0.0004	2,690	0.0011	7,397	0.0023	
2.3	1	NAIC Designation Category 1.C	24,762,883	XXX	XXX	24,762,883	0.0006	14,858	0.0018	44,573	0.0035	
2.4	1	NAIC Designation Category 1.D	13,410,402	XXX	XXX	13,410,402	0.0007	9,387	0.0022	29,503	0.0044	
2.5	1	NAIC Designation Category 1.E	22,646,033	XXX	XXX	22,646,033	0.0009	20,381	0.0027	61,144	0.0055	
2.6	1	NAIC Designation Category 1.F	27,035,096	XXX	XXX	27,035,096	0.0011	29,739	0.0034	91,919	0.0068	
2.7	1	NAIC Designation Category 1.G	27,507,179	XXX	XXX	27,507,179	0.0014	38,510	0.0042	115,530	0.0085	
2.8		Subtotal NAIC 1 (2.1 + 2.2 + 2.3 + 2.4 + 2.5 + 2.6 + 2.7)	137,088,284	XXX	XXX	137,088,284	XXX	118,565	XXX	360,569	XXX	
3.1	2	NAIC Designation Category 2.A	20,034,318	XXX	XXX	20,034,318	0.0021	42,072	0.0063	126,216	0.0105	
3.2	2	NAIC Designation Category 2.B	26,598,851	XXX	XXX	26,598,851	0.0025	66,497	0.0076	202,151	0.0127	
3.3	2	NAIC Designation Category 2.C	15,742,977	XXX	XXX	15,742,977	0.0036	56,675	0.0108	170,024	0.0180	
3.4	2	Subtotal NAIC 2 (3.1 + 3.2 + 3.3)	62,376,146	XXX	XXX	62,376,146	XXX	165,244	XXX	498,392	XXX	
4.1	3	NAIC Designation Category 3.A	2,352,098	XXX	XXX	2,352,098	0.0069	16,229	0.0183	43,043	0.0262	
4.2	3	NAIC Designation Category 3.B	593,337	XXX	XXX	593,337	0.0099	5,874	0.0264	15,664	0.0377	
4.3	3	NAIC Designation Category 3.C	1,242,243	XXX	XXX	1,242,243	0.0131	16,273	0.0350	43,479	0.0500	
4.4		Subtotal NAIC 3 (4.1 + 4.2 + 4.3)	4,187,678	XXX	XXX	4,187,678	XXX	38,377	XXX	102,186	XXX	
5.1	4	NAIC Designation Category 4.A	487,869	XXX	XXX	487,869	0.0184	8,977	0.0430	20,978	0.0615	
5.2	4	NAIC Designation Category 4.B	30,088	XXX	XXX	30,088	0.0238	716	0.0555	1,670	0.0793	
5.3	4	NAIC Designation Category 4.C	—	XXX	XXX	—	0.0310	—	0.0724	—	0.1034	
5.4		Subtotal NAIC 4 (5.1 + 5.2 + 5.3)	517,957	XXX	XXX	517,957	XXX	9,693	XXX	22,648	XXX	
6.1	5	NAIC Designation Category 5.A	—	XXX	XXX	—	0.0472	—	0.0846	—	0.1410	
6.2	5	NAIC Designation Category 5.B	499,922	XXX	XXX	499,922	0.0663	33,145	0.1188	59,391	0.1980	
6.3	5	NAIC Designation Category 5.C	—	XXX	XXX	—	0.0836	—	0.1498	—	0.2496	
6.4		Subtotal NAIC 5 (6.1 + 6.2 + 6.3)	499,922	XXX	XXX	499,922	XXX	33,145	XXX	59,391	XXX	
7	6	NAIC 6	—	XXX	XXX	—	0.0000	—	0.2370	—	0.2370	
8		Total Unrated Multi-Class Securities Acquired by Conversion	—	XXX	XXX	—	XXX	—	XXX	—	XXX	
9		Total Long-Term Bonds (Sum of Lines 1+2.8+3.4+4.4+5.4+6.4+7+8)	205,308,722	XXX	XXX	205,308,722	XXX	365,024	XXX	1,043,185	XXX	
PREFERRED STOCKS												
10	1	Highest Quality	850,000	XXX	XXX	850,000	0.0005	425	0.0016	1,360	0.0033	
11	2	High Quality	540,274	XXX	XXX	540,274	0.0021	1,135	0.0064	3,458	0.0106	
12	3	Medium Quality	—	XXX	XXX	—	0.0099	—	0.0263	—	0.0376	
13	4	Low Quality	—	XXX	XXX	—	0.0245	—	0.0572	—	0.0817	
14	5	Lower Quality	—	XXX	XXX	—	0.0630	—	0.1128	—	0.1880	
15	6	In or Near Default	—	XXX	XXX	—	0.0000	—	0.2370	—	0.2370	
16		Affiliated Life with AVR	—	XXX	XXX	—	0.0000	—	0.0000	—	0.0000	
17		Total Preferred Stocks (Sum of Lines 10 through 16)	1,390,274	XXX	XXX	1,390,274	XXX	1,560	XXX	4,818	XXX	

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)
SHORT-TERM BONDS												
18		Exempt Obligations		XXX	XXX		—	—	—	—	—	
19.1	1	NAIC Designation Category 1.A		XXX	XXX		0.0002	0.0007	0.0011	0.0013	0.0013	
19.2	1	NAIC Designation Category 1.B		XXX	XXX		0.0004	0.0011	0.0018	0.0023	0.0023	
19.3	1	NAIC Designation Category 1.C		XXX	XXX		0.0006	0.0018	0.0022	0.0035	0.0035	
19.4	1	NAIC Designation Category 1.D		XXX	XXX		0.0007	0.0022	0.0027	0.0044	0.0044	
19.5	1	NAIC Designation Category 1.E		XXX	XXX		0.0009	0.0027	0.0034	0.0068	0.0055	
19.6	1	NAIC Designation Category 1.F		XXX	XXX		0.0011	0.0042	0.0042	0.0085	0.0085	
19.7	1	NAIC Designation Category 1.G		XXX	XXX		0.0014	—	—	—	—	
19.8		Subtotal NAIC 1 (19.1 + 19.2 + 19.3 + 19.4 + 19.5 + 19.6 + 19.7)		XXX	XXX		XXX	XXX	XXX	XXX	XXX	
20.1	2	NAIC Designation Category 2.A			XXX		0.0021	0.0063	0.0105	0.0105	0.0105	
20.2	2	NAIC Designation Category 2.B			XXX		0.0025	0.0076	0.0127	0.0127	0.0127	
20.3	2	NAIC Designation Category 2.C			XXX		0.0036	0.0108	0.0180	0.0180	0.0180	
20.4		Subtotal NAIC 2 (20.1 + 20.2 + 20.3)			XXX		XXX	XXX	XXX	XXX	XXX	
21.1	3	NAIC Designation Category 3.A			XXX		0.0069	0.0183	0.0262	0.0262	0.0262	
21.2	3	NAIC Designation Category 3.B			XXX		0.0099	0.0264	0.0377	0.0377	0.0377	
21.3	3	NAIC Designation Category 3.C			XXX		0.0131	0.0350	0.0500	0.0500	0.0500	
21.4		Subtotal NAIC 3 (21.1 + 21.2 + 21.3)			XXX		XXX	XXX	XXX	XXX	XXX	
22.1	4	NAIC Designation Category 4.A			XXX		0.0184	0.0430	0.0615	0.0615	0.0615	
22.2	4	NAIC Designation Category 4.B			XXX		0.0238	0.0555	0.0793	0.0793	0.0793	
22.3	4	NAIC Designation Category 4.C			XXX		0.0310	0.0724	0.1034	0.1034	0.1034	
22.4		Subtotal NAIC 4 (22.1 + 22.2 + 22.3)			XXX		XXX	XXX	XXX	XXX	XXX	
23.1	5	NAIC Designation Category 5.A			XXX		0.0472	0.0846	0.1410	0.1410	0.1410	
23.2	5	NAIC Designation Category 5.B			XXX		0.0663	0.1188	0.1980	0.1980	0.1980	
23.3	5	NAIC Designation Category 5.C			XXX		0.0836	0.1498	0.2496	0.2496	0.2496	
23.4		Subtotal NAIC 5 (23.1 + 23.2 + 23.3)			XXX		XXX	XXX	XXX	XXX	XXX	
24	6	NAIC 6			XXX		—	0.2370	0.2370	0.2370	0.2370	
25		Total Short-Term Bonds (18 + 19.8 + 20.4 + 21.4 + 22.4 + 23.4 + 24)			XXX		XXX	XXX	XXX	XXX	XXX	
DERIVATIVE INSTRUMENTS												
26		Exchange Traded		XXX	XXX		0.0005	0.0016	0.0033	0.0033	0.0033	
27	1	Highest Quality		XXX	XXX		0.0005	0.0016	0.0033	0.0033	0.0033	
28	2	High Quality		XXX	XXX		0.0021	0.0064	0.0106	0.0106	0.0106	
29	3	Medium Quality		XXX	XXX		0.0099	0.0263	0.0376	0.0376	0.0376	
30	4	Low Quality		XXX	XXX		0.0245	0.0572	0.0817	0.0817	0.0817	
31	5	Lower Quality		XXX	XXX		0.0630	0.1128	0.1880	0.1880	0.1880	
32	6	In or Near Default		XXX	XXX		—	0.2370	0.2370	0.2370	0.2370	
33		Total Derivative Instruments			XXX		XXX	XXX	XXX	XXX	XXX	
34		Total (Lines 9+ 17 + 25 + 33)		206,698,996	XXX		206,698,996	366,584	1,048,003	XXX	1,840,400	

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	9,014,573		XXX	9,014,573		0.0011	9,916	51,383		66,708
45		Commercial Mortgages – All Other – CM2 – High Quality	3,761,747		XXX	3,761,747		0.0040	15,047	0.0114	42,884	0.0149
46		Commercial Mortgages – All Other – CM3 – Medium Quality	1,323,197		XXX	1,323,197		0.0069	9,130	0.0200	26,464	0.0257
47		Commercial Mortgages – All Other – CM4 – Low Medium Quality			XXX			0.0120		0.0343		0.0428
		Commercial Mortgages – All Other – CM5 – Low Quality			XXX			0.0183		0.0486		0.0628
48		Overdue, Not in Process:			XXX			0.0480		0.0868		0.1371
49		Farm Mortgages			XXX			0.0006		0.0014		0.0023
50		Residential Mortgages – Insured or Guaranteed			XXX			0.0029		0.0066		0.0103
51		Residential Mortgages – All Other			XXX			0.0006		0.0014		0.0023
52		Commercial Mortgages - Insured or Guaranteed			XXX			0.0480		0.0868		0.1371
53		In Process of Foreclosure:			XXX			–		0.1942		0.1942
54		Farm Mortgages			XXX			–		0.0046		0.0046
55		Residential Mortgages - Insured or Guaranteed			XXX			–		0.0149		0.0149
56		Residential Mortgages - All Other			XXX			–		0.0046		0.0046
57		Commercial Mortgages - Insured or Guaranteed			XXX			–		0.1942		0.1942
58		Commercial Mortgages - All Other			XXX			–		0.1942		0.1942
59		Total Schedule B Mortgages (Sum of Lines 35 through 57)	14,099,517		XXX	14,099,517	XXX	34,093	XXX	120,731	XXX	156,764
60		Schedule DA Mortgages			XXX			0.0034		0.0114		0.0149
		Total Mortgage Loans on Real Estate (Lines 58 + 59)	14,099,517		XXX	14,099,517	XXX	34,093	XXX	120,731	XXX	156,764

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	231,405	XXX	XXX	231,405	0.0005	116	0.0016	370	0.0033	764
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)	231,405	XXX	XXX	231,405	XXX	116	XXX	370	XXX	764
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					—	—	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	118,500	0.1580	
97		Other Invested Assets - Schedule BA	750,000	XXX		750,000	—	—	0.1580	118,500	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)	750,000	XXX		750,000	XXX	—	XXX	118,500	XXX	
Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80, 93 and 98)			1,981,405	XXX	XXX	1,981,405	XXX	4,116	XXX	130,270	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 RSAT Number	2 Type	3 CUSIP	4 Description of Asset(s)	5 NAIC Designation or Other Description of Asset	6 Value of Asset	7 AVR Basic Contribution	8 AVR Reserve Objective	9 AVR Maximum Reserve
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.....	8,459	XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Premiums earned.....	8,459	XXX		XXX		XXX		XXX		XXX		XXX		XXX
3. Incurred claims.....	3,003	35.5												
4. Cost containment expenses.....														
5. Incurred claims and cost containment expenses (Lines 3 and 4).....	3,003	35.5												
6. Increase in contract reserves.....	(441)	(5.2)												
7. Commissions (a).....	1,164	13.8												
8. Other general insurance expenses.....	715	8.4												
9. Taxes, licenses and fees.....	26	0.3												
10. Total other expenses incurred.....	1,905	22.5												
11. Aggregate write-ins for deductions.....														
12. Gain from underwriting before dividends or refunds.....	3,992	47.2												
13. Dividends or refunds.....														
14. Gain from underwriting after dividends or refunds.....	3,992	47.2												
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).....														

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	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	
2. Premiums earned.....			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)	882												882
2. Reserve for future contingent benefits													
3. Total contract reserves, current year	882												882
4. Total contract reserves, prior year	1,323												1,323
5. Increase in contract reserves	(441)												(441)
C. Claim Reserves and Liabilities:													
1. Total current year	3,487												3,487
2. Total prior year	3,669												3,669
3. Increase	(182)												(182)

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	615												615
1.2. On claims incurred during current year		2,570											2,570
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		3,487											3,487
3. Test:													
3.1. Lines 1.1 and 2.1	615												615
3.2. Claim reserves and liabilities, December 31, prior year	3,669												3,669
3.3. Line 3.1 minus Line 3.2	(3,054)												(3,054)

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	11	12	13 Total
A. Direct:													
1. Incurred Claims													3,003
2. Beginning Claim Reserves and Liabilities													3,669
3. Ending Claim Reserves and Liabilities													3,487
4. Claims Paid													3,185
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													3,003
2. Beginning Claim Reserves and Liabilities													3,669
3. Ending Claim Reserves and Liabilities													3,487
4. Claims Paid													3,185
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred Claims and Cost Containment Expenses													3,003
2. Beginning Reserves and Liabilities													4,223
3. Ending Reserves and Liabilities													3,487
4. Paid Claims and Cost Containment Expenses													3,739

(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 .....	.....	..... 40,500
0899999 - Life and Annuity, Non-Affiliates, U.S. Non-Affiliates.....						..... 40,500
1099999 - Life and Annuity, Total Non-Affiliates.....						..... 40,500
1199999 - Total Life and Annuity.....						..... 40,500
2399999 - Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....						..... 40,500
9999999 - Total (Sum of 1199999 and 2299999) .....						..... 40,500

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	11/16/2020	FARM BUREAU LIFE INSURANCE COMPANY OF MI	MI	CO/I	OL	2,885,000	6,252	3,196	8,509				
63096	38-6056370	11/16/2020	FARM BUREAU LIFE INSURANCE COMPANY OF MI	MI	OTH/I	ADB				130				
0299999 - General Account, Authorized, Affiliates, U.S., Other								2,885,000	6,252	3,196	8,639			
0399999 - General Account, Authorized, Affiliates, U.S., Total								2,885,000	6,252	3,196	8,639			
0799999 - General Account, Authorized, Total Authorized Affiliates								2,885,000	6,252	3,196	8,639			
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							
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	6,404,828	106,819	21,200	416,996				
0899999 - General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates								6,419,828	106,819	21,200	416,996			
1099999 - General Account, Authorized, Total Authorized Non-Affiliates								6,419,828	106,819	21,200	416,996			
1199999 - Total General Account Authorized								9,304,828	113,071	24,396	425,635			
4599999 - Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified								9,304,828	113,071	24,396	425,635			
9199999 - Total U.S.								9,304,828	113,071	24,396	425,635			
9999999 - Total (Sum of 4599999 and 9099999)								9,304,828	113,071	24,396	425,635			

(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 2024	2 2023	3 2022	4 2021	5 2020
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	426	278	3	1	1
2. Commissions and reinsurance expense allowances	457	172			
3. Contract claims	45	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	89	24			
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	250	168			
9. Aggregate reserves for life and accident and health contracts	113	24	1		
10. Liability for deposit-type contracts					
11. Contract claims unpaid	41				
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).....	226,836,777		226,836,777
2. Reinsurance (Line 16).....	44,142	(44,142)	—
3. Premiums and considerations (Line 15).....	1,453,440	123,687	1,577,127
4. Net credit for ceded reinsurance.....	XXX	33,526	33,526
5. All other admitted assets (balance).....	5,715,416		5,715,416
6. Total assets excluding Separate Accounts (Line 26).....	234,049,775	113,071	234,162,846
7. Separate Account assets (Line 27).....			
8. Total assets (Line 28).....	234,049,775	113,071	234,162,846
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	216,279,071	113,071	216,392,142
10. Liability for deposit-type contracts (Line 3).....	186,066		186,066
11. Claim reserves (Line 4).....	539,885		539,885
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7).....	1,002		1,002
13. Premium & annuity considerations received in advance (Line 8).....	602,820		602,820
14. Other contract liabilities (Line 9).....	19,474		19,474
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).....	3,085,264		3,085,264
20. Total liabilities excluding Separate Accounts (Line 26).....	220,713,582	113,071	220,826,653
21. Separate Account liabilities (Line 27).....			
22. Total liabilities (Line 28).....	220,713,582	113,071	220,826,653
23. Capital & surplus (Line 38).....	13,336,194	XXX	13,336,194
24. Total liabilities, capital & surplus (Line 39).....	234,049,775	113,071	234,162,846
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	113,071	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.....	44,142	XXX	XXX
32. Other ceded reinsurance recoverables.....		XXX	XXX
33. Total ceded reinsurance recoverables.....	157,213	XXX	XXX
34. Premiums and considerations.....	123,687	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.....	123,687	XXX	XXX
41. Total net credit for ceded reinsurance.....	33,526	XXX	XXX

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

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 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	10,174,549	8,288			10,182,837
12. Hawaii.....	HI					
13. Idaho.....	ID					
14. Illinois.....	IL					
15. Indiana.....	IN	11,361,656	19,357			11,381,013
16. Iowa.....	IA					
17. Kansas.....	KS					
18. Kentucky.....	KY	7,613,859	5,792			7,619,651
19. Louisiana.....	LA					
20. Maine.....	ME					
21. Maryland.....	MD					
22. Massachusetts.....	MA					
23. Michigan.....	MI	364,343	–			364,343
24. Minnesota.....	MN					
25. Mississippi.....	MS	576,808	–			576,808
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	8,759,743	8,129			8,767,872
37. Oklahoma.....	OK					
38. Oregon.....	OR					
39. Pennsylvania.....	PA					
40. Rhode Island.....	RI					
41. South Carolina.....	SC					
42. South Dakota.....	SD					
43. Tennessee.....	TN	270,119				270,119
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.....		39,121,077	41,566			39,162,643

Annual Statement for the Year 2024 of the Cincinnati Equitable Life Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership, Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Yes/No)	16 *
53	0067 Michigan Farm Bureau Group	21555	38-1718391			Michigan Farm Bureau	Michigan Farm Bureau	MI	UIP	Ultimate Controlling Company	Board of Directors			NO	
	0067 Michigan Farm Bureau Group	63096	38-1316179			Farm Bureau Mutual Insurance Company of Michigan	Farm Bureau Mutual Insurance Company of Michigan	MI	IA	Michigan Farm Bureau	Other		Michigan Farm Bureau	NO	1
	0067 Michigan Farm Bureau Group	21547	38-6056370			Farm Bureau Life Insurance Company of Michigan	Farm Bureau Life Insurance Company of Michigan	MI	IA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
	0067 Michigan Farm Bureau Group	38-6056228			Farm Bureau General Insurance Company of Michigan	Farm Bureau General Insurance Company of Michigan	MI	IA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO		
			38-2961817			Michigan Farm Bureau Financial Corporation	Michigan Farm Bureau Financial Corporation	MI	UDP	Michigan Farm Bureau	Ownership	100.000	Michigan Farm Bureau	NO	
			27-5177082			FBL Real Estate Holdings, LLC	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.	MFB, Inc.	MI	NIA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
			86-1744708			Gravity Works Design, LLC	Gravity Works Design, LLC	MI	NIA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
			38-1883116			Community Service Acceptance Company	Community Service Acceptance Company	MI	NIA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
	0067 Michigan Farm Bureau Group	74799	73-1333608			Leaders Life Insurance Company	Leaders Life Insurance Company	OK	IA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
	0067 Michigan Farm Bureau Group	16721	31-1154154			Cincinnati Equitable Companies, Inc.	Cincinnati Equitable Companies, Inc.	OH	NIA	Michigan Farm Bureau Financial Corporation	Ownership	100.000	Michigan Farm Bureau	NO	
	0067 Michigan Farm Bureau Group	31-0239840			Cincinnati Equitable Insurance Company	Cincinnati Equitable Insurance Company	OH	IA	Michigan Farm Bureau Financial Corporation	Ownership	90.100	Michigan Farm Bureau	NO		

Asterisk	Explanation
1	Michigan Farm Bureau holds sufficient policyholder proxies to constitute control

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 * Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	11 Totals	12 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
21555	38-1316179	Farm Bureau Mutual Insurance Company of Michigan						(36,104,913)		(36,104,913)	(461,518,589)
63096	38-6056370	Farm Bureau Life Insurance Company of Michigan		1,500,000						1,500,000	(3,753,172)
21547	38-60556228	Farm Bureau General Insurance Company of Michigan						36,103,137		36,103,137	581,947,182
	38-2961817	Michigan Farm Bureau Financial Corporation	14,892,935	(1,500,000)						13,392,935	
	38-1883116	Community Service Acceptance Company	(1,500,000)							(1,500,000)	
74799	73-1333608	Leaders Life Insurance Company									3,748,964
88064	35-1452221	Cincinnati Equitable Life Insurance Company		4,142						4,142	4,208
88064	31-1154154	Cincinnati Equitable Companies, Inc.	(13,392,935)	(4,142)				1,776		(13,395,301)	
9999999 - Control Totals			-	-	-			-	XXX	-	120,428,593

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.....	90.100 %	NO	Michigan Farm Bureau.....	Michigan Farm Bureau Group.....	90.100 %	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.

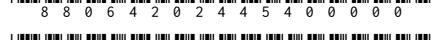
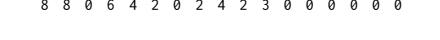
		Response
March Filing		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
April Filing		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit – Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
June Filing		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
SUPPLEMENTAL FILINGS		
<p>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.</p>		
March Filing		
10.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies)	NO
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
14.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
15.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)	NO
29.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
30.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
31.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
32.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
33.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
34.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	NO
35.	Will the Health Supplement be filed with the state of domicile and the NAIC by March 1?	YES
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?	YES
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?	YES
38.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
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

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

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

SUPPLEMENTAL EXHIBIT AND SCHEDULE INTERROGATORIES

	<u>Explanation</u>	<u>Barcode</u>
44.	N/A	 8 8 0 6 4 2 0 2 4 2 8 6 0 0 0 0 0
45.	N/A	 8 8 0 6 4 2 0 2 4 4 5 7 0 0 0 0 0
46.	N/A	 8 8 0 6 4 2 0 2 4 4 5 8 0 0 0 0 0
47.	N/A	 8 8 0 6 4 2 0 2 4 4 5 9 0 0 0 0 0
48.		

OVERFLOW PAGE FOR WRITE-INS

	ASSETS			
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 from overflow page.....				
2504. Prepaid Expenses.....	16,550	16,550		—
2597. Summary of remaining write-ins for Line 25 from overflow page.....	16,550	16,550		—

OVERFLOW PAGE FOR WRITE-INS

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2024
 (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 2021				Policies Issued in 2022, 2023, 2024			
										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	8,459	2,563	30.295	6				
0199999 - TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										8,459	2,563	30.295	6				
0299999 - TOTAL EXPERIENCE ON GROUP POLICIES																	

GENERAL INTERROGATORIES

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

**SCHEDULE O SUPPLEMENT**

For The Year Ended December 31, 2024
(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 2020	2 2021	3 2022	4 2023	5 2024 (a)
1. Prior.....					
2. 2020.....					
3. 2021.....	XXX				
4. 2022.....	XXX	XXX			
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	XXX	XXX	XXX	XXX	

SECTION B – OTHER ACCIDENT AND HEALTH

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2020	2 2021	3 2022	4 2023	5 2024 (a)
1. Prior.....	43				
2. 2020.....	5	1			
3. 2021.....	XXX	6			
4. 2022.....	XXX	XXX	1		
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	XXX	XXX	XXX	XXX	

SECTION C – CREDIT ACCIDENT AND HEALTH

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2020	2 2021	3 2022	4 2023	5 2024 (a)
1. Prior.....					
2. 2020.....					
3. 2021.....	XXX				
4. 2022.....	XXX	XXX			
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	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 2020	2 2021	3 2022	4 2023	5 2024 (a)
1. Prior.....					
2. 2020.....					
3. 2021.....	XXX				
4. 2022.....	XXX	XXX			
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	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 2020	2 2021	3 2022	4 2023	5 2024 (a)
1. Prior.....					
2. 2020.....					
3. 2021.....	XXX				
4. 2022.....	XXX	XXX			
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	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 2020	2 2021	3 2022	4 2023	5 2024 (a)
1. Prior.....					
2. 2020.....					
3. 2021.....	XXX				
4. 2022.....	XXX	XXX			
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	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 2020	2 2021	3 2022	4 2023	5 2024 (a)
1. Prior.....					
2. 2020.....					
3. 2021.....	XXX				
4. 2022.....	XXX	XXX			
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior.....					
2. 2020.....					
3. 2021.....	XXX				
4. 2022.....	XXX	XXX			
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	XXX	XXX	XXX	XXX	

SECTION B – OTHER ACCIDENT AND HEALTH

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior.....					
2. 2020.....					
3. 2021.....	XXX				
4. 2022.....	XXX	XXX			
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	XXX	XXX	XXX	XXX	

SECTION C – CREDIT ACCIDENT AND HEALTH

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2020	2 2021	3 2022	4 2023	5 2024
1. Prior.....					
2. 2020.....					
3. 2021.....	XXX				
4. 2022.....	XXX	XXX			
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior.....					
2. 2020.....					
3. 2021.....	XXX				
4. 2022.....	XXX	XXX			
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior.....					
2. 2020.....					
3. 2021.....	XXX				
4. 2022.....	XXX	XXX			
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior.....					
2. 2020.....					
3. 2021.....	XXX				
4. 2022.....	XXX	XXX			
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	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 2020	2 2021	3 2022	4 2023	5 2024
1. Prior.....					
2. 2020.....					
3. 2021.....	XXX				
4. 2022.....	XXX	XXX			
5. 2023.....	XXX	XXX	XXX		
6. 2024.....	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 2020	2 2021	3 2022	4 2023	5 2024
1. 2020.....				XXX.....	XXX.....
2. 2021.....	XXX.....				XXX.....
3. 2022.....	XXX.....				
4. 2023.....	XXX.....	XXX.....		XXX.....	
5. 2024.....	XXX.....	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 2020	2 2021	3 2022	4 2023	5 2024
1. 2020.....	5.....	1.....		XXX.....	XXX.....
2. 2021.....	XXX.....	11.....			XXX.....
3. 2022.....	XXX.....	XXX.....	1.....		
4. 2023.....	XXX.....	XXX.....	XXX.....		
5. 2024.....	XXX.....	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 2020	2 2021	3 2022	4 2023	5 2024
1. 2020.....				XXX.....	XXX.....
2. 2021.....	XXX.....				XXX.....
3. 2022.....	XXX.....				
4. 2023.....	XXX.....	XXX.....		XXX.....	
5. 2024.....	XXX.....	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 2020	2 2021	3 2022	4 2023	5 2024
1. 2020.....				XXX	XXX
2. 2021.....	XXX				XXX
3. 2022.....	XXX	XXX			
4. 2023.....	XXX	XXX	XXX		
5. 2024.....	XXX	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 2020	2 2021	3 2022	4 2023	5 2024
1. 2020.....	XXX			XXX	XXX
2. 2021.....	XXX				XXX
3. 2022.....	XXX	XXX			
4. 2023.....	XXX	XXX	XXX		
5. 2024.....	XXX	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 2020	2 2021	3 2022	4 2023	5 2024
1. 2020.....				XXX	XXX
2. 2021.....	XXX				XXX
3. 2022.....	XXX	XXX			
4. 2023.....	XXX	XXX	XXX		
5. 2024.....	XXX	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 2020	2 2021	3 2022	4 2023	5 2024
1. 2020.....				XXX	XXX
2. 2021.....	XXX				XXX
3. 2022.....	XXX	XXX			
4. 2023.....	XXX	XXX	XXX		
5. 2024.....	XXX	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 2020	2 2021	3 2022	4 2023	5 2024
1. 2020.....					
2. 2021.....	XXX				
3. 2022.....	XXX	XXX			
4. 2023.....	XXX	XXX	XXX	XXX	
5. 2024.....	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 2020	2 2021	3 2022	4 2023	5 2024
1. 2020.....					
2. 2021.....	XXX				
3. 2022.....	XXX	XXX			
4. 2023.....	XXX	XXX	XXX	XXX	
5. 2024.....	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 2020	2 2021	3 2022	4 2023	5 2024
1. 2020.....					
2. 2021.....	XXX				
3. 2022.....	XXX	XXX			
4. 2023.....	XXX	XXX	XXX	XXX	
5. 2024.....	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 2020	2 2021	3 2022	4 2023	5 2024
1. 2020.....					
2. 2021.....	XXX				
3. 2022.....	XXX	XXX			
4. 2023.....	XXX	XXX	XXX		
5. 2024.....	XXX	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 2020	2 2021	3 2022	4 2023	5 2024
1. 2020.....					
2. 2021.....	XXX				
3. 2022.....	XXX	XXX			
4. 2023.....	XXX	XXX	XXX		
5. 2024.....	XXX	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 2020	2 2021	3 2022	4 2023	5 2024
1. 2020.....					
2. 2021.....	XXX				
3. 2022.....	XXX	XXX			
4. 2023.....	XXX	XXX	XXX		
5. 2024.....	XXX	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 2020	2 2021	3 2022	4 2023	5 2024
1. 2020.....					
2. 2021.....	XXX				
3. 2022.....	XXX	XXX			
4. 2023.....	XXX	XXX	XXX		
5. 2024.....	XXX	XXX	XXX	XXX	XXX

SUPPLEMENTAL SCHEDULE O – PART 5

(\$000 Omitted)

RESERVE AND LIABILITY METHODOLOGY - EXHIBITS 6 AND 8

Line of Business	Methodology	1	2
			Amount
1. Industrial life.....			
2. Ordinary life.....	Other		536
3. Individual annuity.....	Other		
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		3
11. Total.....		XXX	540



HEALTH SUPPLEMENTS

For The Year Ended December 31, 2024
(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

	1	Comprehensive (Hospital and Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Credit A&H	11 Disability Income	12 Long-Term Care	13 Other Health	14 Other Non- Health
		2 Individual	3 Group											
1. Net premium income.....	8,459													8,459
2. Change in unearned premium reserves and reserve for rate credit.....														
3. Fee-for-service (net of \$..... medical expenses).....														XXX
4. Risk revenue.....														XXX
5. Aggregate write-ins for other health care related revenues.....														XXX
6. Aggregate write-ins for other non-health care related revenues.....														XXX
7. Total revenues (Lines 1 to 6).....	8,459													8,459
8. Hospital/medical benefits.....	3,003													3,003
9. Other professional services.....														XXX
10. Outside referrals.....														XXX
11. Emergency room and out-of-area.....														XXX
12. Prescription drugs.....														XXX
13. Aggregate write-ins for other hospital and medical.....														XXX
14. Incentive pool, withhold adjustments and bonus amounts.....														XXX
15. Subtotal (Lines 8 to 14).....	3,003													3,003
16. Net reinsurance recoveries.....														XXX
17. Total hospital and medical (Lines 15 minus 16).....	3,003													3,003
18. Non-health claims (net).....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
19. Claims adjustment expenses including \$..... cost containment expenses.....														
20. General administrative expenses.....	1,905													1,905
21. Increase in reserves for accident and health contracts.....	(441)													(441) XXX
22. Increase in reserves for life contracts.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
23. Total underwriting deductions (Lines 17 to 22).....	4,467													4,467
24. Net underwriting gain or (loss) (Line 7 minus Line 23).....	3,992													3,992
Details of Write-Ins														
0501.														XXX
0502.														XXX
0503.														XXX
0598. Summary of remaining write-ins for Line 05 from overflow page.....														XXX
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above).....														XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
0698. Summary of remaining write-ins for Line 06 from overflow page.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
1301.														XXX
1302.														XXX
1303.														XXX
1398. Summary of remaining write-ins for Line 13 from overflow page.....														XXX
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above).....														XXX

OVERFLOW PAGE FOR WRITE-INS

Annual Statement for the Year 2024 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, 2024

(To Be Filed By March 1)

FOR THE STATE OF Georgia

NAIC Group Code: 0067

NAIC Company Code: 88064

MCAS Lines of Business	1 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.....
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, 2024

(To Be Filed By March 1)

FOR THE STATE OF Indiana

NAIC Group Code: 0067

NAIC Company Code: 88064

MCAS Lines of Business	1 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, 2024

(To Be Filed By March 1)

FOR THE STATE OF Kentucky

NAIC Group Code: 0067

NAIC Company Code: 88064

MCAS Lines of Business	1 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, 2024

(To Be Filed By March 1)

FOR THE STATE OF Michigan

NAIC Group Code: 0067

NAIC Company Code: 88064

MCAS Lines of Business	1 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, 2024

(To Be Filed By March 1)

FOR THE STATE OF Mississippi

NAIC Group Code: 0067

NAIC Company Code: 88064

MCAS Lines of Business	1 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, 2024

(To Be Filed By March 1)

FOR THE STATE OF North Carolina

NAIC Group Code: 0067

NAIC Company Code: 88064

MCAS Lines of Business	1 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, 2024

(To Be Filed By March 1)

FOR THE STATE OF Ohio

NAIC Group Code: 0067

NAIC Company Code: 88064

MCAS Lines of Business	1 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, 2024

(To Be Filed By March 1)

FOR THE STATE OF Pennsylvania

NAIC Group Code: 0067

NAIC Company Code: 88064

MCAS Lines of Business	1 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, 2024

(To Be Filed By March 1)

FOR THE STATE OF Tennessee

NAIC Group Code: 0067

NAIC Company Code: 88064

MCAS Lines of Business	1 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, 2024

(To Be Filed By March 1)

FOR THE STATE OF West Virginia

NAIC Group Code: 0067

NAIC Company Code: 88064

MCAS Lines of Business	1 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.....	.....