



QUARTERLY STATEMENT

As of September 30, 2002
of the Condition and Affairs of the

Cincinnati Equitable Insurance Company

NAIC Group Code..... 838, (Current Period) (Prior Period) NAIC Company Code..... 16721 Employer's ID Number..... 31-0239840

Organized under the Laws of Ohio State of Domicile or Port of Entry Ohio

Country of Domicile US

Incorporated..... January 24, 1827 Commenced Business..... April 17, 1826

Statutory Home Office 525 Vine Street Cincinnati OH 45202 (Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 525 Vine Street Cincinnati OH 45202 (Street and Number) (City or Town, State and Zip Code) 513-621-1826 (Area Code) (Telephone Number)

Mail Address P.O. Box 3428 Cincinnati OH 45201-3428 (Street and Number or P. O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 525 Vine Street Cincinnati OH 45202 (Street and Number) (City or Town, State and Zip Code) 513-621-1826 (Area Code) (Telephone Number)

Internet Website Address

Statement Contact Gregory Allen Baker (Name) 513-621-1826 (Area Code) (Telephone Number) (Extension) (E-Mail Address) (Fax Number)

Policyowner Relations Contact (Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

OFFICERS

President James Wesley Ketring Treasurer Gregory Allen Baker Secretary Peter Allen Alpaugh

VICE PRESIDENTS

Janet Strausbaugh Brown Bryan David Williams William McAfee Sharp Teresa Grace Brown

DIRECTORS OR TRUSTEES

Walter George Alpaugh Peter Allen Alpaugh Gregory Allen Baker James Wesley Ketring Robert Michael Hutzelman

State of.....Ohio . Ohio
County of.....Hamilton Hamilton

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.

(Signature) (Signature) (Signature)

James Wesley Ketring Peter Allen Alpaugh Gregory Allen Baker

(Printed Name) (Printed Name) (Printed Name)

President Secretary Treasurer

Subscribed and sworn to before me this
.....day of, 2002
.....

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Rate of Interest	3 Amount of Interest Received During Current Quarter	4 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			8 *
				5 First Month	6 Second Month	7 Third Month	
Open Depositories							
Fifth Third Bank..... Cincinnati, OH.....	.....	.....	.....	.....563,183	.....498,110	.....250,207	.....
U.S. Bank..... Cincinnati, OH.....	.....	.....	.....	.....6,459	.....3,208	.....5,956	.....
0199999. Total Open Depositories.....	....XXX....	.....0	.....0	.....569,643	.....501,318	.....256,164	XXX
0399999. Total Cash on Deposit.....	....XXX....	.....0	.....0	.....569,643	.....501,318	.....256,164	XXX
0499999. Cash in Company's Office.....	....XXX....	....XXX....	....XXX....	.....	.....200	.....200	XXX
0599999. Total Cash.....	....XXX....	.....0	.....0	.....569,643	.....501,518	.....256,364	XXX