



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2011
OF THE CONDITION AND AFFAIRS OF THE

Cincinnati Equitable Insurance Company

NAIC Group Code

0838

0838

NAIC Company Code

16721

Employer's ID Number

31-0239840

(Current)

(Prior)

Organized under the Laws of

Ohio

State of Domicile or Port of Entry

Ohio

Country of Domicile

United States of America

Incorporated/Organized

01/24/1827

Commenced Business

04/17/1826

Statutory Home Office

525 Vine Street, Suite 1925

Cincinnati , OH 45202

(Street and Number)

(City or Town, State and Zip Code)

Main Administrative Office

525 Vine Street, Suite 1925

Cincinnati , OH 45202

(Street and Number)

(City or Town, State and Zip Code)

513-621-1826

(Area Code) (Telephone Number)

Mail Address

525 Vine Street, Suite 1925

Cincinnati , OH 45202

(Street and Number or P.O. Box)

(City or Town, State and Zip Code)

Primary Location of Books and Records

525 Vine Street, Suite 1925

Cincinnati , OH 45202

(Street and Number)

(City or Town, State and Zip Code)

513-621-1826

(Area Code) (Telephone Number)

Internet Website Address

www.cineqlife.com

Statutory Statement Contact

Gregory Allen Baker

513-621-1826

(Name)

(Area Code) (Telephone Number)

gbaker@cincinnatiequitable.com

513-621-1826

(E-mail Address)

(FAX Number)

OFFICERS

Chairman of the Board

Peter A Alpaugh

Treasurer

Gregory A Baker

Secretary

Linda S Bales

OTHER

DIRECTORS OR TRUSTEES

Peter A Alpaugh

Andrea A Kessel

Gregory A Baker

James W Ketring

Drew F Knowles #

State of

Ohio

County of

Hamilton

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.

Peter A Alpaugh

Gregory A Baker

Linda S Bales

Chairman

President

Secretary

Subscribed and sworn to before me this

15th

day of

February 2012

Richard H Hansman Jr

November 8 2014

a. Is this an original filing?

b. If no,

1. State the amendment number.....

2. Date filed

3. Number of pages attached.....

Yes [X] No []

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	3,697,252		3,697,252	3,802,554
2. Stocks (Schedule D):				
2.1 Preferred stocks	793,358		793,358	822,228
2.2 Common stocks	103,678		103,678	302,774
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	45,502		45,502	51,001
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$16,030 , Schedule E - Part 1), cash equivalents (\$, Schedule E - Part 2) and short-term investments (\$246,650 , Schedule DA)	262,680		262,680	317,938
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)			0	0
9. Receivable for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL)			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	4,902,470	0	4,902,470	5,296,495
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	65,142		65,142	71,516
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection			0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset	303,000	290,000	13,000	53,000
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software	5,883		5,883	6,062
21. Furniture and equipment, including health care delivery assets (\$)	2,532	2,532	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other than invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	5,279,027	292,532	4,986,495	5,427,073
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	5,279,027	292,532	4,986,495	5,427,073
DETAILS OF WRITE-INS				
1101.			0	0
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.			0	0
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8)	30,000	30,000
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)	0	0
3. Loss adjustment expenses (Part 2A, Line 35, Column 9)	5,517	5,919
4. Commissions payable, contingent commissions and other similar charges		0
5. Other expenses (excluding taxes, licenses and fees)	59,797	51,976
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	650	500
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))		0
7.2 Net deferred tax liability		0
8. Borrowed money \$ and interest thereon \$		0
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$0 and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act)		0
10. Advance premium		0
11. Dividends declared and unpaid:		
11.1 Stockholders		0
11.2 Policyholders		0
12. Ceded reinsurance premiums payable (net of ceding commissions)	1,280	1,211
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)	0	0
14. Amounts withheld or retained by company for account of others	340	340
15. Remittances and items not allocated		0
16. Provision for reinsurance (Schedule F, Part 7)		0
17. Net adjustments in assets and liabilities due to foreign exchange rates		0
18. Drafts outstanding		0
19. Payable to parent, subsidiaries and affiliates	6,130	40,936
20. Derivatives		0
21. Payable for securities		0
22. Payable for securities lending		0
23. Liability for amounts held under uninsured plans		0
24. Capital notes \$ and interest thereon \$		0
25. Aggregate write-ins for liabilities	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	103,714	130,882
27. Protected cell liabilities		0
28. Total liabilities (Lines 26 and 27)	103,714	130,882
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	1,000,000	1,000,000
31. Preferred capital stock		0
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes	0	0
34. Gross paid in and contributed surplus	4,105,894	9,753,831
35. Unassigned funds (surplus)	(223,113)	(5,457,640)
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$)		0
36.2 shares preferred (value included in Line 31 \$)		0
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	4,882,781	5,296,191
38. TOTALS (Page 2, Line 28, Col. 3)	4,986,495	5,427,073
DETAILS OF WRITE-INS		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0
2901.		
2902.		
2903.		
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	0
3201.		
3202.		
3203.		
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 thru 3203 plus 3298)(Line 32 above)	0	0

STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4)		0
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7)	(7,594)	(95,183)
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	47,716	19,182
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2)	137,283	138,254
5. Aggregate write-ins for underwriting deductions	0	0
6. Total underwriting deductions (Lines 2 through 5)	177,405	62,253
7. Net income of protected cells		0
8. Net underwriting gain or (loss) (Line 1 minus Line 6 plus Line 7)	(177,405)	(62,253)
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17)	243,377	307,195
10. Net realized capital gains or (losses) less capital gains tax of \$ (Exhibit of Capital Gains (Losses))	103,459	237,185
11. Net investment gain (loss) (Lines 9 + 10)	346,836	544,380
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$)		0
13. Finance and service charges not included in premiums		0
14. Aggregate write-ins for miscellaneous income	0	0
15. Total other income (Lines 12 through 14)	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	169,431	482,127
17. Dividends to policyholders		0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	169,431	482,127
19. Federal and foreign income taxes incurred		38,000
20. Net income (Line 18 minus Line 19)(to Line 22)	169,431	444,127
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	5,296,191	5,601,835
22. Net income (from Line 20)	169,431	444,127
23. Net transfers (to) from Protected Cell accounts		0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$	(42,841)	(86,848)
25. Change in net unrealized foreign exchange capital gain (loss)		0
26. Change in net deferred income tax	(35,000)	(131,000)
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)	(5,000)	(31,923)
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)	0	0
29. Change in surplus notes		0
30. Surplus (contributed to) withdrawn from protected cells		0
31. Cumulative effect of changes in accounting principles		0
32. Capital changes:		
32.1 Paid in		0
32.2 Transferred from surplus (Stock Dividend)		0
32.3 Transferred to surplus		0
33. Surplus adjustments:		
33.1 Paid in	(5,647,937)	0
33.2 Transferred to capital (Stock Dividend)		0
33.3 Transferred from capital	5,647,937	0
34. Net remittances from or (to) Home Office		0
35. Dividends to stockholders	(500,000)	(500,000)
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)	0	0
37. Aggregate write-ins for gains and losses in surplus	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37)	(413,410)	(305,644)
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	4,882,781	5,296,191
DETAILS OF WRITE-INS		
0501.		
0502.		
0503.		
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598)(Line 5 above)	0	0
1401.		
1402.		
1403.		
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0
3701.		
3702.		
3703.		
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798)(Line 37 above)	0	0

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	69	(1,918)
2. Net investment income	263,767	331,679
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	263,836	329,761
5. Benefit and loss related payments	(7,594)	195,626
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	177,430	211,630
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	38,000
10. Total (Lines 5 through 9)	169,836	445,256
11. Net cash from operations (Line 4 minus Line 10)	94,000	(115,495)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	2,805,121	2,602,510
12.2 Stocks	1,587,029	3,697,982
12.3 Mortgage loans	5,500	6,718
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	4,397,649	6,307,210
13. Cost of investments acquired (long-term only):		
13.1 Bonds	2,675,090	2,247,165
13.2 Stocks	1,337,193	3,430,491
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	2,211
13.7 Total investments acquired (Lines 13.1 to 13.6)	4,012,283	5,679,867
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	385,366	627,343
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	500,000	500,000
16.6 Other cash provided (applied)	(34,627)	(11,090)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(534,627)	(511,090)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(55,261)	758
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	317,940	317,182
19.2 End of period (Line 18 plus Line 19.1)	262,679	317,940

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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Underwriting and Investment Exhibit - Part 1 - Premiums Earned

N O N E

Underwriting and Investment Exhibit - Part 1A - Recapitulation of all Premiums

N O N E

Underwriting and Investment Exhibit - Part 1B - Premiums Written

N O N E

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

		Losses Paid Less Salvage				5	6	7	8
		1	2	3	4				
Line of Business		Direct Business	Reinsurance Assumed	Reinsurance Recovered	Net Payments (Cols. 1 + 2 -3)	Net Losses Unpaid Current Year (Part 2A , Col. 8)	Net Losses Unpaid Prior Year	Losses Incurred Current Year (Cols. 4 + 5 - 6)	Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
1.	Fire				0	0	0	0	0.0
2.	Allied lines				0	0	0	0	0.0
3.	Farmowners multiple peril				0	0	0	0	0.0
4.	Homeowners multiple peril	(4,938)	0	(466)	(4,472)	0	0	(4,472)	0.0
5.	Commercial multiple peril				0	0	0	0	0.0
6.	Mortgage guaranty				0	0	0	0	0.0
8.	Ocean marine				0	0	0	0	0.0
9.	Inland marine				0	0	0	0	0.0
10.	Financial guaranty				0	0	0	0	0.0
11.1	Medical professional liability - occurrence				0	0	0	0	0.0
11.2	Medical professional liability - claims-made				0	0	0	0	0.0
12.	Earthquake				0	0	0	0	0.0
13.	Group accident and health				0	0	0	0	0.0
14.	Credit accident and health (group and individual)				0	0	0	0	0.0
15.	Other accident and health				0	0	0	0	0.0
16.	Workers' compensation				0	0	0	0	0.0
17.1	Other liability - occurrence				0	0	0	0	0.0
17.2	Other liability - claims-made				0	0	0	0	0.0
17.3	Excess workers' compensation				0	0	0	0	0.0
18.1	Products liability - occurrence				0	0	0	0	0.0
18.2	Products liability - claims-made				0	0	0	0	0.0
19.1, 19.2	Private passenger auto liability	(1,003)	0		(1,003)	30,000	30,000	(1,003)	0.0
19.3, 19.4	Commercial auto liability				0	0	0	0	0.0
21.	Auto physical damage	(2,119)	0		(2,119)	0	0	(2,119)	0.0
22.	Aircraft (all perils)				0	0	0	0	0.0
23.	Fidelity				0	0	0	0	0.0
24.	Surety				0	0	0	0	0.0
26.	Burglary and theft				0	0	0	0	0.0
27.	Boiler and machinery				0	0	0	0	0.0
28.	Credit				0	0	0	0	0.0
29.	International				0	0	0	0	0.0
30.	Warranty				0	0	0	0	0.0
31.	Reinsurance - nonproportional assumed property	XXX			0	0	0	0	0.0
32.	Reinsurance - nonproportional assumed liability	XXX			0	0	0	0	0.0
33.	Reinsurance - nonproportional assumed financial lines	XXX			0	0	0	0	0.0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0.0
35.	TOTALS	(8,060)	0	(466)	(7,594)	30,000	30,000	(7,594)	0.0
DETAILS OF WRITE-INS									
3401.	.....							
3402.	.....							
3403.	.....							
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	
3499.	Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1	2	3	4	5	6	7		
	Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable from Authorized and Unauthorized Companies	Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1. Fire				0				0	
2. Allied lines				0				0	
3. Farmowners multiple peril				0				0	
4. Homeowners multiple peril				0				0	
5. Commercial multiple peril				0				0	
6. Mortgage guaranty				0				0	
8. Ocean marine				0				0	
9. Inland marine				0				0	
10. Financial guaranty				0				0	
11.1 Medical professional liability - occurrence				0				0	
11.2 Medical professional liability - claims-made				0				0	
12. Earthquake				0				0	
13. Group accident and health				0				(a) 0	
14. Credit accident and health (group and individual)				0				0	
15. Other accident and health				0				(a) 0	
16. Workers' compensation				0				0	
17.1 Other liability - occurrence				0				0	
17.2 Other liability - claims-made				0				0	
17.3 Excess workers' compensation				0				0	
18.1 Products liability - occurrence				0				0	
18.2 Products liability - claims-made				0				0	
19.1, 19.2 Private passenger auto liability	30,000			30,000				30,000	5,517
19.3, 19.4 Commercial auto liability				0				0	
21. Auto physical damage				0				0	
22. Aircraft (all perils)				0				0	
23. Fidelity				0				0	
24. Surety				0				0	
26. Burglary and theft				0				0	
27. Boiler and machinery				0				0	
28. Credit				0				0	
29. International				0				0	
30. Warranty				0				0	
31. Reinsurance - nonproportional assumed property	XXX			0	XXX			0	
32. Reinsurance - nonproportional assumed liability	XXX			0	XXX			0	
33. Reinsurance - nonproportional assumed financial lines	XXX			0	XXX			0	
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0
35. TOTALS	30,000	0	0	30,000	0	0	0	30,000	5,517
DETAILS OF WRITE-INS									
3401.									
3402.									
3403.									
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0

(a) Including \$ for present value of life indemnity claims.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
1. Claim adjustment services:				
1.1 Direct	6,392			6,392
1.2 Reinsurance assumed				0
1.3 Reinsurance ceded	215			215
1.4 Net claim adjustment service (1.1 + 1.2 - 1.3)	6,177	0	0	6,177
2. Commission and brokerage:				
2.1 Direct excluding contingent				0
2.2 Reinsurance assumed, excluding contingent				0
2.3 Reinsurance ceded, excluding contingent				0
2.4 Contingent - direct				0
2.5 Contingent - reinsurance assumed				0
2.6 Contingent - reinsurance ceded				0
2.7 Policy and membership fees				0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)	0	0	0	0
3. Allowances to managers and agents		0		0
4. Advertising		1		1
5. Boards, bureaus and associations	202	656	151	1,009
6. Surveys and underwriting reports	1,100	3,575	825	5,500
7. Audit of assureds' records	8,152	26,494	6,114	40,760
8. Salary and related items:				
8.1 Salaries	18,323	59,874	13,742	91,939
8.2 Payroll taxes	1,633	5,335	1,224	8,192
9. Employee relations and welfare	2,669	8,722	2,002	13,393
10. Insurance	623	2,025	467	3,115
11. Directors' fees	260	845	195	1,300
12. Travel and travel items	184	597	138	919
13. Rent and rent items	2,478	8,091	1,858	12,427
14. Equipment	4,716	2,093	480	7,289
15. Cost or depreciation of EDP equipment and software	36	13,362	3,084	16,482
16. Printing and stationery	161	527	121	809
17. Postage, telephone and telegraph, exchange and express	948	3,097	711	4,756
18. Legal and auditing	185	602	18,065	18,852
19. Totals (Lines 3 to 18)	41,670	135,896	49,177	226,743
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$	3	1,536	3	1,542
20.2 Insurance department licenses and fees	717	2,618	538	3,873
20.3 Gross guaranty association assessments	(851)	(2,767)	(639)	(4,257)
20.4 All other (excluding federal and foreign income and real estate)				0
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)	(131)	1,387	(98)	1,158
21. Real estate expenses				0
22. Real estate taxes				0
23. Reimbursements by uninsured plans				0
24. Aggregate write-ins for miscellaneous expenses	0	0	0	0
25. Total expenses incurred	47,716	137,283	49,079 (a)	234,078
26. Less unpaid expenses - current year	5,517	51,676	8,771	65,964
27. Add unpaid expenses - prior year	5,919	44,841	7,604	58,364
28. Amounts receivable relating to uninsured plans, prior year	0	0	0	0
29. Amounts receivable relating to uninsured plans, current year				0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	48,118	130,448	47,912	226,478
DETAILS OF WRITE-INS				
2401.				
2402.				
2403.				
2498. Summary of remaining write-ins for Line 24 from overflow page	0	0	0	0
2499. Totals (Lines 2401 thru 2403 plus 2498)(Line 24 above)	0	0	0	0

(a) Includes management fees of \$ to affiliates and \$ to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a) .....937	.....646
1.1	Bonds exempt from U.S. tax	(a) .....3,581	.....2,789
1.2	Other bonds (unaffiliated)	(a) .....214,555	.....218,922
1.3	Bonds of affiliates	(a) .....	.....
2.1	Preferred stocks (unaffiliated)	(b) .....69,666	.....60,789
2.11	Preferred stocks of affiliates	(b) .....	.....
2.2	Common stocks (unaffiliated) .....	.....4,529	.....4,081
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans	(c) .....3,828	.....3,828
4.	Real estate	(d) .....	.....
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments	(e) .....40	.....40
7.	Derivative instruments	(f) .....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....1,361	.....1,361
10.	Total gross investment income .....	.....298,497	.....292,456
11.	Investment expenses		(g) .....49,177
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g) .....(98)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....49,079
17.	Net investment income (Line 10 minus Line 16) .....		.....243,377
DETAILS OF WRITE-INS			
0901.	Class action lawsuit settlements .....	.....1,361	.....1,361
0902.	.....	
0903.	.....	
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....	.....1,361	.....1,361
1501.	.....	
1502.	.....	
1503.	.....	
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		.....0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) .....		.....0

- (a) Includes \$3,015 accrual of discount less \$17,031 amortization of premium and less \$29,589 paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$0 amortization of premium and less \$ paid for accrued dividends on purchases.
- (c) Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....	.....288	.....0	.....288	.....0	.....0
1.1	Bonds exempt from U.S. tax .....	.....	.....	.....0	.....	.....
1.2	Other bonds (unaffiliated) .....	.....40,664	.....0	.....40,664	.....(2,206)	.....0
1.3	Bonds of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.1	Preferred stocks (unaffiliated) .....	.....23,873	.....0	.....23,873	.....10	.....0
2.11	Preferred stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.2	Common stocks (unaffiliated) .....	.....38,632	.....0	.....38,632	.....(40,645)	.....0
2.21	Common stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
3.	Mortgage loans .....	.....0	.....0	.....0	.....0	.....0
4.	Real estate .....	.....	.....0	.....0	.....	.....0
5.	Contract loans .....	.....	.....	.....0	.....	.....
6.	Cash, cash equivalents and short-term investments .....	.....	.....	.....0	.....	.....
7.	Derivative instruments .....	.....	.....	.....0	.....	.....
8.	Other invested assets .....	.....	.....0	.....0	.....0	.....0
9.	Aggregate write-ins for capital gains (losses) .....	.....0	.....0	.....0	.....0	.....0
10.	Total capital gains (losses) .....	.....103,458	.....0	.....103,458	.....(42,842)	.....0
DETAILS OF WRITE-INS						
0901.	.....				
0902.	.....				
0903.	.....				
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0	.....0	.....0	.....0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....	.....0	.....0	.....0	.....0	.....0

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)		0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks		0	0
2.2 Common stocks		0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens		0	0
3.2 Other than first liens		0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company		0	0
4.2 Properties held for the production of income		0	0
4.3 Properties held for sale		0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)		0	0
6. Contract loans		0	0
7. Derivatives (Schedule DB)		0	0
8. Other invested assets (Schedule BA)		0	0
9. Receivables for securities		0	0
10. Securities lending reinvested collateral assets (Schedule DL)		0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)		0	0
14. Investment income due and accrued		0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection		0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due		0	0
15.3 Accrued retrospective premiums		0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers		0	0
16.2 Funds held by or deposited with reinsured companies		0	0
16.3 Other amounts receivable under reinsurance contracts		0	0
17. Amounts receivable relating to uninsured plans		0	0
18.1 Current federal and foreign income tax recoverable and interest thereon		0	0
18.2 Net deferred tax asset	290,000	285,000	(5,000)
19. Guaranty funds receivable or on deposit		0	0
20. Electronic data processing equipment and software		0	0
21. Furniture and equipment, including health care delivery assets	2,532	2,532	0
22. Net adjustment in assets and liabilities due to foreign exchange rates		0	0
23. Receivables from parent, subsidiaries and affiliates		0	0
24. Health care and other amounts receivable		0	0
25. Aggregate write-ins for other than invested assets	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	292,532	287,532	(5,000)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
28. Total (Lines 26 and 27)	292,532	287,532	(5,000)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Cincinnati Equitable Insurance Company are presented on the basis of accounting practices prescribed or permitted by the Ohio Insurance Department.

The Ohio Insurance Department recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, version effective January 1, 2001, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio. The State of Ohio has not adopted and prescribed or permitted practices that differ from NAIC SAP.

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make certain estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business and are based on reports received from ceding companies for reinsurance.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans are stated at amortized cost using the interest method.
- (3) Common Stocks at market except that investments in stocks of uncombined subsidiaries and affiliates in which the Company has an interest of 20% or more are carried on the equity basis.
- (4) Preferred stocks are stated in accordance with the guidance provided in SSAP No. 32.
- (5) Mortgage loans on real estate are stated at the aggregate carrying value less accrued interest.
- (6) Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair market value. The retrospective adjustment method is used to value all securities except for interest only securities or securities where the yield had become negative, these are valued using the prospective method.
- (7) The Company owns no subsidiaries.
- (8) The Company has no interest in Joint Ventures.
- (9) All derivatives, if any, are stated at fair value.
- (10) The Company does not anticipate investment income as a factor in the premium deficiency calculation.
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.

2. Accounting Changes and Corrections of Errors

A. Correction of errors

The Company made no corrections to prior period financial statements.

B. Cumulative effect of change in accounting principles

The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Ohio. Effective January 1, 2001 the State of Ohio required that insurance companies domiciled in the State of Ohio prepare their statutory basis financial statements in accordance with the NAIC Accounting Practices and Procedures manual effective January 1, 2001 subject to any deviations prescribed or permitted by the State of Ohio insurance commissioner.

The Company made no changes in Accounting Principles in 2011.

3. Business Combinations and Goodwill

The Company had no Business Combinations occurring during the periods reported in this statement.

4. Discontinued Operations

The Company had no discontinued operations in the current year.

5. Investments

A. Mortgage Loans

The Company acquired a mortgage loan from its reinsurance transaction with Lakeland Insurance Company. The stated interest rate is 7%. Payments are currently 120 days in arrears. The debtor has filed a Chapter 13 plan of reorganization, which would make the company whole on its investment. We continue to receive monthly payments from the court trustee and the loan was paid in full on February 8, 2012. Therefore, no allowance has been established.

B. Debt Restructuring

The Company has not restructured any debt in the current year.

C. Reverse Mortgages

The Company has no Reverse Mortgages.

D. Loan-Backed Securities

- Prepayment assumptions for single class and multi-class mortgage-backed/asset-backed securities were obtained from broker dealer survey values or NAIC RMBS/ CMBS modeling.
- The Company had no securities with a recognized other-than-temporary impairment.
- The Company had no securities with a recognized other-than-temporary impairment.
- All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a. The aggregate amount of unrealized losses:		
1. Less than 12 Months	\$	<u>90,466</u>
2. 12 Months or Longer	\$	<u>0</u>
b. The aggregate related fair value of securities with unrealized losses:		
1. Less than 12 Months	\$	<u>1,522,107</u>
2. 12 Months or Longer	\$	<u>0</u>

E. Repurchase Agreements/ Securities Lending

The Company has no Repurchase Agreements and no Security Lending program.

F. Real Estate

The Company has no Real Estate investments.

6. Joint Ventures, Partnerships and Limited Liability Companies

The Company has no Joint Ventures, Partnerships or Limited Liability Companies.

7. Investment Income

The Company has no excluded investment income due and accrued.

8. Derivative Instruments

The Company has no investments in derivative financial instruments.

9. Income Taxes

A. The components of the net deferred tax asset/ (liability) at December 31 are as follows:

1.

	12/31/2011			12/31/2010			Change		
	-1- Ordinary	-2- Capital	-3- (Col 1+2) Total	-4- Ordinary	-5- Capital	-6- (Col 4+5) Total	-7- (Col 1-4) Ordinary	-8- (Col 2-5) Capital	-9- (Col 7+8) Total
(a) Gross Deferred Tax Assets	\$ 324,000	\$ 12,000	\$ 336,000	\$ 323,000	\$ 65,000	\$ 388,000	\$ 1,000	\$ (53,000)	\$ (52,000)
(b) Statutory Valuation Allowance	-	-	-	-	-	-	-	-	-
(c) Adjusted Gross Deferred Tax Assets	324,000	12,000	336,000	323,000	65,000	388,000	1,000	(53,000)	(52,000)
(1a - 1b)									
(d) Deferred Tax Liabilities	33,000	-	33,000	37,000	13,000	50,000	(4,000)	(13,000)	(17,000)
(e) Subtotal (Net Deferred Tax Assets)									
(1c - 1d)	291,000	12,000	303,000	286,000	52,000	338,000	5,000	(40,000)	(35,000)
(f) Deferred Tax Assets Nonadmitted	290,000	-	290,000	285,000	-	285,000	5,000	-	5,000
(g) Net Admitted Deferred Tax Assets									
(1e - 1f)	\$ 1,000	\$ 12,000	\$ 13,000	\$ 1,000	\$ 52,000	\$ 53,000	\$ -	\$ (40,000)	\$ (40,000)

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company

4.

Admission Calculation Components
SSAP No. 10R, Paragraphs 10.a, 10.b. and 10.c.:
(a) SSAP No. 10R, Paragraph 10.a.
(b) SSAP No. 10R, Paragraph 10.b. (the lesser of paragraph 10.b.i. and 10.b.ii. below)
(c) SSAP No. 10R, Paragraph 10.b.i.
(d) SSAP No. 10R, Paragraph 10.b.ii.
(e) SSAP No. 10R, Paragraph 10.c.
(f) Total (4a + 4b + 4e)

Admission Calculation Components
SSAP No. 10R, Paragraph 10.e.:
(g) SSAP No. 10R, Paragraph 10.e.i.
(h) SSAP No. 10R, Paragraph 10.e.ii. (the lesser paragraph of 10.e.ii.a. and 10.e.ii.b. below
(i) SSAP No. 10R, Paragraph 10.e.iii.a.
(j) SSAP No. 10R, Paragraph 10.e.ii.b.
(k) SSAP No. 10R, Paragraph 10.e.iii.
(l) Total (4g + 4h + 4k)

Used in SSAP No. 10R, Paragraph 10.d.

(m) Total Adjusted Capital
(n) Authorized Control Level

12/31/2011			12/31/2010			Change		
-1-	-2-	-3-	-4-	-5-	-6-	-7-	-8-	-9-
Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 4+5) Total	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
1,000	12,000	13,000	1,000	65,000	66,000	-	(53,000)	(53,000)
1,000	12,000	13,000	1,000	65,000	66,000	-	(53,000)	(53,000)
XXX	XXX	523,713	XXX	XXX	537,676	XXX	XXX	(13,963)
-	-	-	-	(13,000)	(13,000)	-	13,000	13,000
\$ 1,000	\$ 12,000	\$ 13,000	\$ 1,000	\$ 52,000	\$ 216,000	-	\$ (40,000)	\$ (40,000)
XXX	XXX		XXX	XXX		XXX	XXX	
XXX	XXX	4,882,781	XXX	XXX	5,296,191	XXX	XXX	(413,410)
XXX	XXX	53,857	XXX	XXX	72,077	XXX	XXX	(18,220)

5.

12/31/2010			12/31/2010			Change		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Ordinary Percent	Capital Percent	(Col 1+2) Total	Ordinary Percent	Capital Percent	(Col 4+5) Total	Ordinary Percent	Capital Percent	(Col 7+8) Total
100%	0%	100%	100%	0%	100%	100%	0%	100%
100%	0%	100%	100%	0%	100%	100%	0%	100%

6.

SSAP No. 10R, Paragraphs 10.a., 10.b. And 10.c.:

(a) Admitted Deferred Tax Assets
(b) Admitted Assets
(c) Adjusted Statutory Surplus*
(d) Total Adjuster Capital from DTAs

Increases due to SSAP No. 10R, Paragraph 10.e..

(e) Admitted Deferred Tax Assets
(f) Admitted Assets
(g) Statutory Surplus

12/31/2011			12/31/2010			Change		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 4+5) Total	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
1,000	12,000	13,000	1,000	52,000	53,000	-	(40,000)	(40,000)
XXX	XXX	4,986,495	XXX	XXX	5,427,072	XXX	XXX	(440,577)
XXX	XXX	5,237,129	XXX	XXX	5,376,760	XXX	XXX	(139,631)
XXX	XXX	13,000	XXX	XXX	53,000	XXX	XXX	(40,000)

-
- As reported on the statutory balance sheet for the most recently filed statement with the domiciliary state commissioner adjusted in accordance with SSAP No. 10R, Paragraph 10bii

B. All Deferred tax liabilities are recognized.

C. Current income taxes incurred consist of the following major components:

1. Current Income Tax

- (a) Federal
- (b) Foreign
- (c) Subtotal
- (d) Federal income tax on net capital gains
- (e) Utilization of capital loss carry-forwards
- (f) Other
- (g) Federal and foreign income taxes incurred

2. Deferred Tax Assets

(1)	(2)	(3)
12/31/2011	12/31/2010	(Col 1-2) Change
-	38,000	(38,000)
-	38,000	(38,000)
35,000	81,000	(46,000)
(35,000)	(81,000)	46,000
-	38,000	(38,000)

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company

(a) Ordinary			
(1) Discounting of unpaid losses			
(2) Unearned premium reserve			
(3) Policyholder reserves	1,000	1,000	-
(4) Investments			
(5) Deferred acquisition costs			
(6) Policyholder dividends accrual			
(7) Fixed assets			
(8) Compensation and benefits accrual			
(9) Pension accrual			
(10) Receivables – nonadmitted			
(11) Net operating loss carry-forward	323,000	322,000	1,000
(12) Tax credit carry-forward			
(13) Other (including items <5% of total ordinary tax assets			
(99) Subtotal	324,000	323,000	1,000
(b) Statutory valuation allowance adjustment			
(c) Nonadmitted	290,000	285,000	(5,000)
(d) Admitted ordinary deferred tax assets (2a99 – 2b – 2c)	34,000	38,000	(4,000)
(e) Capital			
(1) Investments	12,000	11,000	1,000
(2) Net capital loss carry-forward	-	54,000	(54,000)
(3) Real Estate			
(4) Other (including items <5% of total capital tax assets			
(99) Subtotal	12,000	65,000	(53,000)
(f) Statutory valuation allowance adjustment			
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets (2e99 – 2f – 2g)	12,000	65,000	(53,000)
(i) Admitted deferred tax assets (2d + 2h)	46,000	103,000	(57,000)
3. Deferred Tax Liabilities			
(a) Ordinary			
(1) Investments	30,000	34,000	(4,000)
(2) Fixed assests	3,000	3,000	-
(3) Deferred and uncollected premium			
(4) Policyholder reserves			
(5) Other (including items <5% of total ordinary tax liabilities			
(99) Subtotal	33,000	37,000	(4,000)
(b) Capital			
(1) Investments	-	13,000	(13,000)
(2) Real estate			
(3) Other (including items <5% of total capital tax liabilities			
(99) Subtotal	-	13,000	(13,000)
(c) Deferred tax liabilities (3a99 + 3b99)	33,000	50,000	(17,000)
4. Net Deferred tax assets/liabilities (2i – 3c)	13,000	53,000	(40,000)

D. Among the more significant book to tax adjustments were the following:

	<u>Amount</u>	<u>Tax Effect</u>
(1) Income before taxes	\$ 169,431	\$ 58,000
(2) Dividend received deduction	(9,000)	(3,000)
(3) Non-Deductible expenses	-	-
(4) Capital Loss Carryforwards Used	(103,000)	(35,000)
(5) Intercompany Transactions	(57,431)	(20,000)
(6) Taxable Income	<u>\$ 0</u>	<u>\$ 0</u>

E. (1) At December 31, 2011, the Company had operating loss carry forwards of \$949,000, which were generated by Lakeland Insurance Company in 1998 through 2000 and begin to expire in 2009.

(2) The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:

2011 (current year)	\$ 0
2010 (current year - 1)	\$ 0
2009 (current year -2)	\$ 0

F. (1) The Company's Federal Income Tax return is consolidated with the following entities:

Cincinnati Equitable Companies, Inc.
Cincinnati Equitable Life Insurance Company
Southern Michigan Insurance Company

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company

(2) The method of allocation between the companies is subject to a written agreement, approved by the Board of Directors. Allocation is based upon separate return calculations with current credit for net losses. Intercompany tax balances are settled within 90 days from the date the tax return is filed or estimated payments are made.

10. Information Concerning Parent, Subsidiaries and Affiliates

- A. Cincinnati Equitable Insurance Company is a wholly owned subsidiary of Cincinnati Equitable Life Insurance Company, a life insurance company domiciled in the State of Ohio.
- B. Cincinnati Equitable Insurance Company shares common management with Cincinnati Equitable Life Insurance Company and Southern Michigan Insurance Company. Certain processing functions are also shared between these companies, such as accounting and mail processing.
- C. Cincinnati Equitable Companies, Inc. pays processing expenses and allocates them directly to Cincinnati Equitable Life Insurance Company, Cincinnati Equitable Insurance Company and Southern Michigan Insurance Company, proportionate to the time worked on each company or the loss payment activity.
- D. At December 31, 2011, the Company reported a net payable of \$6,130. The terms of the settlement require that these amounts be settled within 90 days.
- E. The Company has made no guarantees on behalf of the Parent Company.
- F. Cincinnati Equitable Companies, Inc. has agreed to provide Management and certain processing functions to Cincinnati Equitable Life insurance Company, Cincinnati Equitable Insurance Company and Southern Michigan Insurance Company (see 10.B. above). In 2011 the allocated expenses were \$92,442.
- G. All outstanding stock of Cincinnati Equitable Insurance Company is owned by Cincinnati Equitable Life Insurance Company (see Schedule Y of this statement).
- H. The Company owns no shares of the Parent Companies' outstanding stock.
- I. The Company owns no Subsidiaries.

11. Debt

The Company has no outstanding debt.

12. Retirement Plans, Deferred Compensation, Postretirement Benefit Plans and Compensated Absences and Other Postretirement Benefit Plans.

- A. Defined Benefit Plan
The Company has no Defined Benefit Pension Plan.
- B. Other Retirement Plans
The Company participates in a 401(k) plan sponsored by Cincinnati Equitable Companies, Inc, the Parent Company.

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations.

- 1. The Company has 1,000,000 shares authorized, 1,000,000 shares issued and 1,000,000 shares outstanding.
- 2. The Company has no preferred stock outstanding.
- 3. Without the approval of the domiciliary commissioner, dividends to the shareholders are limited by the laws of the Company's state of incorporation, Ohio, to \$0, an amount that is based on restrictions related to statutory surplus.
- 4. Within the limits of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- 5. There are no restrictions placed on the Company's surplus, including for whom the surplus is being held, other than the minimum surplus requirements of the state of Ohio.
- 6. There are no advances to surplus.
- 7. The Company holds no stock for special purposes.
- 8. The Company made no changes to special surplus balances from prior years.
- 9. The portion of unassigned funds (surplus) represented or reduced by each item below is as follows:

a. Unrealized gains and losses	\$ (5,638)
b. Nonadmitted asset value	\$ (292,533)
c. Separate account business	\$ 0
d. Asst valuation reserves	\$ 0
e. Provision for reinsurance	\$ 0

14. Contingencies

- A. Contingent Commitments
The Company has no Contingent Commitments.
- B. Assessments
The Company has been notified of several insolvencies. The actual amount of these insolvencies will not be known until some time in the future. However, the Company has enough information to establish a reasonable estimate of future Guarantee Fund Assessments. The Company has established a liability of \$0 for future Guarantee Fund Assessments.
- C. Gain Contingencies
The Company has established no contingencies for gains.
- D. All Other Contingencies
The Company has established no other contingencies.

15. Leases

The Company has no material lease commitments.

16. Information about Financial Instruments with Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk

The Company has no Financial Instruments with Off-Balance Sheet Risk.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. The Company has not transferred receivable balances.
- B. The Company has no transaction in accordance with SSAP No.18.
- C. The Company has made no wash sale transactions.

18. Gains or Losses to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

The Company has no such gain or loss.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

The Company has no written premium produced by Managing General Agents or Third Party Administrators.

20. Fair Value Measure

A.

(1) Fair Value Measurements at Reporting Date

(1) Description	(2) (Level 1)	(3) (Level 2)	(4) (Level 3)	(5) Total
a). Assets at fair value				
Perpetual Preferred stock				
Industrial and Misc	\$ 798,846	-	-	\$ 798,846
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Perpetual Preferred Stocks	798,846	-	-	798,846
Bonds				
U.S. Governments	-	-	-	-
Industrial and Misc	-	3,890,451	-	3,890,451
Hybrid Securities	-	-	-	-
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Bonds	-	3,890,451	-	3,890,451
Common Stock				
Industrial and Misc	103,678	-	-	103,678
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Common Stocks	103,678	-	-	103,678
Separate account assets	-	-	-	-
Total assets at fair value	\$ 902,524	\$ 3,890,451	-	\$ 4,792,975
b). Liabilities at fair value	-	-	-	-
Other liabilities	-	-	-	-
Total liabilities at fair value	-	-	-	-

21. Other Items

The Company has no other items to report.

22. Events Subsequent

The Company has no events subsequent to the date of these financial statements.

23. Reinsurance

- A. Unsecured Reinsurance Recoverable
The Company has no Reinsurance Recoverable that exceeds 3% of policyholder’s surplus;
- B. Reinsurance Recoverable in Dispute
The Company has no reinsurance recoverable in dispute.
- C. Reinsurance Assumed and Ceded

(1)	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
a. Affiliates	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company

b.	All Other	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
c.	Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
d.	Direct Unearned Premium Reserves \$ 0						

D. Uncollectible Reinsurance
The Company has no uncollectible Reinsurance.

E. Commutation of Ceded Reinsurance
The Company has no Commuted Reinsurance.

F. Retroactive Reinsurance
The Company has no Retroactive Reinsurance agreements.

24. Retrospectively rated Contracts & Contracts Subject to Redetermination

The Company has no retrospectively rated contracts or contracts subject to redetermination.

25. Change in Incurred Losses and Loss Adjustment Expenses

There have been no significant changes in the Loss and Loss Adjustment Expense reserves for losses incurred in prior accident years.

26. Intercompany Pooling Agreements

The Company has no Intercompany Pooling Agreements.

27. Structured Settlements

The Company currently has no structured settlement agreements.

28. Health Care Receivables

The Company has no health care receivables.

29. Participating Policies

The Company does not write participating policies.

30. Premium Deficiency Reserves

As of December 31, 2011 the Company had liabilities of \$0 related to premium deficiency reserves. The Company does not consider anticipated investment income when calculating its premium deficiency reserves.

31. High Deductibles

The Company has not taken a reserve credit for high deductible policies.

32. Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

The Company does not discount its unpaid loss or unpaid loss adjustment expense reserves.

33. Asbestos/Environmental Reserves

The Company has no reserves for asbestos/environmental claims.

34. Subscriber Savings Accounts

The Company does not offer subscriber savings accounts.

35. Multiple Peril Crop Insurance

The Company has no Multiple Peril Crop Insurance exposures.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes ☒ No ☐ N/A ☐

1.3

State Regulating?

Ohio

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒

2.2

If yes, date of change:

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2008

3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2008

3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

06/29/2009

3.4

By what department or departments?
Ohio

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ N/A ☒

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☐ No ☐ N/A ☒

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business?
4.12 renewals?

Yes ☐ No ☒
Yes ☐ No ☒

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business?
4.22 renewals?

Yes ☐ No ☒
Yes ☐ No ☒

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒

5.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒

6.2

If yes, give full information:

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes ☐ No ☒

7.2

If yes,
7.21 State the percentage of foreign control;
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

%

1	2
Nationality	Type of Entity

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company

GENERAL INTERROGATORIES

8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]

8.4

If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

BKD, LTD 312 Walnut Street Cincinnati, OH 45201

10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [] No [X]

10.2

If the response to 10.1 is yes, provide information related to this exemption:

10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation?

Yes [] No [X]

10.4

If the response to 10.3 is yes, provide information related to this exemption:

10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [] No [] N/A [X]

10.6

If the response to 10.5 is no or n/a, please explain
Exempt because written premium is below the threshold

11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
The Company has an exemption from filing an Actuarial opinion due to the size of reserves and no written premium.

12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [] No [X]

12.11

Name of real estate holding company

12.12

Number of parcels involved

12.13

Total book/adjusted carrying value

\$

12.2

If, yes provide explanation:

13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

N/A

13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [] No []

13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [] No []

13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [] No [] N/A []

14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [X] No []

(a)

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b)

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c)

Compliance with applicable governmental laws, rules and regulations;

(d)

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e)

Accountability for adherence to the code.

14.11

If the response to 14.1 is No, please explain:

14.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]

14.21

If the response to 14.2 is yes, provide information related to amendment(s).

14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]

14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance with a NAIC rating of 3 or below? Yes ☐ No ☒
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2	3	4
	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes ☒ No ☐
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes ☒ No ☐
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes ☒ No ☐

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes ☐ No ☒
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers\$

20.12 To stockholders not officers\$

20.13 Trustees, supreme or grand (Fraternal Only)\$
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers\$

20.22 To stockholders not officers\$

20.23 Trustees, supreme or grand (Fraternal Only)\$
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes ☐ No ☒
- 21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others\$

21.22 Borrowed from others\$

21.23 Leased from others\$

21.24 Other\$
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes ☐ No ☒
- 22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment\$

22.22 Amount paid as expenses\$

22.23 Other amounts paid\$
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes ☐ No ☒
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$

INVESTMENT

- 24.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.3) Yes ☒ No ☐
- 24.2 If no, give full and complete information relating thereto
- 24.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.4 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes ☐ No ☐ N/A ☒
- 24.5 If answer to 24.4 is yes, report amount of collateral for conforming programs.\$
- 24.6 If answer to 24.4 is no, report amount of collateral for other programs.\$
- 24.7 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes ☐ No ☐ N/A ☒
- 24.8 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes ☐ No ☐ N/A ☒
- 24.9 Does the reporting entity or the reporting entity 's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes ☐ No ☐ N/A ☒

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company

GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.3). Yes [] No [X]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements \$

25.22 Subject to reverse repurchase agreements \$

25.23 Subject to dollar repurchase agreements \$

25.24 Subject to reverse dollar repurchase agreements \$

25.25 Pledged as collateral \$

25.26 Placed under option agreements \$

25.27 Letter stock or other securities restricted as to sale \$

25.28 On deposit with state or other regulatory body \$

25.29 Other \$

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year. \$

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
Fifth Third Bank	38 Fountain Square Plaza Cincinnati, OH 45263

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No [X]

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of brokers/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
	Cincinnati Asset Management	4350 Glendale Milford Rd. Cincinnati OH 45242
106905	Foster & Motley	6725 Miami Ave. Cincinnati OH 45243

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company

GENERAL INTERROGATORIES

- 29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])?
- Yes [] No [X]
- 29.2 If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
29.2999 - Total		0

- 29.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	3,697,252	3,890,451	193,199
30.2 Preferred stocks	793,358	798,846	5,488
30.3 Totals	4,490,610	4,689,297	198,687

- 30.4 Describe the sources or methods utilized in determining the fair values:
NAIC SVO and custodial statements
- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?
- Yes [X] No []
- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?
- Yes [X] No []
- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
.....
- 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?
- Yes [X] No []
- 32.2 If no, list exceptions:
.....

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company

GENERAL INTERROGATORIES

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

34.1 Amount of payments for legal expenses, if any?\$

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [] No [X]

1.2

If yes, indicate premium earned on U. S. business only.

\$ _____

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ _____

1.31

Reason for excluding

.....

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$ _____

1.5

Indicate total incurred claims on all Medicare Supplement Insurance.

\$ _____

0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$ _____

0

1.62

Total incurred claims

\$ _____

0

1.63

Number of covered lives

0

All years prior to most current three years

1.64

Total premium earned

\$ _____

0

1.65

Total incurred claims

\$ _____

0

1.66

Number of covered lives

0

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$ _____

0

1.72

Total incurred claims

\$ _____

0

1.73

Number of covered lives

0

All years prior to most current three years

1.74

Total premium earned

\$ _____

0

1.75

Total incurred claims

\$ _____

0

1.76

Number of covered lives

0

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator

0

2.2

Premium Denominator

0

2.3

Premium Ratio (2.1/2.2)

0.000

0.000

2.4

Reserve Numerator

0

0

2.5

Reserve Denominator

35,517

35,919

2.6

Reserve Ratio (2.4/2.5)

0.000

0.000

3.1

Does the reporting entity issue both participating and non-participating policies?

Yes [] No [X]

3.2

If yes, state the amount of calendar year premiums written on:

3.21

Participating policies

\$ _____

3.22

Non-participating policies

\$ _____

4.

For mutual reporting Entities and Reciprocal Exchanges Only:

4.1

Does the reporting entity issue assessable policies?

Yes [] No [X]

4.2

Does the reporting entity issue non-assessable policies?

Yes [] No [X]

4.3

If assessable policies are issued, what is the extent of the contingent liability of the policyholders?

% _____

4.4

Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums.

\$ _____

5.

For Reciprocal Exchanges Only:

5.1

Does the Exchange appoint local agents?

Yes [] No [X]

5.2

If yes, is the commission paid:

5.21

Out of Attorney's-in-fact compensation.....

Yes [] No [] N/A [X]

5.22

As a direct expense of the exchange.....

Yes [] No [] N/A [X]

5.3

What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact?

5.4

Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred?

Yes [] No [X]

5.5

If yes, give full information

16

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

6.1

What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss?

6.2

Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process.

6.3

What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?

6.4

Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?

Yes [] No [X]

6.5

If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to uninsured catastrophic loss.

7.1

Has this reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss ratio cap, an aggregate limit or any similar provisions)?

Yes [] No [X]

7.2

If yes, indicate the number of reinsurance contracts containing such provisions:

7.3

If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?

Yes [] No [X]

8.1

Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?

Yes [] No [X]

8.2

If yes, give full information

9.1

Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:
(a) A contract term longer than two years and the contract is noncancellable by the reporting entity during the contract term;
(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
(c) Aggregate stop loss reinsurance coverage;
(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity.

Yes [] No [X]

9.2

Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:
(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.

Yes [] No [X]

9.3

If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:
(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;
(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.

9.4

Except for transactions meeting the requirements of paragraph 32 of SSAP No. 62R, Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:
(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or
(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?

Yes [] No [X]

9.5

If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.

9.6

The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:
(a) The entity does not utilize reinsurance; or,
(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or
(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.

Yes [] No [X]
Yes [] No [X]
Yes [] No [X]

10.

If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?

Yes [] No [] N/A [X]

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

11.1

Has the reporting entity guaranteed policies issued by any other entity and now in force?

Yes [] No [X]

11.2

If yes, give full information

12.1

If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:

12.11 Unpaid losses

\$

12.12 Unpaid underwriting expenses (including loss adjustment expenses)

\$

12.2

Of the amount on Line 15.3, Page 2, state the amount which is secured by letters of credit, collateral, and other funds

\$ 200,000

12.3

If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?

Yes [] No [] N/A [X]

12.4

If yes, provide the range of interest rates charged under such notes during the period covered by this statement:

12.41 From

%

12.42 To

%

12.5

Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves , including unpaid losses under loss deductible features of commercial policies?

Yes [] No [X]

12.6

If yes, state the amount thereof at December 31 of the current year:

12.61 Letters of credit

\$

12.62 Collateral and other funds

\$

13.1

Largest net aggregate amount insured in any one risk (excluding workers' compensation):

\$ 200,000

13.2

Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?

Yes [] No [X]

13.3

State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount.

1

14.1

Is the company a cedant in a multiple cedant reinsurance contract?

Yes [] No [X]

14.2

If yes, please describe the method of allocating and recording reinsurance among the cedants:

14.3

If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?

Yes [] No [X]

14.4

If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?

Yes [] No [X]

14.5

If the answer to 14.4 is no, please explain:

15.1

Has the reporting entity guaranteed any financed premium accounts?

Yes [] No [X]

15.2

If yes, give full information

16.1

Does the reporting entity write any warranty business?

Yes [] No [X]

If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home					
16.12 Products					
16.13 Automobile					
16.14 Other*					

* Disclose type of coverage:

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company

GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F - Part 3 that it excludes from Schedule F - Part 5?

Yes [] No [X]

Included but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F - Part 5. Provide the following information for this exemption:

17.11 Gross amount of unauthorized reinsurance in Schedule F - Part 3 excluded from Schedule F - Part 5	\$
17.12 Unfunded portion of Interrogatory 17.11	\$
17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11	\$
17.14 Case reserves portion of Interrogatory 17.11	\$
17.15 Incurred but not reported portion of Interrogatory 17.11	\$
17.16 Unearned premium portion of Interrogatory 17.11	\$
17.17 Contingent commission portion of Interrogatory 17.11	\$

Provide the following information for all other amounts included in Schedule F - P art 3 and excluded from Schedule F - Part 5, not included above.

17.18 Gross amount of unauthorized reinsurance in Schedule F - Part 3 excluded from Schedule F - Part 5	\$
17.19 Unfunded portion of Interrogatory 17.18	\$
17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18	\$
17.21 Case reserves portion of Interrogatory 17.18	\$
17.22 Incurred but not reported portion of Interrogatory 17.18	\$
17.23 Unearned premium portion of Interrogatory 17.18	\$
17.24 Contingent commission portion of Interrogatory 17.18	\$

18.1 Do you act as a custodian for health savings accounts?

Yes [] No [X]

18.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$

18.3 Do you act as an administrator for health savings accounts?

Yes [] No [X]

18.4 If yes, please provide the balance of funds administered as of the reporting date.

\$

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	1 2011	2 2010	3 2009	4 2008	5 2007
Gross Premiums Written (Page 8, Part 1B Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	0	0	0	23,440	529,155
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	0	12,189	369,918
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	(2,033)	225,943
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
6. Total (Line 35)	0	0	0	33,596	1,125,016
Net Premiums Written (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	0	0	0	(32,483)	442,321
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	0	0	0	(25,309)	261,297
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	0	0	0	0	(680,510)
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
12. Total (Line 35)	0	0	0	(57,792)	23,108
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8)	(177,405)	(62,253)	(190,869)	(224,786)	132,947
14. Net investment gain or (loss) (Line 11)	346,836	544,380	344,855	(326,659)	1,372,794
15. Total other income (Line 15)	0	0	(745)	(15,732)	67,509
16. Dividends to policyholders (Line 17)		0	0	0	0
17. Federal and foreign income taxes incurred (Line 19)		38,000	37,820	(47,820)	127,886
18. Net income (Line 20)	169,431	444,126	115,421	(519,356)	1,445,363
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	4,986,495	5,427,072	6,085,082	6,663,238	9,780,141
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	0	0	0	0	30,646
20.2 Deferred and not yet due (Line 15.2)	0	0	0	0	89,870
20.3 Accrued retrospective premiums (Line 15.3)	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 26)	103,714	130,881	483,245	957,978	2,910,504
22. Losses (Page 3, Line 1)	30,000	30,000	320,808	666,252	1,724,675
23. Loss adjustment expenses (Page 3, Line 3)	5,517	5,919	60,113	139,013	335,364
24. Unearned premiums (Page 3, Line 9)		0	0	0	214,170
25. Capital paid up (Page 3, Lines 30 & 31)	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
26. Surplus as regards policyholders (Page 3, Line 37)	4,882,781	5,296,191	5,601,837	5,705,260	6,869,637
Cash Flow (Page 5)					
27. Net cash from operations (Line 11)	94,000	(115,495)	(204,852)	(1,872,573)	(3,440,129)
Risk-Based Capital Analysis					
28. Total adjusted capital	4,882,781	5,296,191	5,601,837	5,705,260	6,869,637
29. Authorized control level risk-based capital	53,857	72,077	94,488	125,115	1,403,298
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line divided by Page 2, Line 12, Col. 3) x100.0					
30. Bonds (Line 1)	75.4	71.8	70.7	69.9	61.8
31. Stocks (Lines 2.1 & 2.2)	18.3	21.2	22.8	25.1	24.0
32. Mortgage loans on real estate (Lines 3.1 and 3.2)	0.9	1.0	1.0	1.0	0.7
33. Real estate (Lines 4.1, 4.2 & 4.3)	0.0	0.0	0.0	0.0	2.3
34. Cash, cash equivalents and short-term investments (Line 5)	5.4	6.0	5.5	3.9	11.1
35. Contract loans (Line 6)	0.0	0.0	0.0	0.0	0.0
36. Derivatives (Line 7)	0.0	0.0	XXX	XXX	XXX
37. Other invested assets (Line 8)	0.0	0.0	0.0	0.0	0.0
38. Receivables for securities (Line 9)	0.0	0.0	0.0	0.1	0.0
39. Securities lending reinvested collateral assets (Line 10)	0.0	0.0	XXX	XXX	XXX
40. Aggregate write-ins for invested assets (Line 11)	0.0	0.0	0.0	0.0	0.0
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
Investments in Parent, Subsidiaries and Affiliates					
42. Affiliated bonds (Schedule D, Summary, Line 12, Col. 1).....	0	0	0	0	0
43. Affiliated preferred stocks (Schedule D, Summary, Line 18, Col. 1)	0	0	0	0	0
44. Affiliated common stocks (Schedule D, Summary, Line 24, Col. 1)	0	0	0	0	0
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
46. Affiliated mortgage loans on real estate		0	0	0	0
47. All other affiliated		0	0	0	0
48. Total of above Lines 42 to 47	0	0	0	0	0
49. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)	0.0	0.0	0.0	0.0	0.0

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2011	2 2010	3 2009	4 2008	5 2007
Capital and Surplus Accounts (Page 4)					
50. Net unrealized capital gains (losses) (Line 24)	(42,841)	(86,848)	364,310	(201,814)	(2,408,840)
51. Dividends to stockholders (Line 35)	(500,000)	(500,000)	(700,000)	(500,000)	(11,589,540)
52. Change in surplus as regards policyholders for the year (Line 38)	(413,410)	(305,646)	(103,423)	(1,164,377)	(12,324,543)
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
53. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	(1,003)	331,135	323,689	976,593	1,598,315
54. Property lines (Lines 1, 2, 9, 12, 21 & 26)	(2,119)	(3,025)	(7,474)	31,715	631,078
55. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	(4,938)	(1,790)	15,704	(104,505)	1,580,956
56. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
57. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
58. Total (Line 35)	(8,060)	326,320	331,919	903,803	3,810,349
Net Losses Paid (Page 9, Part 2, Col. 4)					
59. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	(1,003)	199,453	306,117	964,018	1,568,904
60. Property lines (Lines 1, 2, 9, 12, 21 & 26)	(2,119)	(2,978)	(6,583)	32,796	631,617
61. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	(4,472)	(850)	9,035	(24,866)	1,131,096
62. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
63. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
64. Total (Line 35)	(7,594)	195,625	308,569	971,948	3,331,616
Operating Percentages (Page 4) (Line divided by Page 4, Line 1) x 100.0					
65. Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
66. Losses incurred (Line 2)	0.0	0.0	0.0	(55.3)	43.8
67. Loss expenses incurred (Line 3)	0.0	0.0	0.0	132.1	19.1
68. Other underwriting expenses incurred (Line 4)	0.0	0.0	0.0	166.9	33.3
69. Net underwriting gain (loss) (Line 8)	0.0	0.0	0.0	(143.7)	3.8
Other Percentages					
70. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0)	0.0	0.0	0.0	(478.9)	4,760.9
71. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	0.0	0.0	0.0	76.8	62.9
72. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0)	0.0	0.0	0.0	(1.0)	0.3
One Year Loss Development (000 omitted)					
73. Development in estimated losses and loss expenses incurred prior to current year (Schedule P - Part 2 - Summary, Line 12, Col. 11)	(13)	(107)	(68)	(293)	(984)
74. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 73 above divided by Page 4, Line 21, Col. 1 x 100.0).....	(0.2)	(1.9)	(1.2)	(4.3)	(5.1)
Two Year Loss Development (000 omitted)					
75. Development in estimated losses and loss expenses incurred two years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12)	(120)	(175)	(333)	(1,096)	(1,896)
76. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 75 above divided by Page 4, Line 21, Col. 2 x 100.0)	(2.1)	(3.1)	(4.8)	(5.7)	(9.8)

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [] No []

If no, please explain:

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P - PART 1 - SUMMARY

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX	(2)	0	0	0	0	0	1	(2)	XXX
2. 2002.....	26,168	5,708	20,460	16,580	3,426	649	90	1,773	344	507	15,142	XXX
3. 2003.....	21,499	1,790	19,709	12,232	1,039	410	1	1,585	23	395	13,164	XXX
4. 2004.....	16,401	1,452	14,949	9,585	1,031	198	0	1,541	16	267	10,277	XXX
5. 2005.....	12,634	514	12,120	5,420	0	141	0	1,175	0	206	6,736	XXX
6. 2006.....	10,623	523	10,100	5,659	218	129	0	1,125	4	261	6,691	XXX
7. 2007.....	4,678	1,169	3,509	2,727	410	42	0	549	46	63	2,862	XXX
8. 2008.....	310	154	156	235	2	0	0	56	4	10	285	XXX
9. 2009.....	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2010.....	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2011.....	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	52,436	6,126	1,569	91	7,804	437	1,710	55,155	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	2	0	XXX
2. 2002.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2003.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2004.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2005.....	10	0	0	0	0	0	1	0	1	0	0	12	XXX
6. 2006.....	20	0	0	0	0	0	2	0	1	0	4	23	XXX
7. 2007.....	0	0	0	0	0	0	0	0	0	0	1	0	XXX
8. 2008.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2009.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2010.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	30	0	0	0	0	0	3	0	2	0	7	35	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2002.....	19,002	3,860	15,142	72.6	67.6	74.0	0	0		0	0
3. 2003.....	14,227	1,063	13,164	66.2	59.4	66.8	0	0		0	0
4. 2004.....	11,324	1,047	10,277	69.0	72.1	68.7	0	0		0	0
5. 2005.....	6,748	0	6,748	53.4	0.0	55.7	0	0		10	2
6. 2006.....	6,936	222	6,714	65.3	42.4	66.5	0	0		20	3
7. 2007.....	3,318	456	2,862	70.9	39.0	81.6	0	0		0	0
8. 2008.....	291	6	285	93.9	3.9	182.7	0	0		0	0
9. 2009.....	0	0	0	0.0	0.0	0.0	0	0		0	0
10. 2010.....	0	0	0	0.0	0.0	0.0	0	0		0	0
11. 2011.....	0	0	0	0.0	0.0	0.0	0	0		0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	30	5

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	11 One Year	12 Two Year
1. Prior.....	2,704	2,996	3,187	3,408	3,394	3,372	3,378	3,382	3,382	3,380	(2)	(2)
2. 2002.....	13,460	13,541	13,611	13,730	13,785	13,726	13,699	13,710	13,711	13,713	2	3
3. 2003.....	XXX	12,050	10,715	11,887	11,737	11,561	11,551	11,602	11,602	11,602	0	0
4. 2004.....	XXX	XXX	9,146	9,137	9,021	8,738	8,812	8,752	8,752	8,752	0	0
5. 2005.....	XXX	XXX	XXX	6,670	5,869	5,535	5,592	5,595	5,578	5,572	(6)	(23)
6. 2006.....	XXX	XXX	XXX	XXX	5,969	5,855	5,647	5,597	5,592	5,592	0	(5)
7. 2007.....	XXX	XXX	XXX	XXX	XXX	2,625	2,440	2,441	2,365	2,359	(6)	(82)
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX	272	244	234	233	(1)	(11)
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											(13)	(120)

SCHEDULE P - PART 3 - SUMMARY

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011		
1. Prior.....	000	1,400	1,898	2,240	(1,936)	3,367	3,368	3,382	3,382	3,380	XXX	XXX
2. 2002.....	8,826	11,631	12,694	13,140	11,453	13,713	13,709	13,710	13,711	13,713	XXX	XXX
3. 2003.....	XXX	7,666	9,766	10,603	11,076	11,455	11,553	11,602	11,602	11,602	XXX	XXX
4. 2004.....	XXX	XXX	5,497	7,347	8,110	8,527	8,760	8,752	8,752	8,752	XXX	XXX
5. 2005.....	XXX	XXX	XXX	3,750	5,014	5,306	5,493	5,566	5,567	5,561	XXX	XXX
6. 2006.....	XXX	XXX	XXX	XXX	4,037	5,137	5,423	5,572	5,571	5,570	XXX	XXX
7. 2007.....	XXX	XXX	XXX	XXX	XXX	1,957	2,114	2,143	2,365	2,359	XXX	XXX
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX	203	234	234	233	XXX	XXX
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX	XXX
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

SCHEDULE P - PART 4 - SUMMARY

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior.....	406	180	79	49	10	2	0	0	0	0
2. 2002.....	1,380	418	189	118	68	15	(10)	0	0	0
3. 2003.....	XXX	1,432	447	278	146	(6)	(2)	0	0	0
4. 2004.....	XXX	XXX	1,034	470	223	(16)	3	0	0	0
5. 2005.....	XXX	XXX	XXX	909	393	32	36	4	0	1
6. 2006.....	XXX	XXX	XXX	XXX	724	191	27	5	0	2
7. 2007.....	XXX	XXX	XXX	XXX	XXX	271	44	35	0	0
8. 2008.....	XXX	XXX	XXX	XXX	XXX	XXX	27	10	0	0
9. 2009.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

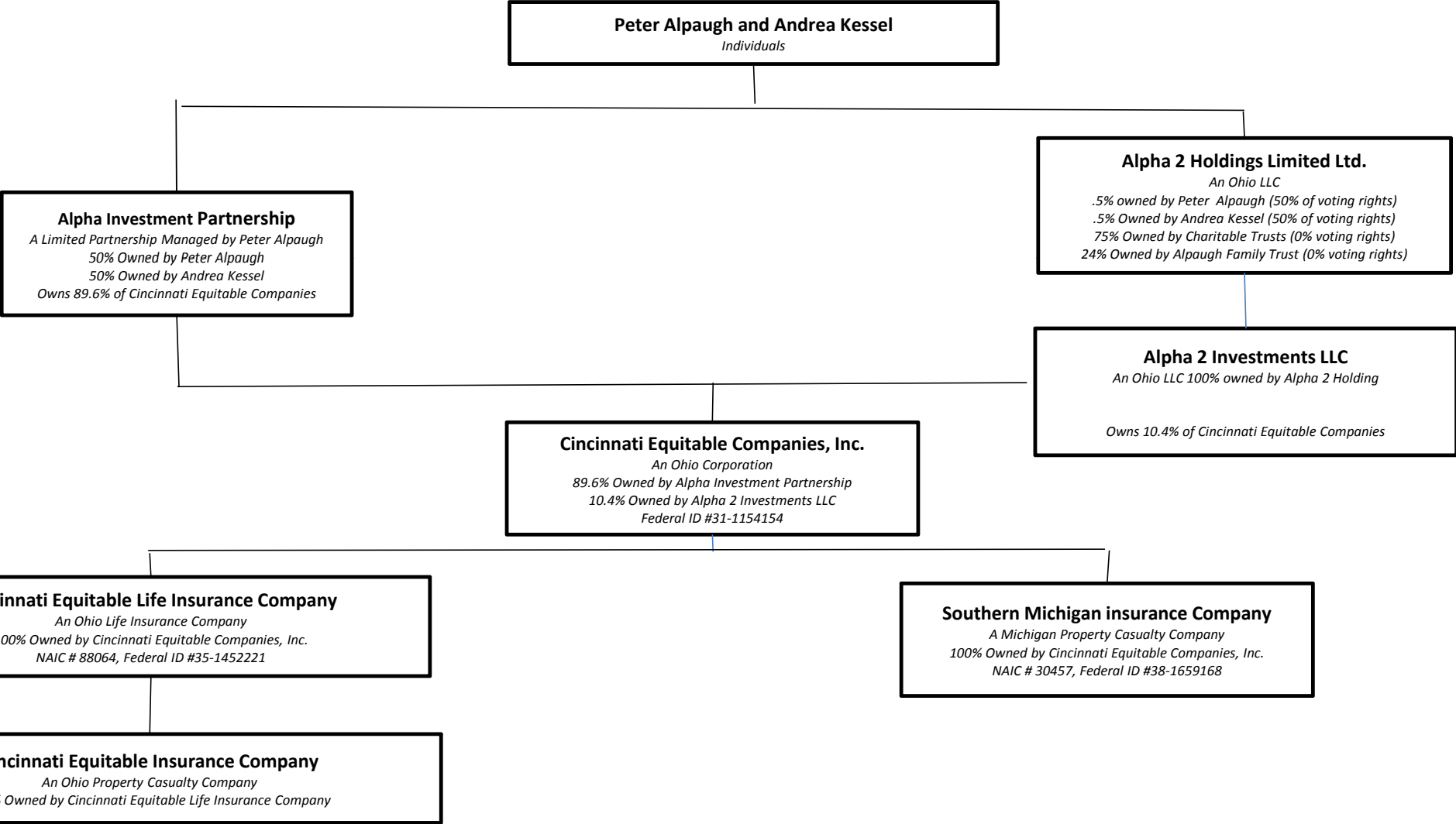
Allocated by States and Territories									
States, Etc.	1 Active Status	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges Not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Included in Column 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama	AL	N	0	0	0	0	0		
2. Alaska	AK	N	0	0	0	0	0		
3. Arizona	AZ	N	0	0	0	0	0		
4. Arkansas	AR	N	0	0	0	0	0		
5. California	CA	N	0	0	0	0	0		
6. Colorado	CO	N	0	0	0	0	0		
7. Connecticut	CT	N	0	0	0	0	0		
8. Delaware	DE	N	0	0	0	0	0		
9. District of Columbia	DC	N	0	0	0	0	0		
10. Florida	FL	N	0	0	0	0	0		
11. Georgia	GA	N	0	0	0	0	0		
12. Hawaii	HI	N	0	0	0	0	0		
13. Idaho	ID	N	0	0	0	0	0		
14. Illinois	IL	L							
15. Indiana	IN	L	0	0	0	(436)	(436)	20,000	
16. Iowa	IA	N	0	0	0	0	0	0	
17. Kansas	KS	N	0	0	0	0	0	0	
18. Kentucky	KY	L	0	0	0	0	0	0	
19. Louisiana	LA	N	0	0	0	0	0	0	
20. Maine	ME	N	0	0	0	0	0	0	
21. Maryland	MD	N	0	0	0	0	0	0	
22. Massachusetts	MA	N	0	0	0	0	0	0	
23. Michigan	MI	N	0	0	0	0	0	0	
24. Minnesota	MN	N	0	0	0	0	0	0	
25. Mississippi	MS	N	0	0	0	0	0	0	
26. Missouri	MO	N	0	0	0	0	0	0	
27. Montana	MT	N	0	0	0	0	0	0	
28. Nebraska	NE	N	0	0	0	0	0	0	
29. Nevada	NV	N	0	0	0	0	0	0	
30. New Hampshire	NH	N	0	0	0	0	0	0	
31. New Jersey	NJ	N	0	0	0	0	0	0	
32. New Mexico	NM	N	0	0	0	0	0	0	
33. New York	NY	N	0	0	0	0	0	0	
34. North Carolina	NC	N	0	0	0	0	0	0	
35. North Dakota	ND	N	0	0	0	0	0	0	
36. Ohio	OH	L	0	0	0	(6,444)	(6,444)	0	
37. Oklahoma	OK	N	0	0	0	0	0	0	
38. Oregon	OR	N	0	0	0	0	0	0	
39. Pennsylvania	PA	L	0	0	0	(1,180)	(1,180)	10,000	
40. Rhode Island	RI	N	0	0	0	0	0	0	
41. South Carolina	SC	N	0	0	0	0	0	0	
42. South Dakota	SD	N	0	0	0	0	0	0	
43. Tennessee	TN	N	0	0	0	0	0	0	
44. Texas	TX	N	0	0	0	0	0	0	
45. Utah	UT	N	0	0	0	0	0	0	
46. Vermont	VT	N	0	0	0	0	0	0	
47. Virginia	VA	N	0	0	0	0	0	0	
48. Washington	WA	N	0	0	0	0	0	0	
49. West Virginia	WV	N	0	0	0	0	0	0	
50. Wisconsin	WI	N	0	0	0	0	0	0	
51. Wyoming	WY	N	0	0	0	0	0	0	
52. American Samoa	AS	N	0	0	0	0	0	0	
53. Guam	GU	N	0	0	0	0	0	0	
54. Puerto Rico	PR	N	0	0	0	0	0	0	
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	
57. Canada	CN	N	0	0	0	0	0		
58. Aggregate other alien ..	OT	XXX	0	0	0	0	0	0	0
59. Totals	(a) 5	0	0	0	(8,060)	(8,060)	30,000	0	0
DETAILS OF WRITE-INS									
5801.	XXX								
5802.	XXX								
5803.	XXX								
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898)(Line 58 above)	XXX	0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation of premiums by states, etc.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



NONE

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Assets	2
Cash Flow	5
Exhibit of Capital Gains (Losses)	12
Exhibit of Net Investment Income	12
Exhibit of Nonadmitted Assets	13
Exhibit of Premiums and Losses (State Page)	19
Five-Year Historical Data	17
General Interrogatories	15
Jurat Page	1
Liabilities, Surplus and Other Funds	3
Notes To Financial Statements	14
Overflow Page For Write-ins	98
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D	E22
Schedule DB - Verification	SI14
Schedule DL - Part 1	E23
Schedule DL - Part 2	E24
Schedule E - Part 1 - Cash	E25
Schedule E - Part 2 - Cash Equivalents	E26
Schedule E - Part 3 - Special Deposits	E27
Schedule E - Verification Between Years	SI15
Schedule F - Part 1	20
Schedule F - Part 2	21
Schedule F - Part 3	22
Schedule F - Part 4	23
Schedule F - Part 5	24
Schedule F - Part 6	25
Schedule F - Part 7	26
Schedule F - Part 8	27

ANNUAL STATEMENT BLANK (Continued)

Schedule H - Accident and Health Exhibit - Part 1	28
Schedule H - Part 2, Part 3 and 4	29
Schedule H - Part 5 - Health Claims	30
Schedule P - Part 1 - Summary	31
Schedule P - Part 1A - Homeowners/Farmowners	33
Schedule P - Part 1B - Private Passenger Auto Liability/Medical	34
Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical	35
Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)	36
Schedule P - Part 1E - Commercial Multiple Peril	37
Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence	38
Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made	39
Schedule P - Part 1G - Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler and Machinery)	40
Schedule P - Part 1H - Section 1 - Other Liability-Occurrence	41
Schedule P - Part 1H - Section 2 - Other Liability - Claims-Made	42
Schedule P - Part 1I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	43
Schedule P - Part 1J - Auto Physical Damage	44
Schedule P - Part 1K - Fidelity/Surety	45
Schedule P - Part 1L - Other (Including Credit, Accident and Health)	46
Schedule P - Part 1M - International	47
Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property	48
Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability	49
Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines	50
Schedule P - Part 1R - Section 1 - Products Liability - Occurrence	51
Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made	52
Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty	53
Schedule P - Part 1T - Warranty	54
Schedule P - Part 2, Part 3 and Part 4 - Summary	32
Schedule P - Part 2A - Homeowners/Farmowners	55
Schedule P - Part 2B - Private Passenger Auto Liability/Medical	55
Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical	55
Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation)	55
Schedule P - Part 2E - Commercial Multiple Peril	55
Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence	56
Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made	56
Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	56
Schedule P - Part 2H - Section 1 - Other Liability - Occurrence	56
Schedule P - Part 2H - Section 2 - Other Liability - Claims-Made	56
Schedule P - Part 2I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	57
Schedule P - Part 2J - Auto Physical Damage	57
Schedule P - Part 2K - Fidelity, Surety	57
Schedule P - Part 2L - Other (Including Credit, Accident and Health)	57
Schedule P - Part 2M - International	57
Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property	58
Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability	58
Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines	58
Schedule P - Part 2R - Section 1 - Products Liability - Occurrence	59
Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made	59
Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty	59
Schedule P - Part 2T - Warranty	59
Schedule P - Part 3A - Homeowners/Farmowners	60
Schedule P - Part 3B - Private Passenger Auto Liability/Medical	60
Schedule P - Part 3C - Commercial Auto/Truck Liability/Medical	60
Schedule P - Part 3D - Workers' Compensation (Excluding Excess Workers' Compensation)	60
Schedule P - Part 3E - Commercial Multiple Peril	60
Schedule P - Part 3F - Section 1 - Medical Professional Liability - Occurrence	61
Schedule P - Part 3F - Section 2 - Medical Professional Liability - Claims-Made	61
Schedule P - Part 3G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	61
Schedule P - Part 3H - Section 1 - Other Liability - Occurrence	61
Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made	61
Schedule P - Part 3I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	62
Schedule P - Part 3J - Auto Physical Damage	62
Schedule P - Part 3K - Fidelity/Surety	62
Schedule P - Part 3L - Other (Including Credit, Accident and Health)	62
Schedule P - Part 3M - International	62
Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property	63
Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability	63
Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines	63
Schedule P - Part 3R - Section 1 - Products Liability - Occurrence	64
Schedule P - Part 3R - Section 2 - Products Liability - Claims-Made	64
Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty	64
Schedule P - Part 3T - Warranty	64

ANNUAL STATEMENT BLANK (Continued)

Schedule P - Part 4A - Homeowners/Farmowners	65
Schedule P - Part 4B - Private Passenger Auto Liability/Medical	65
Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical	65
Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation)	65
Schedule P - Part 4E - Commercial Multiple Peril	65
Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence	66
Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made	66
Schedule P - Part 4G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	66
Schedule P - Part 4H - Section 1 - Other Liability - Occurrence	66
Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made	66
Schedule P - Part 4I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary and Theft)	67
Schedule P - Part 4J - Auto Physical Damage	67
Schedule P - Part 4K - Fidelity/Surety	67
Schedule P - Part 4L - Other (Including Credit, Accident and Health)	67
Schedule P - Part 4M - International	67
Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property	68
Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability	68
Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines	68
Schedule P - Part 4R - Section 1 - Products Liability - Occurrence	69
Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made	69
Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty	69
Schedule P - Part 4T - Warranty	69
Schedule P - Part 5A - Homeowners/Farmowners	70
Schedule P - Part 5B - Private Passenger Auto Liability/Medical	71
Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical	72
Schedule P - Part 5D - Workers' Compensation (Excluding Excess Workers' Compensation)	73
Schedule P - Part 5E - Commercial Multiple Peril	74
Schedule P - Part 5F - Medical Professional Liability - Claims-Made	76
Schedule P - Part 5F - Medical Professional Liability - Occurrence	75
Schedule P - Part 5H - Other Liability - Claims-Made	78
Schedule P - Part 5H - Other Liability - Occurrence	77
Schedule P - Part 5R - Products Liability - Claims-Made	80
Schedule P - Part 5R - Products Liability - Occurrence	79
Schedule P - Part 5T - Warranty	81
Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical	82
Schedule P - Part 6D - Workers' Compensation (Excluding Excess Workers' Compensation)	82
Schedule P - Part 6E - Commercial Multiple Peril	83
Schedule P - Part 6H - Other Liability - Claims-Made	84
Schedule P - Part 6H - Other Liability - Occurrence	83
Schedule P - Part 6M - International	84
Schedule P - Part 6N - Reinsurance - Nonproportional Assumed Property	85
Schedule P - Part 6O - Reinsurance - Nonproportional Assumed Liability	85
Schedule P - Part 6R - Products Liability - Claims-Made	86
Schedule P - Part 6R - Products Liability - Occurrence	86
Schedule P - Part 7A - Primary Loss Sensitive Contracts	87
Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts	89
Schedule P Interrogatories	91
Schedule T - Exhibit of Premiums Written	92
Schedule T - Part 2 - Interstate Compact	93
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	94
Schedule Y - Part 1A - Detail of Insurance Holding Company System	95
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	96
Statement of Income	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	97
Underwriting and Investment Exhibit Part 1	6
Underwriting and Investment Exhibit Part 1A	7
Underwriting and Investment Exhibit Part 1B	8
Underwriting and Investment Exhibit Part 2	9
Underwriting and Investment Exhibit Part 2A	10
Underwriting and Investment Exhibit Part 3	11