

Ceded Reinsurance Premium was omitted from the original filing on Schedule T.



LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

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

Cincinnati Equitable Life Insurance Company

NAIC Group Code 0838 NAIC Company Code 88064 Employer's ID Number 35-1452221

(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 10/19/1977 Commenced Business 07/11/1978

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 P.O. BOX 3428, Cincinnati, OH 45202-3428
(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@1826.com, 513-621-4531
(E-mail Address) (FAX Number)

OFFICERS

Chairman of the Board	<u>Peter A Alpaugh</u>	President/CEO/CFO/Treasurer	<u>Gregory A Baker</u>
Secretary	<u>Linda S Bales</u>		

OTHER

Tonya G Crawford V.P. Sales & Marketing

DIRECTORS OR TRUSTEES

<u>Peter A Alpaugh</u>	<u>Andrea A Kessel</u>	<u>Gregory A Baker</u>
<u>James W Ketting</u>	<u>Drew F Knowles #</u>	

State of Richard H. Hansman, Jr. SS: _____
County of Hamilton

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

Linda S. Bales
Secretary

Gregory A. Baker
Treasurer

Subscribed and sworn to before me this
15th day of February

- a. Is this an original filing? Yes [] No [X]
 b. If no,
 1. State the amendment number.....1
 2. Date filed02/29/2012
 3. Number of pages attached..... 1

Richard H. Hansman, Jr.

11/8/2014

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Life Insurance Company
SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only					
		2 Life Contracts	3 Life Insurance Premiums	4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5	7 Deposit-Type Contracts
1. Alabama	AL N	0	0	0	0	0	0
2. Alaska	AK N	0	0	0	0	0	0
3. Arizona	AZ N	0	0	0	0	0	0
4. Arkansas	AR N	0	0	0	0	0	0
5. California	CA N	0	0	0	0	0	0
6. Colorado	CO N	0	0	0	0	0	0
7. Connecticut	CT N	0	0	0	0	0	0
8. Delaware	DE N	0	0	0	0	0	0
9. District of Columbia	DC N	0	0	0	0	0	0
10. Florida	FL N	0	0	0	0	0	0
11. Georgia	GA L	3,441,127	355,143	0	0	3,796,270	0
12. Hawaii	HI N	0	0	0	0	0	0
13. Idaho	ID N	0	0	0	0	0	0
14. Illinois	IL N	0	0	0	0	0	0
15. Indiana	IN L	6,784,410	17,236	0	0	6,801,646	0
16. Iowa	IA N	0	0	0	0	0	0
17. Kansas	KS N	0	0	0	0	0	0
18. Kentucky	KY L	3,691,188	2,438	0	0	3,693,626	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	4,458,471	100	109,689	0	4,568,260	0
37. Oklahoma	OK N	0	0	0	0	0	0
38. Oregon	OR N	0	0	0	0	0	0
39. Pennsylvania	PA N	0	0	0	0	0	0
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	0
58. Aggregate Other Alien	OT XXX	0	0	0	0	0	0
59. Subtotal	(a) 4	18,375,196	374,917	109,689	0	18,859,802	0
90. Reporting entity contributions for employee benefits plans	XXX					0	
91. Dividends or refunds applied to purchase paid-up additions and annuities	XXX					0	
92. Dividends or refunds applied to shorten endowment or premium paying period	XXX					0	
93. Premium or annuity considerations waived under disability or other contract provisions	XXX					0	
94. Aggregate or other amounts not allocable by State	XXX	0	0	0	0	0	0
95. Totals (Direct Business)	XXX	18,375,196	374,917	109,689	0	18,859,802	0
96. Plus reinsurance assumed	XXX					0	
97. Totals (All Business)	XXX	18,375,196	374,917	109,689	0	18,859,802	0
98. Less reinsurance ceded	XXX		4,734			4,734	
99. Totals (All Business) less Reinsurance Ceded	XXX	18,370,462	374,917	(b) 109,689	0	18,855,068	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
5899. Totals (Lines 5801 through 5803 plus 5898)(Line 58 above)	XXX	0	0	0	0	0	0
9401.	XXX						
9402.	XXX						
9403.	XXX						
9498. Summary of remaining write-ins for Line 94 from overflow page	XXX	0	0	0	0	0	0
9499. Totals (Lines 9401 through 9403 plus 9498)(Line 94 above)	XXX	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 by states, etc., of premiums and annuity considerations

Premium is recorded by state with no allocation.

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

(b) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4, and 16.4, Cols. 8, 9, 10, or with Schedule H, Part 1, Line 1, indicate which: Schedule H, Part 1, Line 1.....