



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 _____ (Current) (Former) _____, State of Domicile or Port of Entry _____ Ohio _____, United States of America _____ Ohio _____

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)

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
(Street and Number)
Cincinnati , OH 45202 , 513-621-1826
(City, State, Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.cineqlife.com

Statutory Statement Contact Gregory Allen Baker, 513-621-1826
(Name) (Area Code) (Telephone Number)
gabaker@cincinnatigeneral.com 513-621-1826

OFFICERS

CHIUSI

DIRECTORS OR TRUSTEES

State of Ohio 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

Gregory A Baker
President

Linda S Bales
Secretary

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 []

Richard H Hansma

November 8 2014



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0838

Line of Business	Direct Business in the state of Illinois		During the Year 2011		NAIC Company Code 16721							
	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4								
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	6	7	8	9	10	11	12
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancellable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits program premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)												
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

and number of persons insured under indemnity only products



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0838

Line of Business	Direct Business in the state of Indiana		During the Year 2011		NAIC Company Code 16721	
	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	
	1 Direct Premiums Written	2 Direct Premiums Earned				
1. Fire						
2.1 Allied lines						
2.2 Multiple peril crop						
2.3 Federal flood						
3. Farmowners multiple peril						
4. Homeowners multiple peril						
5.1 Commercial multiple peril (non-liability portion)						
5.2 Commercial multiple peril (liability portion)						
6. Mortgage guaranty						
8. Ocean marine						
9. Inland marine						
10. Financial guaranty						
11. Medical professional liability						
12. Earthquake						
13. Group accident and health (b)						
14. Credit accident and health (group and individual)						
15.1 Collectively renewable accident and health (b)						
15.2 Non-cancellable accident and health(b)						
15.3 Guaranteed renewable accident and health(b)						
15.4 Non-renewable for stated reasons only (b)						
15.5 Other accident only						
15.6 Medicare Title XVIII exempt from state taxes or fees						
15.7 All other accident and health (b)						
15.8 Federal employees health benefits program premium (b)						
16. Workers' compensation						
17.1 Other Liability - occurrence						
17.2 Other Liability - claims made						
17.3 Excess workers' compensation						
18. Products liability						
19.1 Private passenger auto no-fault (personal injury protection)						
19.2 Other private passenger auto liability						
19.3 Commercial auto no-fault (personal injury protection)						
19.4 Other commercial auto liability						
21.1 Private passenger auto physical damage						
21.2 Commercial auto physical damage						
22. Aircraft (all perils)						
23. Fidelity						
24. Surety						
26. Burglary and theft						
27. Boiler and machinery						
28. Credit						
30. Warranty						
34. Aggregate write-ins for other lines of business .....	.0	.0	.0	.0	.0	.0
35. TOTALS (a)	0	0	0	(436)	(436)	20,000
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
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$

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



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0838

Line of Business	Direct Business in the state of Kentucky		During the Year 2011		NAIC Company Code 16721	
	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	
	1 Direct Premiums Written	2 Direct Premiums Earned				
1. Fire						
2.1 Allied lines						
2.2 Multiple peril crop						
2.3 Federal flood						
3. Farmowners multiple peril						
4. Homeowners multiple peril						
5.1 Commercial multiple peril (non-liability portion)						
5.2 Commercial multiple peril (liability portion)						
6. Mortgage guaranty						
8. Ocean marine						
9. Inland marine						
10. Financial guaranty						
11. Medical professional liability						
12. Earthquake						
13. Group accident and health (b)						
14. Credit accident and health (group and individual)						
15.1 Collectively renewable accident and health (b)						
15.2 Non-cancellable accident and health(b)						
15.3 Guaranteed renewable accident and health(b)						
15.4 Non-renewable for stated reasons only (b)						
15.5 Other accident only						
15.6 Medicare Title XVIII exempt from state taxes or fees						
15.7 All other accident and health (b)						
15.8 Federal employees health benefits program premium (b)						
16. Workers' compensation						
17.1 Other Liability - occurrence						
17.2 Other Liability - claims made						
17.3 Excess workers' compensation						
18. Products liability						
19.1 Private passenger auto no-fault (personal injury protection)						
19.2 Other private passenger auto liability						
19.3 Commercial auto no-fault (personal injury protection)						
19.4 Other commercial auto liability						
21.1 Private passenger auto physical damage						
21.2 Commercial auto physical damage						
22. Aircraft (all perils)						
23. Fidelity						
24. Surety						
26. Burglary and theft						
27. Boiler and machinery						
28. Credit						
30. Warranty						
34. Aggregate write-ins for other lines of business .....	.0	.0	.0	.0	.0	.0
35. TOTALS (a)	0	0	0	0	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
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$

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



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0838

Line of Business	Direct Business in the state of Ohio		During the Year 2011		NAIC Company Code 16721	
	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves		
	1 Direct Premiums Written	2 Direct Premiums Earned				
1. Fire						
2.1 Allied lines						
2.2 Multiple peril crop						
2.3 Federal flood						
3. Farmowners multiple peril						
4. Homeowners multiple peril						
5.1 Commercial multiple peril (non-liability portion)						
5.2 Commercial multiple peril (liability portion)						
6. Mortgage guaranty						
8. Ocean marine						
9. Inland marine						
10. Financial guaranty						
11. Medical professional liability						
12. Earthquake						
13. Group accident and health (b)						
14. Credit accident and health (group and individual)						
15.1 Collectively renewable accident and health (b)						
15.2 Non-cancellable accident and health(b)						
15.3 Guaranteed renewable accident and health(b)						
15.4 Non-renewable for stated reasons only (b)						
15.5 Other accident only						
15.6 Medicare Title XVIII exempt from state taxes or fees						
15.7 All other accident and health (b)						
15.8 Federal employees health benefits program premium (b)						
16. Workers' compensation						
17.1 Other Liability - occurrence						
17.2 Other Liability - claims made						
17.3 Excess workers' compensation						
18. Products liability						
19.1 Private passenger auto no-fault (personal injury protection)						
19.2 Other private passenger auto liability						
19.3 Commercial auto no-fault (personal injury protection)						
19.4 Other commercial auto liability						
21.1 Private passenger auto physical damage						
21.2 Commercial auto physical damage						
22. Aircraft (all perils)						
23. Fidelity						
24. Surety						
26. Burglary and theft						
27. Boiler and machinery						
28. Credit						
30. Warranty						
34. Aggregate write-ins for other lines of business .....	.0	.0	.0	.0	
35. TOTALS (a)	0	0	0	(6,444)	(6,444)	
DETAILS OF WRITE-INS						
3401.						
3402.						
3403.						
3498. Summary of remaining write-ins for Line 34 from overflow page .....	.0	.0	.0	.0	.0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	

(a) Finance and service charges not included in Lines 1 to 35 \$

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



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0838

Line of Business	Direct Business in the state of Pennsylvania		During the Year 2011		NAIC Company Code 16721	
	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	
	1 Direct Premiums Written	2 Direct Premiums Earned				
1. Fire						
2.1 Allied lines						
2.2 Multiple peril crop						
2.3 Federal flood						
3. Farmowners multiple peril						
4. Homeowners multiple peril						
5.1 Commercial multiple peril (non-liability portion)						
5.2 Commercial multiple peril (liability portion)						
6. Mortgage guaranty						
8. Ocean marine						
9. Inland marine						
10. Financial guaranty						
11. Medical professional liability						
12. Earthquake						
13. Group accident and health (b)						
14. Credit accident and health (group and individual)						
15.1 Collectively renewable accident and health (b)						
15.2 Non-cancellable accident and health(b)						
15.3 Guaranteed renewable accident and health(b)						
15.4 Non-renewable for stated reasons only (b)						
15.5 Other accident only						
15.6 Medicare Title XVIII exempt from state taxes or fees						
15.7 All other accident and health (b)						
15.8 Federal employees health benefits program premium (b)						
16. Workers' compensation						
17.1 Other Liability - occurrence						
17.2 Other Liability - claims made						
17.3 Excess workers' compensation						
18. Products liability						
19.1 Private passenger auto no-fault (personal injury protection)						
19.2 Other private passenger auto liability						
19.3 Commercial auto no-fault (personal injury protection)						
19.4 Other commercial auto liability						
21.1 Private passenger auto physical damage						
21.2 Commercial auto physical damage						
22. Aircraft (all perils)						
23. Fidelity						
24. Surety						
26. Burglary and theft						
27. Boiler and machinery						
28. Credit						
30. Warranty						
34. Aggregate write-ins for other lines of business .....	.0	.0	.0	.0	.0	.0
35. TOTALS (a)	0	0	0	(1,180)	(1,180)	10,000
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
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$

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



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0838

Line of Business	Direct Business in the state of		Grand Total	During the Year		2011	NAIC Company Code		16721	11		12
	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		Dividends Paid or Credited to Policyholders on Direct Business	3	4	5	6	7	8	9	10	11
	1 Direct Premiums Written	2 Direct Premiums Earned		Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1 Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2 Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3. Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4. Homeowners multiple peril	0	0	0	0	0	(4,937)	(4,937)	0	0	0	0	0
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6. Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8. Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9. Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13. Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1 Collectively renewable accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2 Non-cancelable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3 Guaranteed renewable accident and health(b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4 Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5 Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7 All other accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16. Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17.1 Other Liability - occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability - claims made	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18. Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2 Other private passenger auto liability	0	0	0	0	(1,004)	(1,004)	30,000	431	(1,633)	3,855	0	1,525
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4 Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1 Private passenger auto physical damage	0	0	0	0	(2,119)	(2,119)	0	8	8	0	0	0
21.2 Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22. Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety	0	0	0	0	0	0	0	0	0	0	0	0
26. Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27. Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28. Credit	0	0	0	0	0	0	0	0	0	0	0	0
30. Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0	(8,060)	(8,060)	30,000	439	(1,625)	3,855	0	1,525
35. TOTALS (a)	0	0	0	0	(8,060)	(8,060)	30,000	439	(1,625)	3,855	0	1,525
DETAILS OF WRITE-INS												
3401.	0	0	0	0	0	0	0	0	0	0	0	0
3402.	0	0	0	0	0	0	0	0	0	0	0	0
3403.	0	0	0	0	0	0	0	0	0	0	0	0
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	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	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0.

Schedule F - Part 1

N O N E

Schedule F - Part 2

N O N E

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

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (000 OMITTED)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										18 Reinsurance Payable	19 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	18 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers		
0499999. Total Authorized - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	
13-2673100 .. 22039 .. General Reinsurance	DE														0	1		(1)
0599998. Total Authorized - Other U.S. Unaffiliated Insurers (Under \$100,000)															0			0
0599999. Total Authorized - Other U.S. Unaffiliated Insurers					0	0	0	0	0	0	0	0	0	0	1	0	(1)	0
0699999. Total Authorized - Pools - Mandatory Pools					0	0	0	0	0	0	0	0	0	0	0	0	0	0
0899998. Total Authorized - Other Non-U.S. Insurers (Under \$100,000)															0			0
0899999. Total Authorized - Other Non-U.S. Insurers					0	0	0	0	0	0	0	0	0	0	0	0	0	0
0999999. Total Authorized					0	0	0	0	0	0	0	0	0	0	1	0	(1)	0
1399999. Total Unauthorized - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0
1499998. Total Unauthorized - Other U.S. Unaffiliated Insurers (Under \$100,000)															0			0
1499999. Total Unauthorized - Other U.S. Unaffiliated Insurers					0	0	0	0	0	0	0	0	0	0	0	0	0	0
1799998. Total Unauthorized - Other Non-U.S. Insurers (Under \$100,000)															0			0
1799999. Total Unauthorized - Other Non-U.S. Insurers					0	0	0	0	0	0	0	0	0	0	0	0	0	0
1899999. Total Unauthorized					0	0	0	0	0	0	0	0	0	0	0	0	0	0
1999999. Total Authorized and Unauthorized					0	0	0	0	0	0	0	0	0	0	1	0	(1)	0
2099999. Total Protected Cells															0			0
9999999 Totals					0	0	0	0	0	0	0	0	0	0	1	0	(1)	0

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties.

The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1.		
2.		
3.		
4.		
5.		

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables,

Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1.			Yes [] No []
2.			Yes [] No []
3.			Yes [] No []
4.			Yes [] No []
5.			Yes [] No []

Schedule F - Part 4

N O N E

Schedule F - Part 5

N O N E

Schedule F - Part 5 - Bank Footnote

N O N E

Schedule F - Part 6

N O N E

Schedule F - Part 7

N O N E

Schedule F - Part 8 - Restatement of Balance Sheet to Identify Net Credit for Reinsurance

N O N E

Schedule H - Part 1

N O N E

Schedule H - Part 2 - Reserves and Liabilities

N O N E

Schedule H - Part 3 - Prior Year's Claim Reserves and Liabilities

N O N E

Schedule H - Part 4 - Reinsurance

N O N E

Schedule H - Part 5 - Health Claims

N O N E

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company
SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	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)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	(1)	0	0	0	0	0	1	(1)	XXX	
2. 2002	4,429	1,032	3,397	2,999	845	76	4	498	27	19	2,697	0	
3. 2003	4,309	660	3,649	3,392	774	.58	0	450	6	1	3,120	0	
4. 2004	4,320	632	3,688	2,865	453	.32	0	476	2	.16	2,918	0	
5. 2005	3,996	351	3,645	1,291	0	.50	0	314	0	0	1,655	0	
6. 2006	3,784	346	3,438	2,127	218	.90	0	413	4	.73	2,408	0	
7. 2007	2,029	923	1,106	1,193	277	2	0	227	.41	1	1,104	0	
8. 2008	.61	.61	0	2	.2	0	0	5	.4	0	1	0	
9. 2009	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	
11. 2011	0	0	0	0	0	0	0	0	0	0	0	0	
12. Totals	XXX	XXX	XXX	13,868	2,569	308	4	2,383	84	111	13,902	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21		22		
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	22		
1. Prior	0	0	0	0	0	0	0	0	0	0	1	0	0
2. 2002	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2003	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2004	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2005	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2006	0	0	0	0	0	0	0	0	0	0	4	0	0
7. 2007	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2008	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	5	0	0

	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	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	3,573	876	2,697	80.7	84.9	79.4	0	0	0.0	0	0
3. 2003	3,900	780	3,120	90.5	118.2	85.5	0	0	0.0	0	0
4. 2004	3,373	455	2,918	78.1	72.0	79.1	0	0	0.0	0	0
5. 2005	1,655	0	1,655	41.4	0.0	45.4	0	0	0.0	0	0
6. 2006	2,630	222	2,408	69.5	64.2	70.0	0	0	0.0	0	0
7. 2007	1,422	318	1,104	70.1	34.5	99.8	0	0	0.0	0	0
8. 2008	7	6	1	11.5	9.8	0.0	0	0	0.0	0	0
9. 2009	0	0	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	0	0
11. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company
SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	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)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	(1)	0	0	0	0	0	0	(1)	XXX	
2. 2002	13,761	3,280	10,481	9,073	1,905	475	67	787	235	153	8,128	0	
3. 2003	10,552	832	9,720	5,551	230	310	0	677	13	153	6,295	0	
4. 2004	7,197	680	6,517	4,464	578	155	0	627	14	77	4,654	0	
5. 2005	5,107	25	5,082	2,465	0	84	0	562	0	60	3,111	1	
6. 2006	3,897	.41	3,856	2,307	0	32	0	448	0	38	2,787	1	
7. 2007	1,486	102	1,384	975	133	39	0	163	5	15	1,039	0	
8. 2008	149	.56	93	180	0	0	0	29	0	0	209	0	
9. 2009	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	
11. 2011	0	0	0	0	0	0	0	0	0	0	0	0	
12. Totals	XXX	XXX	XXX	25,014	2,846	1,095	67	3,293	267	496	26,222	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed				
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR										
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded							
1. Prior	0	0	0	0	0	0	0	0	0	0	1	0	0	0			
2. 2002	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. 2003	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. 2004	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
5. 2005	10	0	0	0	0	0	1	0	1	0	0	12	1	1			
6. 2006	20	0	0	0	0	0	2	0	1	0	0	23	1	1			
7. 2007	0	0	0	0	0	0	0	0	0	0	1	0	0	0			
8. 2008	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
9. 2009	0	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	0			
11. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
12. Totals	30	0	0	0	0	0	3	0	2	0	2	35	2	2			

	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	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	10,335	2,207	8,128	75.1	67.3	77.5	0	0	0.0	0	0
3. 2003	6,538	243	6,295	62.0	29.2	64.8	0	0	0.0	0	0
4. 2004	5,246	592	4,654	72.9	87.1	71.4	0	0	0.0	0	0
5. 2005	3,123	0	3,123	61.2	0.0	61.5	0	0	0.0	10	2
6. 2006	2,810	0	2,810	72.1	0.0	72.9	0	0	0.0	20	3
7. 2007	1,177	138	1,039	79.2	135.3	75.1	0	0	0.0	0	0
8. 2008	209	0	209	140.3	0.0	224.7	0	0	0.0	0	0
9. 2009	0	0	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	0	0
11. 2011	0	0	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

Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical

N O N E

Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)

N O N E

Schedule P - Part 1E - Commercial Multiple Peril

N O N E

Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence

N O N E

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

N O N E

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company
SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	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)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	
2. 2002	.44	.28	.16	.0	0	0	0	0	0	0	0	0	
3. 2003	.46	.30	.16	.0	0	0	0	0	0	0	0	0	
4. 2004	.48	.31	.17	.0	0	0	0	0	0	0	0	0	
5. 2005	.52	.36	.16	.0	0	0	0	0	0	0	0	0	
6. 2006	.44	.36	.8	.0	0	0	0	0	0	0	0	0	
7. 2007	.21	.19	.2	.0	0	0	0	0	0	0	0	0	
8. 2008	0	0	0	0	0	0	0	0	0	0	0	0	
9. 2009	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	
11. 2011	0	0	0	0	0	0	0	0	0	0	0	0	
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2002	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2003	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2004	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2005	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2006	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2007	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2008	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0

	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	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	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2003	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2004	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2005	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2006	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2007	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2008	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2009	0	0	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	0	0
11. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company
SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	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)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX									XXX	
2. 2002													
3. 2003													
4. 2004													
5. 2005													
6. 2006													
7. 2007													
8. 2008													
9. 2009													
10. 2010													
11. 2011													
12. Totals	XXX	XXX	XXX									XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior																
2. 2002																
3. 2003																
4. 2004																
5. 2005																
6. 2006																
7. 2007																
8. 2008																
9. 2009																
10. 2010																
11. 2011																
12. Totals																

	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	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			XXX		
2. 2002											
3. 2003											
4. 2004											
5. 2005											
6. 2006											
7. 2007											
8. 2008											
9. 2009											
10. 2010											
11. 2011											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company
**SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY AND THEFT)**
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	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)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	
2. 2010	0	0	0	0	0	0	0	0	0	0	0	XXX	
3. 2011	0	0	0	0	0	0	0	0	0	0	0	XXX	
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrog- ation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstand- ing Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0			

	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	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. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	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)		
				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	3	0	0	0	1	
2. 2010	0	0	0	0	0	0	0	0	0	0	0	0	
3. 2011	0	0	0	0	0	0	0	0	0	0	0	0	
4. Totals	XXX	XXX	XXX	(2)	0	0	0	3	0	0	1	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR									
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded						
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0	0			
2. 2010	0	0	0	0	0	0	0	0	0	0	0	0	0			
3. 2011	0	0	0	0	0	0	0	0	0	0	0	0	0			
4. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0			

	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2010	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2011	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Schedule P - Part 1K - Fidelity/Surety

N O N E

Schedule P - Part 1L - Other (Including Credit, Accident and Health)

N O N E

Schedule P - Part 1M - International

N O N E

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 1R - Section 1 - Products Liability - Occurrence

N O N E

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 1T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company
SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

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	289	342	312	403	335	312	311	311	311	310	(1)	(1)
2. 2002	2,291	2,223	2,188	2,214	2,239	2,226	2,226	2,226	2,226	2,226	0	0
3. 2003	XXX	2,520	2,595	2,697	2,689	2,682	2,676	2,676	2,676	2,676	0	0
4. 2004	XXX	XXX	2,539	2,507	2,481	2,453	2,446	2,444	2,444	2,444	0	0
5. 2005	XXX	XXX	XXX	1,618	1,320	1,319	1,331	1,344	1,345	1,341	(4)	(3)
6. 2006	XXX	XXX	XXX	XXX	2,186	2,147	2,044	2,001	1,999	1,999	0	(2)
7. 2007	XXX	XXX	XXX	XXX	XXX	1,002	929	918	918	918	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	(5)	(6)

SCHEDULE P - PART 2B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior	1,418	1,692	1,906	2,048	2,102	2,119	2,130	2,134	2,134	2,133	(1)	(1)
2. 2002	7,048	7,402	7,519	7,601	7,627	7,586	7,563	7,575	7,576	7,576	0	1
3. 2003	XXX	6,065	5,769	5,878	5,748	5,583	5,580	5,631	5,631	5,631	0	0
4. 2004	XXX	XXX	4,237	4,306	4,250	4,017	4,099	4,041	4,041	4,041	0	0
5. 2005	XXX	XXX	XXX	3,196	2,856	2,536	2,587	2,578	2,560	2,560	0	(18)
6. 2006	XXX	XXX	XXX	XXX	2,489	2,464	2,368	2,363	2,360	2,361	1	(2)
7. 2007	XXX	XXX	XXX	XXX	XXX	1,006	943	958	882	881	(1)	(77)
8. 2008	XXX	XXX	XXX	XXX	XXX	215	190	180	180	180	0	(10)
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX
										12. Totals	(1)	(107)

SCHEDULE P - PART 2C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior												
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XXX	XXX							
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2009	XXX											
10. 2010	XXX			XXX								
11. 2011	XXX	XXX	XXX									
										12. Totals		

**SCHEDULE P - PART 2D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior												
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XXX	XXX							
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2009	XXX											
10. 2010	XXX			XXX								
11. 2011	XXX	XXX	XXX									
										12. Totals		

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior												
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XXX	XXX							
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2009	XXX											
10. 2010	XXX			XXX								
11. 2011	XXX	XXX	XXX									
										12. Totals		

SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

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. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XX								
7. 2007	XXX	XXX	XXX	XX	XXX							
8. 2008	XXX	XXX	XXX	XXX	XX	XXX						
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE**SCHEDULE P - PART 2F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

1. Prior												
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XX	XXX							
8. 2008	XXX	XXX	XXX	XX	XXX	XXX						
9. 2009	XXX	XXX	XXX	XX	XXX	XXX	XX					
10. 2010	XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE**SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),
BOILER AND MACHINERY)**

1. Prior												
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XX	XXX							
8. 2008	XXX	XXX	XXX	XX	XXX	XX						
9. 2009	XXX	XXX	XXX	XX	XXX	XX	XX					
10. 2010	XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE**SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2002	.50	0	0	0	0	0	0	0	0	0	0	0
3. 2003	XXX	50	0	0	0	0	0	0	0	0	0	0
4. 2004	XXX	XXX	50	0	0	0	0	0	0	0	0	0
5. 2005	XXX	XXX	XXX	50	0	0	0	0	0	0	0	0
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2007	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0		XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals												0

NONE**SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

1. Prior												
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XX	XXX							
8. 2008	XXX	XXX	XXX	XX	XXX	XX						
9. 2009	XXX	XXX	XXX	XX	XXX	XX	XX					
10. 2010	XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

NONE

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company
**SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY, AND THEFT)**

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
2. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	XXX
3. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										4. Totals	0	0

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	0	0	(2)	(2)	(2)						
2. 2010	XXX	0	0	0	0	XXX						
3. 2011	XXX	0	XXX	XXX								
										4. Totals	(2)	(2)

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior	XXX											
2. 2010	XXX					XXX						
3. 2011	XXX	XXX	XXX									
										4. Totals		

SCHEDULE P - PART 2L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX											
2. 2010	XXX					XXX						
3. 2011	XXX	XXX	XXX									
										4. Totals		

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior												
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XXX	XXX							
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2009	XXX											
10. 2010	XXX				XXX							
11. 2011	XXX		XXX	XXX								
										12. Totals		

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

N O N E

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 2T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company
SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

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.....	.285.....	.272.....	.287.....	.315.....	.312.....	.311.....	.311.....	.311.....	.310.....	.159.....	
2. 2002.....	.1,882.....	.2,143.....	.2,147.....	.2,199.....	.2,219.....	.2,226.....	.2,226.....	.2,226.....	.2,226.....	.2,226.....	.0.....	.0.....
3. 2003.....	XXX.....	.2,026.....	.2,359.....	.2,590.....	.2,677.....	.2,676.....	.2,676.....	.2,676.....	.2,676.....	.2,676.....	.0.....	.0.....
4. 2004.....	XXX.....	XXX.....	.1,851.....	.2,370.....	.2,423.....	.2,444.....	.2,444.....	.2,444.....	.2,444.....	.2,444.....	.0.....	.0.....
5. 2005.....	XXX.....	XXX.....	XXX.....	.855.....	.1,275.....	.1,285.....	.1,322.....	.1,344.....	.1,345.....	.1,341.....	.0.....	.0.....
6. 2006.....	XXX.....	XXX.....	XXX.....	XXX.....	.1,790.....	.2,036.....	.2,012.....	.2,000.....	.1,999.....	.1,999.....	.0.....	.0.....
7. 2007.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.902.....	.918.....	.918.....	.918.....	.918.....	.0.....	.0.....
8. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.0.....	.0.....	.0.....	.0.....	.0.....	.0.....
9. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.0.....	.0.....	.0.....	.0.....	.0.....
10. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.0.....	.0.....
11. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.0.....	.0.....

SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior.....	.000.....	.1,117.....	.1,636.....	.1,969.....	(2,233).....	.2,115.....	.2,120.....	.2,134.....	.2,134.....	.2,133.....	(1,223).....	
2. 2002.....	.3,590.....	.5,864.....	.6,926.....	.7,293.....	.5,585.....	.7,573.....	.7,573.....	.7,575.....	.7,576.....	.7,576.....	.0.....	.0.....
3. 2003.....	XXX.....	.2,882.....	.4,361.....	.4,993.....	.5,377.....	.5,484.....	.5,582.....	.5,631.....	.5,631.....	.5,631.....	.0.....	.0.....
4. 2004.....	XXX.....	XXX.....	.1,850.....	.2,975.....	.3,688.....	.3,815.....	.4,049.....	.4,041.....	.4,041.....	.4,041.....	.0.....	.0.....
5. 2005.....	XXX.....	XXX.....	XXX.....	.1,405.....	.2,153.....	.2,344.....	.2,497.....	.2,549.....	.2,549.....	.2,549.....	.0.....	.0.....
6. 2006.....	XXX.....	XXX.....	XXX.....	XXX.....	.1,120.....	.1,866.....	.2,176.....	.2,339.....	.2,339.....	.2,339.....	.0.....	.0.....
7. 2007.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.477.....	.628.....	.660.....	.882.....	.881.....	.0.....	.0.....
8. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.150.....	.180.....	.180.....	.180.....	.180.....	.0.....	.0.....
9. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.0.....	.0.....	.0.....	.0.....	.0.....	.0.....
10. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.0.....	.0.....
11. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.0.....	.0.....

SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior.....	.000.....											
2. 2002.....												
3. 2003.....	XXX.....											
4. 2004.....	XXX.....	XXX.....										
5. 2005.....	XXX.....	XXX.....	XXX.....									
6. 2006.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2007.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
8. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
9. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
10. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
11. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			

**SCHEDULE P - PART 3D - WORKERS' COMPENSATION
(INCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior.....	.000.....											
2. 2002.....												
3. 2003.....	XXX.....											
4. 2004.....	XXX.....	XXX.....										
5. 2005.....	XXX.....	XXX.....	XXX.....									
6. 2006.....	XXX.....	XXX.....	XXX.....	XXX.....								
7. 2007.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....							
8. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....						
9. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....					
10. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....				
11. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	.000.....	0.....	0.....	0.....	0.....	(16).....	(16).....	(16).....	(16).....	(16).....	0.....	
2. 2002.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
3. 2003.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
4. 2004.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
5. 2005.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
6. 2006.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	
7. 2007.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	
8. 2008.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	
9. 2009.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	
10. 2010.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	
11. 2011.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	

SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

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											
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XX								
7. 2007	XXX	XXX	XXX	XXX	XX							
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior	.000											
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XX	XXX							
8. 2008	XXX	XXX	XXX	XX	XXX	XXX						
9. 2009	XXX	XXX	XXX	XXX	XX	XXX	XXX	XX				
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior	.000										XXX	XXX
2. 2002											XXX	XXX
3. 2003	XXX										XXX	XXX
4. 2004	XXX	XXX									XXX	XXX
5. 2005	XXX	XXX	XXX								XXX	XXX
6. 2006	XXX	XXX	XXX	XXX							XXX	XXX
7. 2007	XXX	XXX	XXX	XX	XXX						XXX	XXX
8. 2008	XXX	XXX	XXX	XX	XXX	XXX					XXX	XXX
9. 2009	XXX	XXX	XXX	XXX	XX	XXX	XXX	XX			XXX	XXX
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior	.000	0	0	0	0	0	0	0	0	0	0	0
2. 2002	0	0	0	0	0	0	0	0	0	0	0	0
3. 2003	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2004	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2007	XXX	XXX	XXX	XX	XXX	0	0	0	0	0	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0		

SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior	.000											
2. 2002												
3. 2003	XXX											
4. 2004	XXX	XXX										
5. 2005	XXX	XXX	XXX									
6. 2006	XXX	XXX	XXX	XXX								
7. 2007	XXX	XXX	XXX	XX	XXX							
8. 2008	XXX	XXX	XXX	XX	XXX	XXX						
9. 2009	XXX	XXX	XXX	XXX	XX	XXX	XXX	XX				
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company
**SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY, AND THEFT)**

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.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	0	0	XXX	XXX
2. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX
3. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior.	XXX	.000	0	(2)								
2. 2010	XXX	0	0	.0	.0							
3. 2011	XXX	XXX	0	0	0							

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior.	XXX	.000			XXX	XXX						
2. 2010	XXX			XXX	XXX							
3. 2011	XXX	XXX		XXX	XXX							

SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior.	XXX	.000			XXX	XXX						
2. 2010	XXX			XXX	XXX							
3. 2011	XXX	XXX		XXX	XXX							

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior.	.000										XXX	XXX
2. 2002											XXX	XXX
3. 2003	XXX										XXX	XXX
4. 2004	XXX	XXX									XXX	XXX
5. 2005	XXX	XXX	XXX								XXX	XXX
6. 2006	XXX	XXX	XXX	XXX							XXX	XXX
7. 2007	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence

N O N E

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made

N O N E

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 3T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company
SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

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	3 2003	4 2004	5 2005	6 2006	7 2007	8 2008	9 2009	10 2010	11 2011
1. Prior.	67		21	9	37	7	0	0	0	0	0
2. 2002	130		53	9	10	2	0	0	0	0	0
3. 2003	XXX		162	49	24	13	6	0	0	0	0
4. 2004	XXX		XXX	173	64	22	9	2	0	0	0
5. 2005	XXX		XXX	XXX	157	35	9	9	0	0	0
6. 2006	XXX		XXX	XXX	XXX	250	97	0	1	0	0
7. 2007	XXX		XXX	XXX	XXX	XXX	69	11	0	0	0
8. 2008	XXX		XXX	XXX	XXX	XXX	XXX	0	0	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 P - PART 4B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior.	307	148	69	12	2	1	0	0	0	0
2. 2002	1,010	340	170	99	59	13	(10)	0	0	0
3. 2003	XXX	1,048	367	236	129	(13)	(2)	0	0	0
4. 2004	XXX	XXX	702	384	189	(25)	1	0	0	0
5. 2005	XXX	XXX	XXX	582	343	20	27	4	0	1
6. 2006	XXX	XXX	XXX	XXX	388	86	27	4	0	2
7. 2007	XXX	XXX	XXX	XXX	XXX	168	33	35	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	23	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 P - PART 4C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior.										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XXX							
6. 2006	XXX	XXX	XX	XX						
7. 2007	XXX	XXX	XX	XX	XX					
8. 2008	XXX	XXX	XX	XX	XX	XX				
9. 2009	XXX	XXX	XX	XXX	XXX	XX	XXX			
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 4D - WORKERS' COMPENSATION
 (EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior.										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XXX							
6. 2006	XXX	XXX	XX	XX						
7. 2007	XXX	XXX	XX	XX	XX					
8. 2008	XXX	XXX	XX	XX	XX	XX				
9. 2009	XXX	XXX	XX	XXX	XXX	XX	XXX			
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior.										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XXX							
6. 2006	XXX	XXX	XX	XX						
7. 2007	XXX	XXX	XX	XX	XX					
8. 2008	XXX	XXX	XX	XX	XX	XX				
9. 2009	XXX	XXX	XX	XXX	XXX	XX	XXX			
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

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										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XX	XX	XX	XX				
6. 2006	XXX	XXX	XX	XX	XX	XX				
7. 2007	XXX	XXX	XX	XX	XX	XX				
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX				

SCHEDULE P - PART 4F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XX	XX	XX	XX				
6. 2006	XXX	XXX	XX	XX	XX	XX				
7. 2007	XXX	XXX	XX	XX	XX	XX				
8. 2008	XXX	XXX	XX	XX	XX	XX				
9. 2009	XXX	XXX	XX	XX	XX	XX				
10. 2010	XXX	XXX	XX	XX	XX	XX				
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX				

SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XX	XX	XX	XX				
6. 2006	XXX	XXX	XX	XX	XX	XX				
7. 2007	XXX	XXX	XX	XX	XX	XX				
8. 2008	XXX	XXX	XX	XX	XX	XX				
9. 2009	XXX	XXX	XX	XX	XX	XX				
10. 2010	XXX	XXX	XX	XX	XX	XX				
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX				

SCHEDULE P - PART 4H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior	.0	0	0	0	0	0	.0	0	0	0
2. 2002	50	0	0	0	0	0	0	0	0	0
3. 2003	XXX	.50	0	0	0	0	0	0	0	0
4. 2004	XXX	XXX	.50	0	0	0	0	0	0	0
5. 2005	XXX	XXX	XXX	50	0	0	0	0	0	0
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	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 P - PART 4H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XX	XX	XX	XX				
6. 2006	XXX	XXX	XX	XX	XX	XX				
7. 2007	XXX	XXX	XX	XX	XX	XX				
8. 2008	XXX	XXX	XX	XX	XX	XX				
9. 2009	XXX	XXX	XX	XX	XX	XX				
10. 2010	XXX	XXX	XX	XX	XX	XX				
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX				

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**SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY, AND THEFT)**

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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
2. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	0	0	0						
2. 2010	XXX	0	0							
3. 2011	XXX	0								

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2010	XXX	XXX	XX	XXX	XX	XX	XXX	XXX		
3. 2011	XXX	XXX	XX	XXX	XX	XX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	XXX	XX	XXX	XXX	XX	XXX			
2. 2010	XXX	XXX	XX	XX	XX	XX	XXX	XXX		
3. 2011	XXX	XXX	XX	XX	XX	XX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XXX							
6. 2006	XXX	XXX	XX	XX						
7. 2007	XXX	XXX	XX	XX	XX					
8. 2008	XXX	XXX	XX	XXX	XX	XX				
9. 2009	XXX									
10. 2010	XXX									
11. 2011	XXX									

NONE

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

N O N E

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 4T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company
SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	60	3	0	0	857	0	0	0	(701)	
2. 2002	369	414	416	420	664	664	664	664	0	0
3. 2003	XXX	289	346	351	499	499	499	499	0	0
4. 2004	XXX	XXX	289	392	484	486	486	486	0	0
5. 2005	XXX	XXX	XXX	179	240	240	241	241	0	0
6. 2006	XXX	XXX	XXX	XXX	292	342	344	347	0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	140	148	149	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	2	2	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	

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	8	0	1	2	0	0	0	0	0	0
2. 2002	48	23	4	2	2	1	0	0	0	0
3. 2003	XXX	445	7	2	0	0	0	0	0	0
4. 2004	XXX	XXX	87	5	2	0	0	0	0	0
5. 2005	XXX	XXX	XXX	49	2	2	0	0	0	0
6. 2006	XXX	XXX	XXX	XXX	29	4	3	0	0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	5	0	0	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	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	

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	19	(2)	16	0	1,156	0	0	0	0	0
2. 2002	561	603	586	587	885	885	885	885	885	0
3. 2003	XXX	832	469	470	627	627	627	627	627	0
4. 2004	XXX	XXX	450	485	590	590	590	590	590	0
5. 2005	XXX	XXX	XXX	293	319	320	320	320	320	0
6. 2006	XXX	XXX	XXX	XXX	397	432	433	433	433	0
7. 2007	XXX	XXX	XXX	XXX	XXX	194	201	202	202	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	5	5	5	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company
**SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL
SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	561	136	32	39	689	1	1	1	(2,122)	
2. 2002	1,112	1,440	1,559	1,584	2,099	2,102	2,102	2,102	0	0
3. 2003	XXX	702	944	1,006	1,286	1,292	1,295	1,295	0	0
4. 2004	XXX	XXX	477	619	837	844	848	852	0	0
5. 2005	XXX	XXX	XXX	354	589	612	615	616	0	0
6. 2006	XXX	XXX	XXX	XXX	298	373	387	391	0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	135	158	160	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	18	20	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	

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	185	21	18	6	5	2	3	1	0	
2. 2002	452	74	45	15	2	0	0	0	0	
3. 2003	XXX	1,207	83	25	10	4	1	0	0	
4. 2004	XXX	XXX	186	40	14	8	4	0	0	
5. 2005	XXX	XXX	XXX	118	29	9	5	2	1	.1
6. 2006	XXX	XXX	XXX	XXX	88	20	7	3	1	.1
7. 2007	XXX	XXX	XXX	XXX	XXX	27	4	.4	0	
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	3	0	0	
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	.166	8	(46)	.2	825	.2	1	0	0	0
2. 2002	1,912	1,942	1,997	2,003	2,638	2,641	2,641	2,641	2,641	0
3. 2003	XXX	2,119	1,251	1,261	1,605	1,608	1,608	1,608	1,608	0
4. 2004	XXX	XXX	771	.794	1,036	1,042	1,042	1,042	1,042	0
5. 2005	XXX	XXX	XXX	.556	741	.754	.754	.754	.754	.1
6. 2006	XXX	XXX	XXX	XXX	460	.482	.485	.485	.485	.1
7. 2007	XXX	XXX	XXX	XXX	XXX	.188	.190	.192	.192	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	22	.23	.23	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 P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 1

N O N E

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 2

N O N E

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 3

N O N E

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

N O N E

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

N O N E

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3

N O N E

Schedule P - Part 5E - Commercial Multiple Peril - Section 1

N O N E

Schedule P - Part 5E - Commercial Multiple Peril - Section 2

N O N E

Schedule P - Part 5E - Commercial Multiple Peril - Section 3

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B

N O N E

Schedule P - Part 5H - Other Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5H - Other Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5H - Other Liability - Occurrence - Section 3A

N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B

N O N E

Schedule P - Part 5T - Warranty - Section 1

N O N E

Schedule P - Part 5T - Warranty - Section 2

N O N E

Schedule P - Part 5T - Warranty - Section 3

N O N E

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 1

N O N E

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 2

N O N E

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

N O N E

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

N O N E

Schedule P - Part 6E - Commercial Multiple Peril - Section 1

N O N E

Schedule P - Part 6E - Commercial Multiple Peril - Section 2

N O N E

Schedule P - Part 6H - Other Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 6H - Other Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 6M - International - Section 1

N O N E

Schedule P - Part 6M - International - Section 2

N O N E

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

N O N E

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2

N O N E

Schedule P - Part 6R - Products Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 6R - Products Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B

N O N E

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS (\$000 OMITTED)
SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners	0		0.0	0		0.0
2. Private Passenger Auto Liability/ Medical	35		0.0	0		0.0
3. Commercial Auto/Truck Liability/ Medical			0.0	0		0.0
4. Workers' Compensation			0.0	0		0.0
5. Commercial Multiple Peril			0.0	0		0.0
6. Medical Professional Liability - Occurrence			0.0	0		0.0
7. Medical Professional Liability - Claims - Made			0.0	0		0.0
8. Special Liability			0.0	0		0.0
9. Other Liability - Occurrence	0		0.0	0		0.0
10. Other Liability - Claims-Made			0.0	0		0.0
11. Special Property	0		0.0	0		0.0
12. Auto Physical Damage	0		0.0	0		0.0
13. Fidelity/Surety			0.0	0		0.0
14. Other			0.0	0		0.0
15. International			0.0	0		0.0
16. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX	XXX	XXX
17. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX	XXX	XXX
18. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX	XXX	XXX
19. Products Liability - Occurrence			0.0	0		0.0
20. Products Liability - Claims-Made			0.0	0		0.0
21. Financial Guaranty/Mortgage Guaranty			0.0	0		0.0
22. Warranty			0.0	0		0.0
23. Totals	35	0	0.0	0	0	0.0

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2002	2	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XX							
6. 2006	XXX	XXX	XX	XX						
7. 2007	XXX	XXX	XX	XXX	XX					
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1 2002	2	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior										
2. 2002										
3. 2003	XXX									
4. 2004	XXX	XXX								
5. 2005	XXX	XXX	XX							
6. 2006	XXX	XXX	XX	XX						
7. 2007	XXX	XXX	XX	XXX	XX					
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts

N O N E

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company
SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (\$000 OMITTED)
SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners	0		0.0	.0		0.0
2. Private Passenger Auto Liability/Medical	35		0.0	.0		0.0
3. Commercial Auto/Truck Liability/Medical			0.0	.0		0.0
4. Workers' Compensation			0.0	.0		0.0
5. Commercial Multiple Peril			0.0	.0		0.0
6. Medical Professional Liability - Occurrence			0.0	.0		0.0
7. Medical Professional Liability - Claims - Made			0.0	.0		0.0
8. Special Liability			0.0	.0		0.0
9. Other Liability - Occurrence	0		0.0	.0		0.0
10. Other Liability - Claims-Made			0.0	.0		0.0
11. Special Property	0		0.0	.0		0.0
12. Auto Physical Damage	0		0.0	.0		0.0
13. Fidelity/Surety			0.0	.0		0.0
14. Other			0.0	.0		0.0
15. International			0.0	.0		0.0
16. Reinsurance - Nonproportional Assumed Property			0.0	.0		0.0
17. Reinsurance - Nonproportional Assumed Liability			0.0	.0		0.0
18. Reinsurance - Nonproportional Assumed Financial Lines			0.0	.0		0.0
19. Products Liability - Occurrence			0.0	.0		0.0
20. Products Liability - Claims-Made			0.0	.0		0.0
21. Financial Guaranty/Mortgage Guaranty			0.0	.0		0.0
22. Warranty			0.0	.0		0.0
23. Totals	35	0	0.0	0	0	0.0

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										
	1 2002	2	3 2003	4 2004	5 2005	6 2006	7 2007	8 2008	9 2009	10 2010	2011
1. Prior											
2. 2002											
3. 2003	XXX										
4. 2004	XXX	XXX									
5. 2005	XXX	XXX	XX								
6. 2006	XXX	XXX	XX	XX							
7. 2007	XXX	XXX	XX	XXX	XXX						
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)										
	1 2002	2	3 2003	4 2004	5 2005	6 2006	7 2007	8 2008	9 2009	10 2010	2011
1. Prior											
2. 2002											
3. 2003	XXX										
4. 2004	XXX	XXX									
5. 2005	XXX	XXX	XX								
6. 2006	XXX	XXX	XX	XX							
7. 2007	XXX	XXX	XX	XXX	XXX						
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts

N O N E

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts

N O N E

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company
SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.

1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [] No [X]
 If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:

1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? \$

1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [] No [X]

1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No [X]

1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [] No [] N/A [X]

1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior		
1.602 2002		
1.603 2003		
1.604 2004		
1.605 2005		
1.606 2006		
1.607 2007		
1.608 2008		
1.609 2009		
1.610 2010		
1.611 2011.....		0
1.612 Totals	0	0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes [X] No []

3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes [X] No []

4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No [X]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums in force at the end of the year for:
 (in thousands of dollars) 5.1 Fidelity
 5.2 Surety

6. Claim count information is reported per claim or per claimant (Indicate which). per claim.....
 If not the same in all years, explain in Interrogatory 7.

7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [] No [X]

7.2 (An extended statement may be attached.)

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

NONE

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation

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

SCHEDULE Y

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

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1. Will an actuarial opinion be filed by March 1?	WAIVED
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES

APRIL FILING

5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6. Will Management's Discussion and Analysis be filed by April 1?	YES
7. Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES

MAY FILING

8. Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	YES
JUNE FILING	

9. Will an audited financial report be filed by June 1?	YES
10. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

AUGUST FILING

11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
--	-----

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplemental is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16. Will the Trusted Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	NO
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	NO
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO

APRIL FILING

28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
29. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
30. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO

AUGUST FILING

33. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
--	----

Explanations:

- 12. Not Required
- 13. Not Required
- 14. Not Required
- 15. Not Required
- 16. Not Required
- 17. Not Required
- 18. Not Required
- 19. Not Required
- 20. Not Required
- 21. Not Required
- 22. Not Required
- 23. Not Required
- 24. Not Required
- 25. Not Required
- 26. Not Required
- 27. Not Required
- 28. Not Required
- 29. Not Required
- 30. Not Required
- 31. Not Required
- 32. Not Required
- 33. Not Required

Bar Codes:

1. Actuarial Opinion [Document Identifier 440]



12. SIS Stockholder Information Supplement [Document Identifier 420]



13. Financial Guaranty Insurance Exhibit [Document Identifier 240]



14. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]



15. Supplement A to Schedule T [Document Identifier 455]



16. Trusted Surplus Statement [Document Identifier 490]



17. Premiums Attributed to Protected Cells [Document Identifier 385]



18. Reinsurance Summary Supplemental Filing [Document Identifier 401]



19. Medicare Part D Coverage Supplement [Document Identifier 365]



20. Actuarial Opinion Summary (AOS) [Document Identifier 441]

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

21. Reinsurance Attestation Supplement [Document Identifier 399]



22. Exceptions to the Reinsurance Attestation Supplement
[Document Identifier 400]



23. Bail Bond Supplement [Document Identifier 500]



24. Director and Officer Insurance Coverage Supplement [Document Identifier 505]



25. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]



26. Relief from the one-year cooling off period for independent CPA
[Document Identifier 225]



27. Relief from the Requirements for Audit Committees [Document Identifier 226]



28. Credit Insurance Experience Exhibit [Document Identifier 230]



29. Long-Term Care Experience Reporting Forms [Document Identifier 306]



30. Accident and Health Policy Experience Exhibit [Document Identifier 210]



31. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]



32. Supplemental Health Care Exhibit's Expense Allocation Report
[Document Identifier 217]



33. Management's Report of Internal Control Over Financial Reporting
[Document Identifier 223]



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Insurance Company
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NONE

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