

**This filing corrects the Medicare Supplement Exhibit for Ohio to add the Plan Characteristics.**



LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

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

Cincinnati Equitable Life Insurance Company

NAIC Group Code	0838	NAIC Company Code	88064	Employer's ID Number	35-1452221
	(Current)	(Prior)			
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio	
Country of Domicile	United States of America				
Incorporated/Organized	10/19/1977		Commenced Business	07/11/1978	
Statutory Home Office	525 Vine Street, Suite 1925		Cincinnati , OH 45202		
	(Street and Number)		(City or Town, State and Zip Code)		
Main Administrative Office	525 Vine Street, Suite 1925				
	(Street and Number)				
	Cincinnati , OH 45202		513-621-1826		
	(City or Town, State and Zip Code)		(Area Code) (Telephone Number)		
Mail Address	P.O. BOX 3428		Cincinnati , OH 45202-3428		
	(Street and Number or P.O. Box)		(City or Town, State and Zip Code)		
Primary Location of Books and Records	525 Vine Street, Suite 1925				
	(Street and Number)				
	Cincinnati , OH 45202		513-621-1826		
	(City or Town, State and 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)		
	gbaker@1826.com		513-621-4531		
	(E-mail Address)		(FAX Number)		

OFFICERS

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

OTHER

Tonya G Crawford	V.P. Sales & Marketing		
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DIRECTORS OR TRUSTEES

Peter A Alpaugh	Andrea A Kessel	Gregory A Baker
James W Ketring	Drew F Knowles #	

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

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

Peter A. Alpoaugh	Linda S. Bales	Gregory A. Baker
Chairman of the Board	Secretary	Treasurer

Subscribed and sworn to before me this	a. Is this an original filing? .....	Yes [ ] No [ X ]
15th day of February	b. If no,	
	1. State the amendment number.....2	
	2. Date filed .....05/29/2012	
	3. Number of pages attached..... 1	

Richard H. Hansman, Jr.

11/8/2014



SUPPLEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Life Insurance Company

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2011  
(To Be Filed by March 1)

FOR THE STATE OF Ohio.....  
NAIC Group Code 0838 ..... NAIC Company Code 88064 .....  
ADDRESS (City, State and Zip Code) Cincinnati , OH 45202 .....  
Person Completing This Exhibit Greg Baker .....  
Title CFO ..... Telephone Number 513-621-1826 .....

1  Compliance with OBRA	2  Policy Form Number	3  Standardized Medicare Supplement Benefit Plan	4  Medicare Select	5  Plan Character- istics	6  Date Approved	7  Date Approval Withdrawn	8  Date Last Amended	9  Date Closed	10  Policy Marketing Trade Name	Policies Issued Through 2008				Policies Issued in 2009; 2010; 2011			
										11  Premiums Earned	Incurred Claims		14  Number of Covered Lives	15  Premiums Earned	Incurred Claims		18  Number of Covered Lives
											12  Amount	13 Percent of Premiums Earned			16  Amount	17 Percent of Premiums Earned	
YES	AP355BAUC	B	NO	0030000	10/01/1986		10/01/1986	12/31/2004	Medicare Supplement	110,860	108,167	97.6	41			0.0	
0199999. Total Experience on Individual Policies										110,860	108,167	97.6	41	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 525 Vine Street, Suite 1925 Cincinnati , OH 45202

2.2 Contact Person and Phone Number: Greg Baker 513-621-1826
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 525 Vine Street, Suite 1925 Cincinnati , OH 45202

3.2 Contact Person and Phone Number: Greg Baker 513-621-1826
4. Explain any policies identified above as policy type "O".