

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) 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

DIRECTORS OR TRUSTEES

Peter A Alpaugh Andrea A Kessel Gregory A Baker
James W Ketting 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. Alpaugh
Chairman of the Board

Linda S. Bales
Secretary

Gregory A. Baker
Treasurer

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

a. Is this an original filing? Yes [] No [X]
b. If no,
1. State the amendment number.....2
2. Date filed05/29/2012
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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008			Policies Issued in 2009; 2010; 2011						
										11	Incurred Claims		14	15	Incurred Claims		18		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12	13	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16	17	Percent of Premiums Earned	Number of Covered Lives
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.....	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".