



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

DIRECT BUSINESS IN THE STATE OF Georgia

NAIC Group Code 0838

DURING THE YEAR 2011

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		3,441,127				3,441,127
2. Annuity considerations		355,143				355,143
3. Deposit-type contract funds			XXX		XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		3,796,270	0	0	0	3,796,270
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						0
10. Matured endowments						0
11. Annuity benefits		31,968				31,968
12. Surrender values and withdrawals for life contracts						0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals		31,968	0	0	0	31,968
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....	.78	467,384							.78	467,384
Settled during current year:										
18.1 By payment in full .....	.75	459,351							.75	459,351
18.2 By payment on compromised claims .....	.1	.59							.1	.59
18.3 Totals paid .....	.76	459,410	0	0	0	0	0	0	.76	459,410
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements .....	.76	459,410	0	0	0	0	0	0	.76	459,410
19. Unpaid Dec. 31, current year (16+17-18.6)	2	7,974	0	0	0	0	0	0	2	7,974
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	209	1,172,003	0 (a)	0	0	0	0	0	209	1,172,003
21. Issued during year	759	4,875,465							759	4,875,465
22. Other changes to in force (Net)	(140)	(1,125,727)							(140)	(1,125,727)
23. In force December 31 of current year	828	4,921,741	0 (a)	0	0	0	0	0	828	4,921,741

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(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 _____

NONE



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

DIRECT BUSINESS IN THE STATE OF Indiana

NAIC Group Code 0838

DURING THE YEAR 2011

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	6,784,410					6,784,410
2. Annuity considerations	17,236					17,236
3. Deposit-type contract funds		XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	6,801,646	0		0	0	6,801,646
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums	92					92
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	92	0		0	0	92
Annuites:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0		0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	92	0		0	0	92
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						0
10. Matured endowments						0
11. Annuity benefits	11,920					11,920
12. Surrender values and withdrawals for life contracts	196					196
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0	0	0
14. All other benefits, except accident and health						0
15. Totals	12,116	0		0	0	12,116
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0		0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	5	30,016	0	0	0	0	0	0	5	30,016
17. Incurred during current year	320	1,896,886							320	1,896,886
Settled during current year:										
18.1 By payment in full	318	1,893,293							318	1,893,293
18.2 By payment on compromised claims	1	1,567							1	1,567
18.3 Totals paid	319	1,894,860	0	0	0	0	0	0	319	1,894,860
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	319	1,894,860	0	0	0	0	0	0	319	1,894,860
19. Unpaid Dec. 31, current year (16+17-18.6)	6	32,042	0	0	0	0	0	0	6	32,042
POLICY EXHIBIT										
20. In force December 31, prior year	2,208	14,038,043	0 (a)	0	0	0	0	0	2,208	14,038,043
21. Issued during year	1,231	8,040,338							1,231	8,040,338
22. Other changes to in force (Net)	(391)	(2,586,462)							(391)	(2,586,462)
23. In force December 31 of current year	3,048	19,491,919	0 (a)	0	0	0	0	0	3,048	19,491,919

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(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 _____

NONE



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

DIRECT BUSINESS IN THE STATE OF Kentucky

NAIC Group Code 0838

DURING THE YEAR 2011

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		3,691,188				3,691,188
2. Annuity considerations		2,438				2,438
3. Deposit-type contract funds			XXX		XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)		3,693,626	0	0	0	3,693,626
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						0
6.2 Applied to pay renewal premiums						0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0	0
Annuities:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						0
10. Matured endowments						0
11. Annuity benefits		968				968
12. Surrender values and withdrawals for life contracts		2,743				2,743
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health						0
15. Totals		3,711	0	0	0	3,711
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	4	42,114	0	0	0	0	0	0	4	42,114
17. Incurred during current year	282	1,607,227							282	1,607,227
Settled during current year:										
18.1 By payment in full	281	1,626,105							281	1,626,105
18.2 By payment on compromised claims	1	587							1	587
18.3 Totals paid	282	1,626,692	0	0	0	0	0	0	282	1,626,692
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	282	1,626,692	0	0	0	0	0	0	282	1,626,692
19. Unpaid Dec. 31, current year (16+17-18.6)	4	22,649	0	0	0	0	0	0	4	22,649
POLICY EXHIBIT										
20. In force December 31, prior year	2,212	12,796,784	0	(a)	0	0	0	0	2,212	12,796,784
21. Issued during year	829	4,683,500							829	4,683,500
22. Other changes to in force (Net)	(328)	(2,117,135)							(328)	(2,117,135)
23. In force December 31 of current year	2,713	15,363,149	0	(a)	0	0	0	0	2,713	15,363,149

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)					

(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 _____

NONE



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

DIRECT BUSINESS IN THE STATE OF Ohio

NAIC Group Code 0838

DURING THE YEAR 2011

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	4,458,471					4,458,471
2. Annuity considerations	100					100
3. Deposit-type contract funds		XXX			XXX	0
4. Other considerations						0
5. Totals (Sum of Lines 1 to 4)	4,458,571	0		0	0	4,458,571
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit	3,253					3,253
6.2 Applied to pay renewal premiums	1,784					1,784
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period						0
6.4 Other						0
6.5 Totals (Sum of Lines 6.1 to 6.4)	5,037	0		0	0	5,037
Annuites:						
7.1 Paid in cash or left on deposit						0
7.2 Applied to provide paid-up annuities						0
7.3 Other						0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	5,037	0		0	0	5,037
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						0
10. Matured endowments						0
11. Annuity benefits						0
12. Surrender values and withdrawals for life contracts	11,343					11,343
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0	0
14. All other benefits, except accident and health	385					385
15. Totals	11,728	0		0	0	11,728
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	3	20,761	0	0	0	0	0	0	3	20,761
17. Incurred during current year	312	1,452,269							312	1,452,269
Settled during current year:										
18.1 By payment in full	304	1,420,037							304	1,420,037
18.2 By payment on compromised claims	2	7,408							2	7,408
18.3 Totals paid	306	1,427,445	0	0	0	0	0	0	306	1,427,445
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	306	1,427,445	0	0	0	0	0	0	306	1,427,445
19. Unpaid Dec. 31, current year (16+17-18.6)	9	45,585	0	0	0	0	0	0	9	45,585
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,529	12,876,724	0	(a)	0	0	0	0	2,529	12,876,724
21. Issued during year	1,166	6,051,184							1,166	6,051,184
22. Other changes to in force (Net)	(532)	(2,914,664)							(532)	(2,914,664)
23. In force December 31 of current year	3,163	16,013,244	0	(a)	0	0	0	0	3,163	16,013,244

(a) Includes Individual Credit Life Insurance prior year \$, current year \$

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancellable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	109,689	112,023		107,774	102,774
25.6 Totals (sum of Lines 25.1 to 25.5)	109,689	112,023	0	107,774	102,774
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	109,689	112,023	0	107,774	102,774

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



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

DIRECT BUSINESS IN THE STATE OF Grand Total

NAIC Group Code 0838

DURING THE YEAR 2011

NAIC Company Code 88064

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance		18,375,196	0	0	0	18,375,196
2. Annuity considerations		374,917	0	0	0	374,917
3. Deposit-type contract funds .....	.0		XXX	0	XXX	0
4. Other considerations .....	.0		0	0	0	0
5. Totals (Sum of Lines 1 to 4)	18,750,113		0	0	0	18,750,113
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit		3,253	0	0	0	3,253
6.2 Applied to pay renewal premiums		1,876	0	0	0	1,876
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period		0	0	0	0	0
6.4 Other		0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)		5,129	0	0	0	5,129
Annuities:						
7.1 Paid in cash or left on deposit		0	0	0	0	0
7.2 Applied to provide paid-up annuities		0	0	0	0	0
7.3 Other		0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)		0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)		5,129	0	0	0	5,129
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		0	0	0	0	0
10. Matured endowments		0	0	0	0	0
11. Annuity benefits		44,856	0	0	0	44,856
12. Surrender values and withdrawals for life contracts		14,282	0	0	0	14,282
13. Aggregate write-ins for miscellaneous direct claims and benefits paid		0	0	0	0	0
14. All other benefits, except accident and health		385	0	0	0	385
15. Totals		59,523	0	0	0	59,523
DETAILS OF WRITE-INS						
1301.						
1302.						
1303.						
1398. Summary of Line 13 from overflow page		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)		0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind.Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31, prior year	12	92,891	0	0	0	0	0	0	12	92,891
17. Incurred during current year	992	5,423,766	0	0	0	0	0	0	992	5,423,766
Settled during current year:										
18.1 By payment in full	978	5,398,786	0	0	0	0	0	0	978	5,398,786
18.2 By payment on compromised claims	5	9,621	0	0	0	0	0	0	5	9,621
18.3 Totals paid	983	5,408,407	0	0	0	0	0	0	983	5,408,407
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	983	5,408,407	0	0	0	0	0	0	983	5,408,407
19. Unpaid Dec. 31, current year (16+17-18.6)	21	108,250	0	0	0	0	0	0	21	108,250
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	7,158	40,883,554	0 (a)	0	0	0	0	0	7,158	40,883,554
21. Issued during year	3,985	23,650,487	0	0	0	0	0	0	3,985	23,650,487
22. Other changes to in force (Net)	(1,391)	(8,743,988)	0	0	0	0	0	0	(1,391)	(8,743,988)
23. In force December 31 of current year	9,752	55,790,053	0 (a)	0	0	0	0	0	9,752	55,790,053

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ 0 , current year \$ 0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	.0	0	0	0	0
24.1 Federal Employees Health Benefits Program premium (b) .....	.0	0	0	0	0
24.2 Credit (Group and Individual) .....	.0	0	0	0	0
24.3 Collectively renewable policies (b) .....	.0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	.0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancellable (b) .....	.0	0	0	0	0
25.2 Guaranteed renewable (b) .....	.0	0	0	0	0
25.3 Non-renewable for stated reasons only (b) .....	.0	0	0	0	0
25.4 Other accident only .....	.0	0	0	0	0
25.5 All other (b)	109,689	112,023	0	107,774	102,774
25.6 Totals (sum of Lines 25.1 to 25.5)	109,689	112,023	0	107,774	102,774
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	109,689	112,023	0	107,774	102,774

(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 .

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Life Insurance Company
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

	1 Amount
1. Reserve as of December 31, Prior Year	236,214
2. Current year's realized pre-tax capital gains/(losses) of \$ 139,013 transferred into the reserve net of taxes of \$ 47,266	91,747
3. Adjustment for current year's liability gains/(losses) released from the reserve	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	327,961
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	49,775
6. Reserve as of December 31, current year (Line 4 minus Line 5)	278,187

AMORTIZATION

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2011	41,835	7,940	0	49,775
2. 2012	33,474	15,127	0	48,601
3. 2013	30,458	13,335	0	43,793
4. 2014	28,146	10,525	0	38,671
5. 2015	23,824	7,604	0	31,428
6. 2016	18,921	4,577	0	23,498
7. 2017	14,620	2,947	0	17,567
8. 2018	10,317	2,804	0	13,121
9. 2019	5,741	2,660	0	8,401
10. 2020	3,515	2,519	0	6,034
11. 2021	3,244	2,396	0	5,640
12. 2022	3,293	2,218	0	5,511
13. 2023	3,380	2,054	0	5,434
14. 2024	3,268	1,900	0	5,168
15. 2025	2,988	1,712	0	4,700
16. 2026	2,584	1,501	0	4,085
17. 2027	2,020	1,401	0	3,421
18. 2028	1,384	1,347	0	2,731
19. 2029	882	1,306	0	2,188
20. 2030	633	1,270	0	1,903
21. 2031	538	1,216	0	1,754
22. 2032	417	1,095	0	1,512
23. 2033	305	884	0	1,189
24. 2034	205	654	0	859
25. 2035	102	427	0	529
26. 2036	50	180	0	230
27. 2037	37	51	0	88
28. 2038	24	41	0	65
29. 2039	9	30	0	39
30. 2040	0	19	0	19
31. 2041 and Later		6	0	6
32. Total (Lines 1 to 31)	236,214	91,747	0	327,961

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

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year	60,500	0	60,500	335,912	32,791	368,703	429,203
2. Realized capital gains/(losses) net of taxes - General Account	19,230		19,230	13,545	10,063	23,608	42,838
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account			0	(294,659)	(15,651)	(310,310)	(310,310)
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic contribution	27,972	0	27,972	0	12,038	12,038	40,010
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	107,702	0	107,702	54,798	39,241	94,039	201,741
9. Maximum reserve	148,145	0	148,145	747,635	42,388	790,023	938,168
10. Reserve objective	104,242	0	104,242	747,635	29,954	777,589	881,831
11. 20% of (Line 10 - Line 8)	(692)	0	(692)	138,567	(1,857)	136,710	136,018
12. Balance before transfers (Lines 8 + 11)	107,010	0	107,010	193,365	37,384	230,749	337,759
13. Transfers			0			0	XXX
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	107,010	0	107,010	193,365	37,384	230,749	337,759

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

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.	1	Exempt Obligations	3,391,560	XXX	XXX	3,391,560	0.0000	0	0.0000	0	0.0000	0
2.		Highest Quality	20,731,540	XXX	XXX	20,731,540	0.0004	8,293	0.0023	47,683	0.0030	62,195
3.		High Quality	5,038,009	XXX	XXX	5,038,009	0.0019	9,572	0.0058	29,220	0.0090	45,342
4.		Medium Quality	237,608	XXX	XXX	237,608	0.0093	2,210	0.0230	5,465	0.0340	8,079
5.		Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6.		Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7.		In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Bonds (Sum of Lines 1 through 8)	29,398,717	XXX	XXX	29,398,717	XXX	20,075	XXX	82,368	XXX	115,615
PREFERRED STOCK												
10.	1	Highest Quality	785,724	XXX	XXX	785,724	0.0004	.314	0.0023	1,807	0.0030	2,357
11.		High Quality	1,192,314	XXX	XXX	1,192,314	0.0019	2,265	0.0058	6,915	0.0090	10,731
12.		Medium Quality	571,800	XXX	XXX	571,800	0.0093	5,318	0.0230	13,151	0.0340	19,441
13.		Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14.		Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15.		In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total Preferred Stocks (Sum of Lines 10 through 16)	2,549,838	XXX	XXX	2,549,838	XXX	7,897	XXX	21,874	XXX	32,529
SHORT - TERM BONDS												
18.	1	Exempt Obligations	2,006,358	XXX	XXX	2,006,358	0.0000	0	0.0000	0	0.0000	0
19.		Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
20.		High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21.		Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22.		Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23.		Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24.		In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25.		Total Short - Term Bonds (Sum of Lines 18 through 24)	2,006,358	XXX	XXX	2,006,358	XXX	0	XXX	0	XXX	0

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

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
26.	1	DERIVATIVE INSTRUMENTS										
27.		Exchange Traded		XXX	XXX	0	0.0004	.0	.0023	.0	.0030	
28.		Highest Quality		XXX	XXX	0	0.0004	.0	.0023	.0	.0030	
29.		High Quality		XXX	XXX	0	0.0019	.0	.0058	.0	.0090	
30.		Medium Quality		XXX	XXX	0	0.0093	.0	.0230	.0	.0340	
31.		Low Quality		XXX	XXX	0	0.0213	.0	.0530	.0	.0750	
32.		Lower Quality		XXX	XXX	0	0.0432	.0	.1100	.0	.1700	
33.		In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	
34.		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	
		Total (Lines 9 + 17 + 25 + 33)	33,954,913	XXX	XXX	33,954,913	XXX	27,972	XXX	104,242	XXX	
	31	MORTGAGE LOANS										
35.		In Good Standing:										
36.		Farm Mortgages		XXX	XXX	0	0.0063 (a)	.0	0.0120 (a)	.0	.0190 (a)	
37.		Residential Mortgages - Insured or Guaranteed		XXX	XXX	0	0.0003	.0	0.0006	.0	.0010	
38.		Residential Mortgages - All Other		XXX	XXX	0	0.0013	.0	0.0030	.0	.0040	
39.		Commercial Mortgages - Insured or Guaranteed		XXX	XXX	0	0.0003	.0	0.0006	.0	.0010	
40.		Commercial Mortgages - All Other		XXX	XXX	0	0.0063 (a)	.0	0.0120 (a)	.0	.0190 (a)	
41.		In Good Standing With Restructured Terms		XXX	XXX	0	0.2800 (b)	.0	0.6200 (b)	.0	1.0000 (b)	
42.		Overdue, Not in Process:										
43.		Farm Mortgages		XXX	XXX	0	0.0420	.0	0.0760	.0	.1200	
44.		Residential Mortgages - Insured or Guaranteed		XXX	XXX	0	0.0005	.0	0.0012	.0	.0020	
45.		Residential Mortgages - All Other		XXX	XXX	0	0.0025	.0	0.0058	.0	.0090	
46.		Commercial Mortgages - Insured or Guaranteed		XXX	XXX	0	0.0005	.0	0.0012	.0	.0020	
47.		Commercial Mortgages - All Other		XXX	XXX	0	0.0420	.0	0.0760	.0	.1200	
48.		In Process of Foreclosure:										
49.		Farm Mortgages		XXX	XXX	0	0.0000	.0	0.1700	.0	.1700	
50.		Residential Mortgages - Insured or Guaranteed		XXX	XXX	0	0.0000	.0	0.0040	.0	.0040	
51.		Residential Mortgages - All Other		XXX	XXX	0	0.0000	.0	0.0130	.0	.0130	
52.		Commercial Mortgages - Insured or Guaranteed		XXX	XXX	0	0.0000	.0	0.0040	.0	.0040	
53.		Commercial Mortgages - All Other		XXX	XXX	0	0.0000	.0	0.1700	.0	.1700	
		Total Schedule B Mortgages (Sum of Lines 35 through 50)	0	0	XXX	0	XXX	0	XXX	0	XXX	
52.		Schedule DA Mortgages			XXX	0	(c)	0	(c)	0	(c)	
53.		Total Mortgage Loans on Real Estate (Lines 51 + 52)	0	0	XXX	0	XXX	0	XXX	0	XXX	

(a) Times the company's experience adjustment factor (EAF).

(b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.

(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
1.		COMMON STOCK										
		Unaffiliated - Public	868,259	XXX	XXX	868,259	0.0000	0	0.1300 (d)	112,874	0.1300 (d)	112,874
		Unaffiliated - Private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
		Affiliated - Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
		Affiliated - Investment Subsidiary:										
		Fixed Income - Exempt Obligations				0	XXX		XXX		XXX	
		Fixed Income - Highest Quality				0	XXX		XXX		XXX	
		Fixed Income - High Quality				0	XXX		XXX		XXX	
		Fixed Income - Medium Quality				0	XXX		XXX		XXX	
		Fixed Income - Low Quality				0	XXX		XXX		XXX	
		Fixed Income - Lower Quality				0	XXX		XXX		XXX	
		Fixed Income - In/Near Default				0	XXX		XXX		XXX	
		Unaffiliated Common Stock - Public				0	0.0000	0	0.1300 (d)	0	0.1300 (d)	0
		Unaffiliated Common Stock - Private				0	0.0000	0	0.1600	0	0.1600	0
		Mortgage Loans				0	(c)	0	(c)	0	(c)	0
		Real Estate				0	(e)	0	(e)	0	(e)	0
		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)	4,882,781	XXX	XXX	4,882,781	0.0000	0	0.1300	634,762	0.1300	634,762
		Affiliated - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
		Total Common Stock (Sum of Lines 1 through 17)	5,751,040	0	0	5,751,040	XXX	0	XXX	747,635	XXX	747,635
19.		REAL ESTATE										
		Home Office Property (General Account only)				0	0.0000	0	0.0750	0	0.0750	0
		Investment Properties				0	0.0000	0	0.0750	0	0.0750	0
		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
		Total Real Estate (Sum of Lines 19 through 21)	0	0	0	0	XXX	0	XXX	0	XXX	0
23.	1	OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
		Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
		High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
		Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
		Low Quality	565,175	XXX	XXX	565,175	0.0213	12,038	0.0530	29,954	0.0750	42,388
		Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
		In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
		Total with Bond Characteristics (Sum of Lines 23 through 29)	565,175	XXX	XXX	565,175	XXX	12,038	XXX	29,954	XXX	42,388

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

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
31.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
32.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
33.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
34.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
35.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
36.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
37.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
38.		Total with Preferred Stock Characteristics (Sum of Lines 31 through 37)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
39.	33	In Good Standing:										
40.		Farm Mortgages		XXX	XXX	0	0.0063 (a)	0	0.0120 (a)	0	0.0190 (a)	0
41.		Residential Mortgages - Insured or Guaranteed		XXX	XXX	0	0.0003	0	0.0006	0	0.0010	0
42.		Residential Mortgages - All Other		XXX	XXX	0	0.0013	0	0.0030	0	0.0040	0
43.		Commercial Mortgages - Insured or Guaranteed		XXX	XXX	0	0.0003	0	0.0006	0	0.0010	0
44.		Commercial Mortgages - All Other		XXX	XXX	0	0.0063 (a)	0	0.0120 (a)	0	0.0190 (a)	0
		In Good Standing With Restructured Terms		XXX	XXX	0	0.2800 (b)	0	0.6200 (b)	0	1.0000 (b)	0
		Overdue, Not in Process:										
45.		Farm Mortgages		XXX	XXX	0	0.0420	0	0.0760	0	0.1200	0
46.		Residential Mortgages - Insured or Guaranteed		XXX	XXX	0	0.0005	0	0.0012	0	0.0020	0
47.		Residential Mortgages - All Other		XXX	XXX	0	0.0025	0	0.0058	0	0.0090	0
48.		Commercial Mortgages - Insured or Guaranteed		XXX	XXX	0	0.0005	0	0.0012	0	0.0020	0
49.		Commercial Mortgages - All Other		XXX	XXX	0	0.0420	0	0.0760	0	0.1200	0
		In Process of Foreclosure:										
50.		Farm Mortgages		XXX	XXX	0	0.0000	0	0.1700	0	0.1700	0
51.		Residential Mortgages - Insured or Guaranteed		XXX	XXX	0	0.0000	0	0.0040	0	0.0040	0
52.		Residential Mortgages - All Other		XXX	XXX	0	0.0000	0	0.0130	0	0.0130	0
53.		Commercial Mortgages - Insured or Guaranteed		XXX	XXX	0	0.0000	0	0.0040	0	0.0040	0
54.		Commercial Mortgages - All Other		XXX	XXX	0	0.0000	0	0.1700	0	0.1700	0
55.		Total with Mortgage Loan Characteristics (Sum of Lines 39 through 54)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
56.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
56.		Unaffiliated Public		XXX	XXX	0	0.0000	0	0.1300 (d)	0	0.1300 (d) 0	
57.		Unaffiliated Private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600 0	
58.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000 0	
59.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300 0	
60.		Affiliated Other - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600 0	
61.		Total with Common Stock Characteristics (Sum of Lines 56 through 60)	0	XXX	XXX	0	XXX	0	XXX	0	XXX 0	
62.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
62.		Home Office Property (General Account only)				0	0.0000	0	0.0750	0	0.0750 0	
63.		Investment Properties				0	0.0000	0	0.0750	0	0.0750 0	
64.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100 0	
65.		Total with Real Estate Characteristics (Lines 62 through 64)	0	0	0	0	XXX	0	XXX	0	XXX 0	
66.		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
66.		Guaranteed Federal Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010 0	
67.		Non-guaranteed Federal Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190 0	
68.		State Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975 0	
69.		All Other Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975 0	
70.		Total LIHTC	0	0	0	0	XXX	0	XXX	0	XXX 0	
71.		ALL OTHER INVESTMENTS										
71.		Other Invested Assets - Schedule BA		XXX		0	0.0000	0	0.1300	0	0.1300 0	
72.		Other Short-Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1300	0	0.1300 0	
73.		Total All Other (Sum of Lines 71 + 72)	0	XXX	0	0	XXX	0	XXX	0	XXX 0	
74.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 30, 38, 55, 61, 65, 70 and 73)	565,175	0	0	565,175	XXX	12,038	XXX	29,954	XXX 42,388	

(a) Times the company's experience adjustment factor (EAF).

(b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.

(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

(d) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).

(e) Determined using the same factors and breakdowns used for directly owned real estate.

Asset Valuation Reserve Replications (Synthetic) Assets
N O N E

Schedule F - Claims
N O N E

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts											
									5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %		
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																				
1. Premiums written	109,689	XXX			XXX			XXX			XXX		XXX		XXX		XXX	109,689	XXX	
2. Premiums earned	112,023	XXX			XXX			XXX			XXX		XXX		XXX		XXX	112,023	XXX	
3. Incurred claims	102,774	91.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	102,774	91.7
4. Cost containment expenses	0	0.0			0	0.0		0	0.0		0	0.0		0	0.0		0	0.0	0	0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	102,774	91.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	102,774	91.7
6. Increase in contract reserves	(5,468)	(4.9)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	(5,468)	(4.9)
7. Commissions (a)	16,453	14.7			0	0.0		0	0.0		0	0.0		0	0.0		0	0.0	0	0.0
8. Other general insurance expenses	27,859	24.9			0	0.0		0	0.0		0	0.0		0	0.0		0	0.0	0	0.0
9. Taxes, licenses and fees	1,846	1.6			0	0.0		0	0.0		0	0.0		0	0.0		0	0.0	0	0.0
10. Total other expenses incurred	46,158	41.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	46,158	41.2
11. Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds	(31,441)	(28.1)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	(31,441)	(28.1)
13. Dividends or refunds	0	0.0			0	0.0		0	0.0		0	0.0		0	0.0		0	0.0	0	0.0
14. Gain from underwriting after dividends or refunds	(31,441)	(28.1)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	(31,441)	(28.1)
DETAILS OF WRITE-INS																				
1101.																				
1102.																				
1103.																				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

(a) Includes \$ reported as "Contract, membership and other fees retained by agents."

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	0								
2. Advance premiums	3,181								3,181
3. Reserve for rate credits	0								
4. Total premium reserves, current year	3,181	0	0	0	0	0	0	0	3,181
5. Total premium reserves, prior year	5,515	0	0	0	0	0	0	0	5,515
6. Increase in total premium reserves	(2,334)	0	0	0	0	0	0	0	(2,334)
B. Contract Reserves:									
1. Additional reserves (a)	16,847								16,847
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	16,847	0	0	0	0	0	0	0	16,847
4. Total contract reserves, prior year	22,315	0	0	0	0	0	0	0	22,315
5. Increase in contract reserves	(5,468)	0	0	0	0	0	0	0	(5,468)
C. Claim Reserves and Liabilities:									
1. Total current year	22,304	0	0	0	0	0	0	0	22,304
2. Total prior year	27,184	0	0	0	0	0	0	0	27,184
3. Increase	(4,880)	0	0	0	0	0	0	0	(4,880)

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	21,531								21,531
1.2 On claims incurred during current year	86,123								86,123
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	0								0
2.2 On claims incurred during current year	22,304								22,304
3. Test:									
3.1 Lines 1.1 and 2.1	21,531	0	0	0	0	0	0	0	21,531
3.2 Claim reserves and liabilities, December 31, prior year	27,184	0	0	0	0	0	0	0	27,184
3.3 Line 3.1 minus Line 3.2	(5,653)	0	0	0	0	0	0	0	(5,653)

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									
B. Reinsurance Ceded:									
1. Premiums written									
2. Premiums earned									
3. Incurred claims									
4. Commissions									

NONE

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Life Insurance Company
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims			102,774	102,774
2. Beginning Claim Reserves and Liabilities	0	0	27,184	27,184
3. Ending Claim Reserves and Liabilities			22,304	22,304
4. Claims Paid	0	0	107,654	107,654
B. Assumed Reinsurance:				
5. Incurred Claims.....				0
6. Beginning Claim Reserves and Liabilities	0	0	0	0
7. Ending Claim Reserves and Liabilities				0
8. Claims Paid	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred Claims.....				0
10. Beginning Claim Reserves and Liabilities	0	0	0	0
11. Ending Claim Reserves and Liabilities				0
12. Claims Paid	0	0	0	0
D. Net:				
13. Incurred Claims.....	0	0	102,774	102,774
14. Beginning Claim Reserves and Liabilities	0	0	27,184	27,184
15. Ending Claim Reserves and Liabilities	0	0	22,304	22,304
16. Claims Paid	0	0	107,654	107,654
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses			102,774	102,774
18. Beginning Reserves and Liabilities	0	0	27,184	27,184
19. Ending Reserves and Liabilities			22,304	22,304
20. Paid Claims and Cost Containment Expenses	0	0	107,654	107,654

Schedule S - Part 1 - Section 1
N O N E

Schedule S - Part 1 - Section 2
N O N E

Schedule S - Part 2
N O N E

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

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Amount in Force at End of Year	Reserve Credit Taken		10 Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
							8 Current Year	9 Prior Year		11 Current Year	12 Prior Year		
0399999. Total General Account - Authorized Affiliates						0	0	0	0	0	0	0	0
.82627 ..06-0839705 ..01/01/2004 ..Swiss Re Life & Health America, Inc.	NY	YRT/I..	15,588	.610	.735	.1,427							
.82627 ..06-0839705 ..01/01/2004 ..Swiss Re Life & Health America, Inc.	NY	.ADB/I..	.31	.32	.13								
76236 ..31-1213778 ..01/01/2004 ..Cincinnati Life Insurance Company	OH	YRT/I..	154,463	2,114	2,778	3,294							
0499999. General Account - Authorized U.S. Non-Affiliates						170,051	2,755	3,545	4,734	0	0	0	0
0699999. Total General Account - Authorized Non-Affiliates						170,051	2,755	3,545	4,734	0	0	0	0
0799999. Total General Account Authorized						170,051	2,755	3,545	4,734	0	0	0	0
1099999. Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0	0
1399999. Total General Account - Unauthorized Non-Affiliates						0	0	0	0	0	0	0	0
1499999. Total General Account Unauthorized						0	0	0	0	0	0	0	0
1599999. Total General Account Authorized and Unauthorized						170,051	2,755	3,545	4,734	0	0	0	0
1899999. Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0	0
2199999. Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0	0
2299999. Total Separate Accounts Authorized						0	0	0	0	0	0	0	0
2599999. Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0	0
2899999. Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0	0
2999999. Total Separate Accounts Unauthorized						0	0	0	0	0	0	0	0
3099999. Total Separate Accounts Authorized and Unauthorized						0	0	0	0	0	0	0	0
3199999. Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699999, 1999999, 2399999 and 2699999)						170,051	2,755	3,545	4,734	0	0	0	0
3299999. Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999, 2099999, 2499999 and 2799999)						0	0	0	0	0	0	0	0
3399999 - Totals						170,051	2,755	3,545	4,734	0	0	0	0

Schedule S - Part 3 - Section 2

N O N E

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

SCHEDULE S - PART 5Five Year Exhibit of Reinsurance Ceded Business
(000 OMITTED)

	1 2011	2 2010	3 2009	4 2008	5 2007
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	5	5	4	4	4
2. Commissions and reinsurance expense allowances	0	0	0	0	0
3. Contract claims	0	0	0	0	0
4. Surrender benefits and withdrawals for life contracts		0	0	0	0
5. Dividends to policyholders		0	0	0	0
6. Reserve adjustments on reinsurance ceded	0	0	0	0	0
7. Increase in aggregate reserve for life and accident and health contracts		0	0	0	0
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	0	0	0	0	0
9. Aggregate reserves for life and accident and health contracts	3	3	3	2	2
10. Liability for deposit-type contracts		0	0	0	0
11. Contract claims unpaid	0	0	0	0	0
12. Amounts recoverable on reinsurance	0	0	0	0	0
13. Experience rating refunds due or unpaid	0	0	0	0	0
14. Policyholders' dividends (not included in Line 10)		0	0	0	0
15. Commissions and reinsurance expense allowances unpaid		0	0	0	0
16. Unauthorized reinsurance offset	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Funds deposited by and withheld from (F)	0	0	0	0	0
18. Letters of credit (L)	0	0	0	0	0
19. Trust agreements (T)	0	0	0	0	0
20. Other (O)	0	0	0	0	0

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	40,640,492		40,640,492
2. Reinsurance (Line 16)	0	0	0
3. Premiums and considerations (Line 15)	503,417	0	503,417
4. Net credit for ceded reinsurance	XXX	2,755	2,755
5. All other admitted assets (balance)	662,948		662,948
6. Total assets excluding Separate Accounts (Line 26)	41,806,857	2,755	41,809,612
7. Separate Account assets (Line 27)	0		0
8. Total assets (Line 28)	41,806,857	2,755	41,809,612
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	31,716,065	2,755	31,718,820
10. Liability for deposit-type contracts (Line 3)	271,751		271,751
11. Claim reserves (Line 4)	142,446	0	142,446
12. Policyholder dividends/reserves (Lines 5 through 7)	4,875		4,875
13. Premium & annuity considerations received in advance (Line 8)	215,863		215,863
14. Other contract liabilities (Line 9)	278,187		278,187
15. Reinsurance in unauthorized companies (Line 24.02)	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03)			0
17. All other liabilities (balance)	754,701		754,701
18. Total liabilities excluding Separate Accounts (Line 26)	33,383,888	2,755	33,386,643
19. Separate Account liabilities (Line 27)			0
20. Total liabilities (Line 28)	33,383,888	2,755	33,386,643
21. Capital & surplus (Line 38)	8,422,969	XXX	8,422,969
22. Total liabilities, capital & surplus (Line 39)	41,806,857	2,755	41,809,612
NET CREDIT FOR CEDED REINSURANCE			
23. Contract reserves	2,755		
24. Claim reserves	0		
25. Policyholder dividends/reserves	0		
26. Premium & annuity considerations received in advance	0		
27. Liability for deposit-type contracts	0		
28. Other contract liabilities	0		
29. Reinsurance ceded assets	0		
30. Other ceded reinsurance recoverables	0		
31. Total ceded reinsurance recoverables	2,755		
32. Premiums and considerations	0		
33. Reinsurance in unauthorized companies	0		
34. Funds held under reinsurance treaties with unauthorized reinsurers	0		
35. Other ceded reinsurance payables/offsets	0		
36. Total ceded reinsurance payable/offsets	0		
37. Total net credit for ceded reinsurance	2,755		

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

Allocated by States and Territories

States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	Direct Business Only		
			3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts
1. Alabama	AL	.0	.0		0
2. Alaska	AK	.0	.0		0
3. Arizona	AZ	.0	.0		0
4. Arkansas	AR	.0	.0		0
5. California	CA	.0	.0		0
6. Colorado	CO	.0	.0		0
7. Connecticut	CT	0	.0		0
8. Delaware	DE	.0	.0		0
9. District of Columbia	DC	.0	.0		0
10. Florida	FL	.0	.0		0
11. Georgia	GA	3,441,127	355,143		3,796,270
12. Hawaii	HI	.0	.0		0
13. Idaho	ID	.0	.0		0
14. Illinois	IL	0	.0		0
15. Indiana	IN	6,784,410	17,236		6,801,646
16. Iowa	IA	0	.0		0
17. Kansas	KS	.0	.0		0
18. Kentucky	KY	3,691,188	2,438		3,693,626
19. Louisiana	LA	.0	.0		0
20. Maine	ME	.0	.0		0
21. Maryland	MD	.0	.0		0
22. Massachusetts	MA	.0	.0		0
23. Michigan	MI	0	.0		0
24. Minnesota	MN	.0	.0		0
25. Mississippi	MS	0	.0		0
26. Missouri	MO	.0	.0		0
27. Montana	MT	.0	.0		0
28. Nebraska	NE	.0	.0		0
29. Nevada	NV	.0	.0		0
30. New Hampshire	NH	.0	.0		0
31. New Jersey	NJ	.0	.0		0
32. New Mexico	NM	0	.0		0
33. New York	NY	.0	.0		0
34. North Carolina	NC	0	.0		0
35. North Dakota	ND	.0	.0		0
36. Ohio	OH	4,458,471	100		4,458,571
37. Oklahoma	OK	0	.0		0
38. Oregon	OR	0	.0		0
39. Pennsylvania	PA	0	.0		0
40. Rhode Island	RI	0	.0		0
41. South Carolina	SC	0	.0		0
42. South Dakota	SD	0	.0		0
43. Tennessee	TN	0	.0		0
44. Texas	TX	0	.0		0
45. Utah	UT	0	.0		0
46. Vermont	VT	0	.0		0
47. Virginia	VA	0	.0		0
48. Washington	WA	0	.0		0
49. West Virginia	WV	0	.0		0
50. Wisconsin	WI	0	.0		0
51. Wyoming	WY	0	.0		0
52. American Samoa	AS	0	.0		0
53. Guam	GU	0	.0		0
54. Puerto Rico	PR	0	.0		0
55. U.S. Virgin Islands	VI	0	.0		0
56. Northern Mariana Islands	MP	0	.0		0
57. Canada	CN	0	.0		0
58. Aggregate Other Alien	OT	0	.0		0
59. Total		18,375,196	374,917	0	18,750,113

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation

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

SCHEDULE Y

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

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.

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7.	Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1?	YES
8.	Will the Supplemental Investment Risks Interrogatories be filed by April 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
<p>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 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.</p>		
MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

27. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
28. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
29. Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
30. Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
31. Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
32. Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
33. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
34. Will the Worker's Compensation Carve-Out Supplement be filed by March 1?	.....	NO
35. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	.....	YES
36. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....	NO
37. 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
38. 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
39. 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

40. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....	YES
41. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	.....	YES
42. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	.....	NO
43. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....	YES
44. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	.....	YES
45. Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	.....	YES
46. 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
47. 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

48. 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	.....
14. 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	.....
34. Not Required	.....
36. Not Required	.....
37. Not Required	.....
38. Not Required	.....
39. Not Required	.....
42. Not Required	.....
46. Not Required	.....
47. Not Required	.....
48. Not Required	.....
Bar Codes:		
12. SIS Stockholder Information Supplement [Document Identifier 420]		8 8 0 6 4 2 0 1 1 4 2 0 0 0 0 0 0
14. Trusteed Surplus Statement [Document Identifier 490]		8 8 0 6 4 2 0 1 1 4 9 0 0 0 0 0 0
17. Actuarial Opinion on X-Factors [Document Identifier 442]		8 8 0 6 4 2 0 1 1 4 4 2 0 0 0 0 0
18. Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]		8 8 0 6 4 2 0 1 1 4 4 3 0 0 0 0 0
19. Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]		8 8 0 6 4 2 0 1 1 4 4 4 0 0 0 0 0
20. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]		8 8 0 6 4 2 0 1 1 4 4 4 5 0 0 0 0
21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]		8 8 0 6 4 2 0 1 1 4 4 4 5 0 0 0 0
22. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]		8 8 0 6 4 2 0 1 1 4 4 4 6 0 0 0 0
23. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]		8 8 0 6 4 2 0 1 1 4 4 4 6 0 0 0 0
24. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]		8 8 0 6 4 2 0 1 1 4 4 4 9 0 0 0 0
25. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]		8 8 0 6 4 2 0 1 1 4 5 0 0 0 0 0 0
26. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]		8 8 0 6 4 2 0 1 1 4 5 1 0 0 0 0 0
27. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]		8 8 0 6 4 2 0 1 1 4 5 2 0 0 0 0 0
28. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]		8 8 0 6 4 2 0 1 1 4 5 3 0 0 0 0 0

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

29. Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII [Document Identifier 436]
30. Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII [Document Identifier 437]
31. Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII [Document Identifier 438]
32. Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII [Document Identifier 439]
33. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]
34. Workers' Compensation Carve-Out Supplement [Document Identifier 495]

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

37. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
38. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
39. Relief from the Requirements for Audit Committees [Document Identifier 226]

42. Credit Insurance Experience Exhibit [Document Identifier 230]

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

47. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
48. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Cincinnati Equitable Life Insurance Company
OVERFLOW PAGE FOR WRITE-INS



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.....	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".



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

SCHEDULE O SUPPLEMENT

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

Of The Cincinnati Equitable Life Insurance Company
ADDRESS (City, State and Zip Code) Cincinnati, OH 45202
NAIC Group Code 0838 NAIC Company Code 88064 Employer's Identification Number (FEIN) 35-1452221

SUPPLEMENTAL SCHEDULE O - PART 1

**Development of Incurred Losses
(\$000 OMITTED)**

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Net Amount Paid Policyholders				
	1 2007	2 2008	3 2009	4 2010	5 2011(a)
1. Prior	2	(5)	(5)	79	
2. 2007	0	0	0	0	
3. 2008	XXX	0	0	0	
4. 2009	XXX	XXX	0	0	
5. 2010	XXX	XXX	XXX	0	
6. 2011	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior	(112)	(102)	(102)	(102)
2. 2007	112	(18)	0	0
3. 2008	XXX	103	(5)	0
4. 2009	XXX	XXX	113	(7)
5. 2010	XXX	XXX	XXX	109
6. 2011	XXX	XXX	XXX	109

Section C - Credit Accident and Health

1. Prior				
2. 2007				
3. 2008	XXX			
4. 2009	XXX	XXX		
5. 2010	XXX	XXX	XXX	
6. 2011	XXX	XXX	XXX	XXX

Section D -

1. Prior				
2. 2007				
3. 2008	XXX			
4. 2009	XXX	XXX		
5. 2010	XXX	XXX	XXX	
6. 2011	XXX	XXX	XXX	XXX

Section E -

1. Prior				
2. 2007				
3. 2008	XXX			
4. 2009	XX	XX		
5. 2010	XXX	XXX	XXX	
6. 2011	XXX	XXX	XXX	XXX

Section F -

1. Prior				
2. 2007				
3. 2008	XXX			
4. 2009	XX	XX		
5. 2010	XXX	XXX	XXX	
6. 2011	XXX	XXX	XXX	XXX

Section G -

1. Prior				
2. 2007				
3. 2008	XXX			
4. 2009	XX	XX		
5. 2010	XXX	XXX	XXX	
6. 2011	XXX	XXX	XXX	XXX

(a) See paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

Supplement Schedule O - Part 2 Section A
N O N E

Supplement Schedule O - Part 2 Section B
N O N E

Supplement Schedule O - Part 2 Section C
N O N E

Supplement Schedule O - Part 2 Section D
N O N E

Supplement Schedule O - Part 2 Section E
N O N E

Supplement Schedule O - Part 2 Section F
N O N E

Supplement Schedule O - Part 2 Section G
N O N E

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

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
 (\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2007	2 08	3 2009	4 2010	5 2011
1. 2007				XXX	XXX
2. 2008	XXX				XXX
3. 2009	XXX	XXX			
4. 2010	XXX	XXX	XXX		
5. 2011	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2007 .....	.112	.94	.0	XXX	XXX
2. 2008	XXX	103	.98	.0	XXX
3. 2009	XXX	XXX	113	96	96
4. 2010	XXX	XXX	XXX	.109	103
5. 2011	XXX	XXX	XXX	XXX	109

Section C - Credit Accident and Health

1. 2007				XXX	XXX
2. 2008	XXX				XXX
3. 2009	XXX	XXX	XXX		
4. 2010	XXX	XXX	XXX		
5. 2011	XXX	XXX	XXX	XXX	

Section D -

1. 2007				XXX	XXX
2. 2008	XXX				XXX
3. 2009	XXX	XXX	XXX		
4. 2010	XXX	XXX	XXX	XXX	
5. 2011	XXX	XXX	XXX	XXX	

Section E -

1. 2007				XXX	XXX
2. 2008	XXX				XXX
3. 2009	XXX	XXX	XXX		
4. 2010	XXX	XXX	XXX	XXX	
5. 2011	XXX	XXX	XXX	XXX	

Section F -

1. 2007				XXX	XXX
2. 2008	XXX				XXX
3. 2009	XXX	XXX	XXX		
4. 2010	XXX	XXX	XXX	XXX	
5. 2011	XXX	XXX	XXX	XXX	

Section G -

1. 2007				XXX	XXX
2. 2008	XXX				XXX
3. 2009	XXX	XXX	XXX		
4. 2010	XXX	XXX	XXX	XXX	
5. 2011	XXX	XXX	XXX	XXX	

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. 2007					
2. 2008	XXX				
3. 2009	XXX	XXX			
4. 2010	XXX	XXX	XXX		
5. 2011	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2007 .....	.112	94	94	94	94
2. 2008	XXX	106	101	101	101
3. 2009	XXX	XXX	113	96	96
4. 2010	XXX	XXX	XXX	109	103
5. 2011	XXX	XXX	XXX	XXX	109

Section C - Credit Accident and Health

1. 2007					
2. 2008	XXX				
3. 2009	XXX	XXX	XXX		
4. 2010	XXX	XXX	XXX		
5. 2011	XXX	XXX	XXX	XXX	

Section D -

1. 2007					
2. 2008	XXX				
3. 2009	XXX	XXX	XXX		
4. 2010	XXX	XXX	XXX		
5. 2011	XXX	XXX	XXX	XXX	

Section E -

1. 2007					
2. 2008	XXX				
3. 2009	XXX	XXX	XXX		
4. 2010	XXX	XXX	XXX		
5. 2011	XXX	XXX	XXX	XXX	

Section F -

1. 2007					
2. 2008	XXX				
3. 2009	XXX	XXX	XXX		
4. 2010	XXX	XXX	XXX		
5. 2011	XXX	XXX	XXX	XXX	

Section G -

1. 2007					
2. 2008	XXX				
3. 2009	XXX	XXX	XXX		
4. 2010	XXX	XXX	XXX		
5. 2011	XXX	XXX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial Life		
2. Ordinary Life	Pending	108
3. Individual Annuity	Pending	12
4. Supplementary Contracts		
5. Credit Life		
6. Group Life		
7. Group Annuities		
8. Group Accident and Health		
9. Credit Accident and Health		
10. Other Accident and Health	Developed	22
11. Total		142

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Increase in Reserves During The Year	7
Analysis of Operations By Lines of Business	6
Asset Valuation Reserve Default Component	30
Asset Valuation Reserve Equity	32
Asset Valuation Reserve Replications (Synthetic) Assets	35
Asset Valuation Reserve	29
Assets	2
Cash Flow	5
Exhibit 1 - Part 1 - Premiums and Annuity Considerations for Life and Accident and Health Contracts	9
Exhibit 1 - Part 2 - Dividends and Coupons Applied, Reinsurance Commissions and Expense	10
Exhibit 2 - General Expenses	11
Exhibit 3 - Taxes, Licenses and Fees (Excluding Federal Income Taxes)	11
Exhibit 4 - Dividends or Refunds	11
Exhibit 5 - Aggregate Reserve for Life Contracts	12
Exhibit 5 - Interrogatories	13
Exhibit 5A - Changes in Bases of Valuation During The Year	13
Exhibit 6 - Aggregate Reserves for Accident and Health Contracts	14
Exhibit 7 - Deposit-Type Contracts	15
Exhibit 8 - Claims for Life and Accident and Health Contracts - Part 1	16
Exhibit 8 - Claims for Life and Accident and Health Contracts - Part 2	17
Exhibit of Capital Gains (Losses)	8
Exhibit of Life Insurance	25
Exhibit of Net Investment Income	8
Exhibit of Nonadmitted Assets	18
Exhibit of Number of Policies, Contracts, Certificates, Income Payable and Account Values	27
Five-Year Historical Data	22
Form for Calculating the Interest Maintenance Reserve (IMR)	28
General Interrogatories	20
Jurat Page	1
Liabilities, Surplus and Other Funds	3
Life Insurance (State Page)	24
Notes To Financial Statements	19
Overflow Page For Write-ins	54
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10

ANNUAL STATEMENT BLANK (Continued)

Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D	E22
Schedule DB - Verification	SI14
Schedule DL - Part 1	E23
Schedule DL - Part 2	E24
Schedule E - Part 1 - Cash	E25
Schedule E - Part 2 - Cash Equivalents	E26
Schedule E - Part 3 - Special Deposits	E27
Schedule E - Verification Between Years	SI15
Schedule F	36
Schedule H - Accident and Health Exhibit - Part 1	37
Schedule H - Part 2, Part 3 and Part 4	38
Schedule H - Part 5 - Health Claims	39
Schedule S - Part 1 - Section 1	40
Schedule S - Part 1 - Section 2	41
Schedule S - Part 2	42
Schedule S - Part 3 - Section 1	43
Schedule S - Part 3 - Section 2	44
Schedule S - Part 4	45
Schedule S - Part 5	46
Schedule S - Part 6	47
Schedule T - Part 2 Interstate Compact	49
Schedule T - Premiums and Annuity Considerations	48
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	50
Schedule Y - Part 1A - Detail of Insurance Holding Company System	51
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	52
Summary Investment Schedule	SI01
Summary of Operations	4
Supplemental Exhibits and Schedules Interrogatories	53