



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF MARCH 31, 2012
OF THE CONDITION AND AFFAIRS OF THE

Cincinnati Equitable Insurance Company

NAIC Group Code 0838 NAIC Company Code 16721 Employer's ID Number 31-0239840
(Current) (Prior)

Organized under the Laws of _____, State of Domicile or Port of Entry _____ OH

Country of Domicile United States of America

Incorporated/Organized _____ Commenced Business _____

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)

(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)

Statutory Statement Contact Gregory Allen Baker, 513-621-1826
(Name) (Area Code) (Telephone Number)
gbaker@cincinnatiequitable.com, 513-621-1826
(E-mail Address) (FAX Number)

OFFICERS

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

OTHER

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

Subscribed and sworn to before me this
11th day of May 2012

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 Hansman Jr

November 8 2014

Cincinnati Equitable Insurance Company

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	3,732,558		3,732,558	3,697,252
2. Stocks:				
2.1 Preferred stocks	689,760		689,760	793,358
2.2 Common stocks	117,159		117,159	103,678
3. Mortgage loans on real estate:				
3.1 First liens			0	45,502
3.2 Other than first liens.....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 57,203), cash equivalents (\$) and short-term investments (\$ 394,945)	452,148		452,148	262,680
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	4,991,625	0	4,991,625	4,902,470
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	45,112		45,112	65,142
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection			0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset	273,000	260,000	13,000	13,000
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software	5,883		5,883	5,883
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other than invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	5,315,620	260,000	5,055,620	4,986,495
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	5,315,620	260,000	5,055,620	4,986,495
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.			0	0
2502.			0	0
2503.			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0	0

Cincinnati Equitable Insurance Company
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$)	30,000	30,000
2. Reinsurance payable on paid losses and loss adjustment expenses	0	0
3. Loss adjustment expenses	5,517	5,517
4. Commissions payable, contingent commissions and other similar charges	.....	.....
5. Other expenses (excluding taxes, licenses and fees)	69,211	59,797
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	.....	650
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))	.....	.....
7.2 Net deferred tax liability	.....	.....
8. Borrowed money \$ and interest thereon \$ .....	.....	.....
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act)	.....	.....
10. Advance premium	.....	.....
11. Dividends declared and unpaid:	.....	.....
11.1 Stockholders	.....	.....
11.2 Policyholders	.....	.....
12. Ceded reinsurance premiums payable (net of ceding commissions)	60	1,280
13. Funds held by company under reinsurance treaties	.....	0
14. Amounts withheld or retained by company for account of others	340	340
15. Remittances and items not allocated	.....	.....
16. Provision for reinsurance	.....	.....
17. Net adjustments in assets and liabilities due to foreign exchange rates	.....	.....
18. Drafts outstanding	.....	.....
19. Payable to parent, subsidiaries and affiliates	577	6,130
20. Derivatives	.....	.....
21. Payable for securities	.....	.....
22. Payable for securities lending	.....	.....
23. Liability for amounts held under uninsured plans	.....	.....
24. Capital notes \$ and interest thereon \$ .....	.....	.....
25. Aggregate write-ins for liabilities	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	105,705	103,714
27. Protected cell liabilities	.....	.....
28. Total liabilities (Lines 26 and 27)	105,705	103,714
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	1,000,000	1,000,000
31. Preferred capital stock	.....	.....
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes	.....	0
34. Gross paid in and contributed surplus	4,105,894	4,105,894
35. Unassigned funds (surplus)	(155,979)	(223,113)
36. Less treasury stock, at cost:	.....	.....
36.1 shares common (value included in Line 30 \$ ..... )	.....	.....
36.2 shares preferred (value included in Line 31 \$ ..... )	.....	.....
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	4,949,915	4,882,781
38. Totals (Page 2, Line 28, Col. 3)	5,055,620	4,986,495
DETAILS OF WRITE-INS		
2501.	.....	.....
2502.	.....	.....
2503.	.....	.....
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0
2901.	.....	.....
2902.	.....	.....
2903.	.....	.....
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0
3201.	.....	.....
3202.	.....	.....
3203.	.....	.....
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)	0	0

Cincinnati Equitable Insurance Company
STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$)	0	0	0
1.2 Assumed (written \$)	0	0	0
1.3 Ceded (written \$)	0	0	0
1.4 Net (written \$ 0)	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	(1,602)	(1,216)	(7,595)
2.2 Assumed	0	0	0
2.3 Ceded	0	0	0
2.4 Net	(1,602)	(1,216)	(7,595)
3. Loss adjustment expenses incurred	10,899	10,761	47,716
4. Other underwriting expenses incurred	31,060	34,302	137,283
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	40,357	43,847	177,404
7. Net income of protected cells			
8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	(40,357)	(43,847)	(177,404)
INVESTMENT INCOME			
9. Net investment income earned	57,306	67,554	243,377
10. Net realized capital gains (losses) less capital gains tax of \$	21,806	49,794	103,459
11. Net investment gain (loss) (Lines 9 + 10)	79,112	117,348	346,836
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$)			
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income	0	0	0
15. Total other income (Lines 12 through 14)	0	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	38,755	73,501	169,432
17. Dividends to policyholders			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	38,755	73,501	169,432
19. Federal and foreign income taxes incurred			
20. Net income (Line 18 minus Line 19)(to Line 22)	38,755	73,501	169,432
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	4,882,782	5,296,191	5,296,191
22. Net income (from Line 20)	38,755	73,501	169,432
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$	28,378	12,473	(42,841)
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	(30,000)	(26,000)	(35,000)
27. Change in nonadmitted assets	30,000	18,000	(5,000)
28. Change in provision for reinsurance			0
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in	0	0	(5,647,937)
33.2 Transferred to capital (Stock Dividend)			5,647,937
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			(500,000)
35. Dividends to stockholders			
36. Change in treasury stock			0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	67,133	77,974	(413,409)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	4,949,915	5,374,165	4,882,782
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	0	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)	0	0	0

Cincinnati Equitable Insurance Company
CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	(1,220)	(713)	69
2. Net investment income	78,812	102,399	263,767
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	77,592	101,686	263,836
5. Benefit and loss related payments	(1,602)	(1,216)	(7,594)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	33,195	46,808	177,430
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	(7,000)	0
10. Total (Lines 5 through 9)	31,593	38,592	169,836
11. Net cash from operations (Line 4 minus Line 10)	45,999	63,094	94,000
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	711,023	1,212,890	2,805,121
12.2 Stocks	1,014,651	475,731	1,587,029
12.3 Mortgage loans	45,502	1,157	5,500
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,771,176	1,689,778	4,397,649
13. Cost of investments acquired (long-term only):			
13.1 Bonds	742,153	1,174,455	2,675,090
13.2 Stocks	880,000	439,560	1,337,193
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	1,622,153	1,614,015	4,012,283
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	149,023	75,763	385,366
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	500,000
16.6 Other cash provided (applied)	(5,553)	637	(34,627)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(5,553)	637	(534,627)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	189,469	139,494	(55,261)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	262,679	317,940	317,940
19.2 End of period (Line 18 plus Line 19.1)	452,148	457,434	262,679

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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STATEMENT AS OF MARCH 31, 2012 OF THE Cincinnati Equitable Insurance Company
NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Cincinnati Equitable Insurance Company are presented on the basis of accounting practices prescribed or permitted by the Ohio Insurance Department.

The Ohio Insurance Department recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, version effective January 1, 2001, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio. The State of Ohio has not adopted any prescribed or permitted practices that differ from NAIC SAP.

2. No significant change

3. No significant change

4. No significant change

5. Investments

D. Loan-Backed Securities

The Company has no Loan-Backed Securities.

6. No significant change

7. No significant change

8. No significant change

9. No significant change

10. No significant change

11. No significant change

12. No significant change

13. No significant change

14. No significant change

15. No significant change

16. No significant change

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. The Company has not transferred receivable balances.

B. The Company has no transaction in accordance with SSAP No.18.

C. The Company has made no wash sale transactions.

18. No significant change

19. No significant change

STATEMENT AS OF MARCH 31, 2012 OF THE Cincinnati Equitable Insurance Company
NOTES TO FINANCIAL STATEMENTS

20. Fair Value Measure

A.

(1) Fair Value Measurements at Reporting Date

(1) Description

a). Assets at fair value

Perpetual Preferred stock

Industrial and Misc

Parent, Subsidiaries and Affiliates

Total Perpetual Preferred Stocks

Bonds

U.S. Governments

Industrial and Misc

Hybrid Securities

Parent, Subsidiaries and Affiliates

Total Bonds

Common Stock

Industrial and Misc

Parent, Subsidiaries and Affiliates

Total Common Stocks

Separate account assets

Total assets at fair value

b). Liabilities at fair value

Other liabilities

Total liabilities at fair value

(1)	(2) (Level 1)	(3) (Level 2)	(4) (Level 3)	(5) Total
a). Assets at fair value				
Perpetual Preferred stock	\$ 690,300	-	-	\$ 690,300
Industrial and Misc	-	-	-	-
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Perpetual Preferred Stocks	690,300	-	-	690,300
Bonds				
U.S. Governments	-	-	-	-
Industrial and Misc	-	3,985,046	-	3,985,046
Hybrid Securities	-	-	-	-
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Bonds	-	3,985,046	-	3,985,046
Common Stock				
Industrial and Misc	117,159	-	-	117,159
Parent, Subsidiaries and Affiliates	-	-	-	-
Total Common Stocks	117,159	-	-	117,159
Separate account assets	-	-	-	-
Total assets at fair value	807,459	3,985,046	-	4,792,505
b). Liabilities at fair value				
Other liabilities				
Total liabilities at fair value	-	-	-	-

21. No significant change

22. No significant change

23. No significant change

24. No significant change

25. Change in Incurred Losses and Loss Adjustment Expenses

There have been no significant changes in the Loss and Loss Adjustment Expense reserves for losses incurred in prior accident years.

26. No significant change

27. No significant change

28. No significant change

29. No significant change

30. No significant change

31. No significant change

32. No significant change

33. No significant change

34. No significant change

Cincinnati Equitable Insurance Company
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change: _____

3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
 If yes, complete the Schedule Y - Part 1 - organizational chart.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A [] If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2008

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2008

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/29/2009

6.4 By what department or departments?
 Ohio

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

Cincinnati Equitable Insurance Company
GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [] No []
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [] No []

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No []
 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No []
 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No []
 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$
 13. Amount of real estate and mortgages held in short-term investments: \$

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No []
 14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ 0	\$
14.22 Preferred Stock	\$ 0	\$
14.23 Common Stock	\$ 0	\$
14.24 Short-Term Investments	\$ 0	\$
14.25 Mortgage Loans on Real Estate	\$ 0	\$
14.26 All Other	\$ 0	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 0	\$
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$ 0	\$ 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No []
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []
 If no, attach a description with this statement.

Cincinnati Equitable Insurance Company
GENERAL INTERROGATORIES

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [] No []

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Fifth Third Bank, N.A.	38 Fountain Square Plaza Cincinnati OH 45263

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? Yes [] No []

16.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [] No []

17.2 If no, list exceptions:

Cincinnati Equitable Insurance Company
GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [] N/A [X]
 If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [] No [X]
 If yes, attach an explanation.

- 3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]

- 3.2 If yes, give full and complete information thereto.

- 4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves") discounted at a rate of interest greater than zero? Yes [] No [X]

4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Discount Rate	TOTAL DISCOUNT			DISCOUNT TAKEN DURING PERIOD			10 IBNR	11 TOTAL
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 TOTAL	8 Unpaid Losses	9 Unpaid LAE		
TOTAL			0	0	0	0	0	0	0	0

5. Operating Percentages:
 - 5.1 A&H loss percent %
 - 5.2 A&H cost containment percent %
 - 5.3 A&H expense percent excluding cost containment expenses %

- 6.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

- 6.2 If yes, please provide the amount of custodial funds held as of the reporting date \$

- 6.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

- 6.4 If yes, please provide the balance of the funds administered as of the reporting date \$

Cincinnati Equitable Insurance Company

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

NONE

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

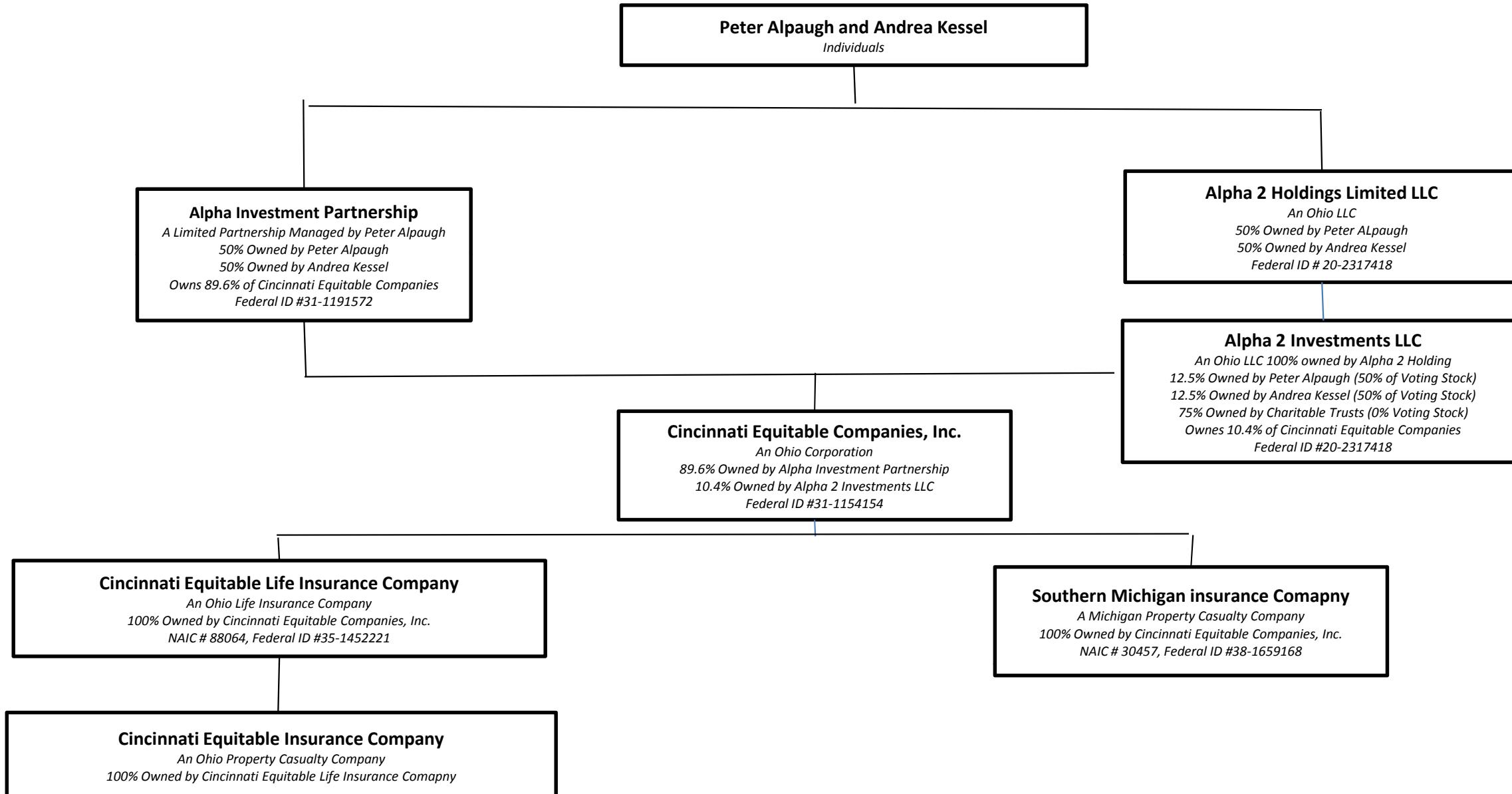
States, etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama	AL	N					
2. Alaska	AK	N					
3. Arizona	AZ	N					
4. Arkansas	AR	N					
5. California	CA	N					
6. Colorado	CO	N					
7. Connecticut	CT	N					
8. Delaware	DE	N					
9. District of Columbia	DC	N					
10. Florida	FL	N					
11. Georgia	GA	N					
12. Hawaii	HI	N					
13. Idaho	ID	N					
14. Illinois	IL	L					
15. Indiana	IN	L					
16. Iowa	IA	N					
17. Kansas	KS	N					
18. Kentucky	KY	L					
19. Louisiana	LA	N					
20. Maine	ME	N					
21. Maryland	MD	N					
22. Massachusetts	MA	N					
23. Michigan	MI	N					
24. Minnesota	MN	N					
25. Mississippi	MS	N					
26. Missouri	MO	N					
27. Montana	MT	N					
28. Nebraska	NE	N					
29. Nevada	NV	N					
30. New Hampshire	NH	N					
31. New Jersey	NJ	N					
32. New Mexico	NM	N					
33. New York	NY	N					
34. North Carolina	NC	N					
35. North Dakota	ND	N					
36. Ohio	OH	L		(1,602)	(1,216)	20,000	20,000
37. Oklahoma	OK	N					
38. Oregon	OR	N					
39. Pennsylvania	PA	L				10,000	10,000
40. Rhode Island	RI	N					
41. South Carolina	SC	N					
42. South Dakota	SD	N					
43. Tennessee	TN	N					
44. Texas	TX	N					
45. Utah	UT	N					
46. Vermont	VT	N					
47. Virginia	VA	N					
48. Washington	WA	N					
49. West Virginia	WV	N					
50. Wisconsin	WI	N					
51. Wyoming	WY	N					
52. American Samoa	AS	N					
53. Guam	GU	N					
54. Puerto Rico	PR	N					
55. U.S. Virgin Islands	VI	N					
56. Northern Mariana Islands	MP	N					
57. Canada	CN	N					
58. Aggregate Other Alien OT	XXX	0	0	0	0	0	0
59. Totals	(a) 5	0	0	(1,602)	(1,216)	30,000	30,000
DETAILS OF WRITE-INS							
5801.	XXX						
5802.	XXX						
5803.	XXX						
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898)(Line 58 above)	XXX	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

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

Cincinnati Equitable Insurance Company

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



Cincinnati Equitable Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation

Cincinnati Equitable Insurance Company
PART 1 - LOSS EXPERIENCE

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire				0.0
2. Allied Lines				0.0
3. Farmowners multiple peril				0.0
4. Homeowners multiple peril			(26)	0.0
5. Commercial multiple peril				0.0
6. Mortgage guaranty				0.0
8. Ocean marine				0.0
9. Inland marine				0.0
10. Financial guaranty				0.0
11.1 Medical professional liability - occurrence				0.0
11.2 Medical professional liability - claims-made				0.0
12. Earthquake				0.0
13. Group accident and health				0.0
14. Credit accident and health				0.0
15. Other accident and health				0.0
16. Workers' compensation				0.0
17.1 Other liability - occurrence				0.0
17.2 Other liability - claims-made				0.0
17.3 Excess workers' compensation				0.0
18.1 Products liability - occurrence				0.0
18.2 Products liability - claims-made				0.0
19.1,19.2 Private passenger auto liability			(500)	0.0
19.3,19.4 Commercial auto liability				0.0
21. Auto physical damage			(1,076)	0.0
22. Aircraft (all perils)				0.0
23. Fidelity				0.0
24. Surety				0.0
26. Burglary and theft				0.0
27. Boiler and machinery				0.0
28. Credit				0.0
29. International				0.0
30. Warranty				0.0
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0.0	0.0
35. Totals	0	(1,602)	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 through 3403 plus 3498)(Line 34 above)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire			
2. Allied Lines			
3. Farmowners multiple peril			
4. Homeowners multiple peril			
5. Commercial multiple peril			
6. Mortgage guaranty			
8. Ocean marine			
9. Inland marine			
10. Financial guaranty			
11.1 Medical professional liability - occurrence			
11.2 Medical professional liability - claims-made			
12. Earthquake			
13. Group accident and health			
14. Credit accident and health			
15. Other accident and health			
16. Workers' compensation			
17.1 Other liability - occurrence			
17.2 Other liability - claims-made			
17.3 Excess workers' compensation			
18.1 Products liability - occurrence			
18.2 Products liability - claims-made			
19.1,19.2 Private passenger auto liability			
19.3,19.4 Commercial auto liability			
21. Auto physical damage			
22. Aircraft (all perils)			
23. Fidelity			
24. Surety			
26. Burglary and theft			
27. Boiler and machinery			
28. Credit			
29. International			
30. Warranty			
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business			
35. Totals			
DETAILS OF WRITE-INS			
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page			
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)			

NONE

Cincinnati Equitable Insurance Company

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your 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.

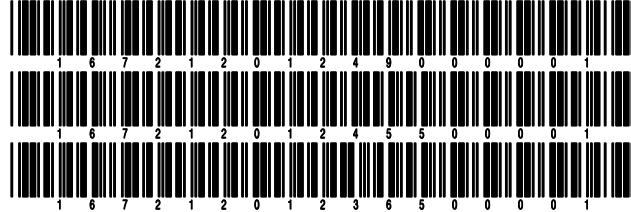
	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4. Will the Director and Officer Supplement be filed with the state of domicile and the NAIC with this statement?	YES

Explanations:

1. N/A
2. N/A
3. N/A

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]
2. Supplement A to Schedule T [Document Identifier 455]
3. Medicare Part D Coverage Supplement [Document Identifier 365]



Cincinnati Equitable Insurance Company
OVERFLOW PAGE FOR WRITE-INS

NONE

Cincinnati Equitable Insurance Company
SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year	45,502	51,002
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals	45,502	5,500
8. Deduct amortization of premium and mortgage interest points and commitment fees		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		0
10. Deduct current year's other than temporary impairment recognized		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	45,502
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)	0	45,502
14. Deduct total nonadmitted amounts		0
15. Statement value at end of current period (Line 13 minus Line 14)	0	45,502

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	4,594,288	4,927,554
2. Cost of bonds and stocks acquired	1,622,153	4,012,283
3. Accrual of discount	949	3,015
4. Unrealized valuation increase (decrease)	28,379	(42,842)
5. Total gain (loss) on disposals	21,806	103,458
6. Deduct consideration for bonds and stocks disposed of	1,725,674	4,392,149
7. Deduct amortization of premium	2,425	17,031
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	4,539,476	4,594,288
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	4,539,476	4,594,288

Cincinnati Equitable Insurance Company

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	2,530,893	736,041	175,191	(1,126)	3,090,616			2,530,893
2. Class 2 (a)	830,897	0	443,814	(31)	387,051			830,897
3. Class 3 (a)	232,966	88,545	16,080	(470)	304,961			232,966
4. Class 4 (a)	322,457	70,214	77,044	2,469	318,095			322,457
5. Class 5 (a)	26,690	0	0	89	26,779			26,690
6. Class 6 (a)	0	0	0	0	0			0
7. Total Bonds	3,943,902	894,800	712,129	930	4,127,503	0	0	3,943,902
PREFERRED STOCK								
8. Class 1	135,520	92,500	242,783	14,763	0			135,520
9. Class 2	167,878	787,500	269,929	(20,750)	664,700			167,878
10. Class 3	489,960	0	506,589	41,689	25,060			489,960
11. Class 4	0	0	0	0	0			
12. Class 5	0	0	0	0	0			
13. Class 6	0	0	0	0	0			
14. Total Preferred Stock	793,358	880,000	1,019,301	35,702	689,760	0	0	793,358
15. Total Bonds and Preferred Stock	4,737,260	1,774,800	1,731,430	36,633	4,817,262	0	0	4,737,260

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$; NAIC 2 \$; NAIC 3 \$;

NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

SI02

Cincinnati Equitable Insurance Company
SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year-to-Date	5 Paid for Accrued Interest Year-to-Date
9199999 Totals	394,945	XXX	394,945	8	

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	246,650	285,568
2. Cost of short-term investments acquired	152,646	829,686
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	4,351	868,604
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	394,945	246,650
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	394,945	246,650

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards
N O N E

Schedule DB - Part B - Verification - Futures Contracts
N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open
N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open
N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives
N O N E

Schedule E - Verification - Cash Equivalents
N O N E

Schedule A - Part 2 - Real Estate Acquired and Additions Made
N O N E

Schedule A - Part 3 - Real Estate Disposed
N O N E

Schedule B - Part 2 - Mortgage Loans Acquired
N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid
N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired
N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid
N O N E

Cincinnati Equitable Insurance Company

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Desig- nation or Market Indicator (a)
030981-AF-1	AMERIGAS PART/FIN CORP03/05/2012	Crew		20,165	20,000		.341 3FE..
039380-AC-4	ARCH COAL INC SR NT .....		.02/29/2012	Schwab	2,005	2,000		.62 4FE..
165167-CF-2	CHESAPEAKE ENERGY CORP .....		.02/09/2012	Crew	15,188	15,000		.494 3FE..
315292-AJ-1	FERRELLGAS LP .....		.03/21/2012	Crew	19,879	19,000		.843 4FE..
345397-VM-2	FORD MOTOR CREDIT LLC SR NT .....		.02/14/2012	Crew	6,150	5,000		.36 3FE..
346091-AZ-4	FOREST OIL CORPORATION .....		.01/12/2012	Schwab	2,005	2,000		.13 4FE..
38141G-GQ-1	GOLDMAN SACHS GROUP INC .....		.03/12/2012	Mesirow	250,000	250,000		.1750 1FE..
428040-CG-2	HERTZ CORP .....		.03/16/2012	Crew	20,026	19,000		.154 4FE..
428236-BX-0	HEWLETT-PACKARD CO .....		.03/12/2012	Mesirow	333,395	325,000		.110 1FE..
513075-AY-7	LAMAR MEDIA CORP .....		.01/19/2012	Mesirow	2,185	2,000		.43 4FE..
58445M-AM-4	MEDIA COM LLC/CAPTL CORP .....		.01/04/2012	Mesirow	5,350	5,000		.183 4FE..
704549-AF-1	PEABODY ENERGY CORP .....		.03/16/2012	Mesirow	10,830	10,000		.168 3FE..
75281A-AN-9	RANGE RESOURCES CORP .....		.03/12/2012	Crew	20,200	20,000		.19 3FE..
880349-AQ-8	TENNECO INC .....		.03/06/2012	Crew	16,013	15,000		.241 3FE..
911365-AU-8	UNITED RENTALS NORTH AMER INC .....		.03/26/2012	Crew	18,764	17,000		.454 4FE..
United States						742,154	726,000		4,912 XXX
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						742,154	726,000		4,912 XXX
8399997. Total - Bonds - Part 3						742,154	726,000		4,912 XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
8399999. Total - Bonds						742,154	726,000		4,912 XXX
42217K-70-0	HEALTH CARE REIT INC .....		.02/29/2012	Mesirow	4,600,000	115,000	.25	.0 P2LFE..
49446R-79-4	KIMCO RLTY CORP .....		.03/09/2012	Mesirow	5,900,000	147,500	.25	.0 P2LFE..
65339K-60-5	NEXTERA ENERGY CAP HLDGS .....		.03/20/2012	Mesirow	4,000,000	100,000	.25	.0 P2LFE..
69360J-71-9	PS BUSINESS PARK INC .....		.01/10/2012	Mesirow	12,000,000	300,000	.25	.0 P2LFE..
74460W-20-6	PUBLIC STORAGE .....		.01/05/2012	Mesirow	5,000,000	125,000	.25	.0 P2LFE..
756109-80-7	REALTY INCOME CORP .....		.02/01/2012	Mesirow	3,700,000	92,500	.00	.0 P2LFE..
United States						880,000			0 XXX
8499999. Subtotal - Preferred Stocks - Industrial and Miscellaneous (Unaffiliated)						880,000	XXX		0 XXX
8999997. Total - Preferred Stocks - Part 3						880,000	XXX		0 XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks						880,000	XXX		0 XXX
205862-40-2	CONVERSE TECHNOLOGY INC .....		.03/14/2012	Mesirow	10,000	.0		.0 L..
United States						0	XXX		0 XXX
9099999. Subtotal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)						0	XXX		0 XXX
9799997. Total - Common Stocks - Part 3						0	XXX		0 XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						0	XXX		0 XXX
9899999. Total - Preferred and Common Stocks						880,000	XXX		0 XXX
9999999 - Totals						1,622,154	XXX		4,912 XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

Cincinnati Equitable Insurance Company

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Ident- ification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain Value at Disposal Date	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Design- ation or Market In- dicator (a)		
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recogn- ized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book /Adjusted Carrying Value									
156700-AR-7	CENTURYLINK INC	03/15/2012	Crew	9,689	9,695	0	0	0	0	5	0	0	5	0	9,699	0	.790	.790	.151	06/15/2021	2FE		
125430-AF-7	COMMUNITY HEALTH SYSTEMS	02/22/2012	Mesirow	20,900	20,351	20,253	0	0	0	0	0	0	0	0	20,244	.656	.0	.0	1,095	07/15/2015	4FE		
21036P-AF-5	CONSTELLATION BRANDS INC	01/05/2012	Broker	16,556	15,000	15,188	15,141	0	0	0	0	0	0	0	15,141	0	1,415	1,415	.156	05/15/2017	3FE		
27826S-AC-7	EATON VANCE CORP.	03/09/2012	Mesirow	175,150	155,000	171,554	171,351	0	0	0	0	0	0	0	(511)	0	0	0	4,310	4,310	4,534		
315295-AE-5	FERRELLGAS PARTNERS LP	02/15/2012	Mesirow	15,003	17,000	17,518	16,562	929	0	0	0	0	0	0	(4)	0	0	0	(2,484)	269	10/02/2017		
72447X-AB-3	PITNEY BOWES INC	03/09/2012	Mesirow	145,000	145,000	150,032	149,830	0	0	0	0	0	0	0	(175)	0	0	0	149,654	(4,654)	5,054		
78442F-AX-6	SLM CORP	03/09/2012	Mesirow	285,000	300,000	283,350	284,052	0	0	0	0	0	0	0	416	0	0	0	284,468	0	532		
911365-AV-6	UNITED RENTALS NORTH AMER INC	03/26/2012	Broker	22,700	20,000	21,500	21,186	0	0	0	0	0	0	0	(54)	0	0	0	21,132	1,568	3,708		
023771-R7-5	AMERICAN AIRLINES INC	02/13/2012	Mesirow	19,839	16,310	18,419	17,087	899	0	0	0	0	0	0	(180)	0	0	0	0	2,033	1,304		
21079V-AA-1	CONTINENTAL AIRLS INC	01/12/2012	Redemption	385	385	378	385	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
247367-AX-3	DELTA AIR LINES	01/03/2012	Broker	0	752	752	747	177	0	0	0	0	0	0	6	0	0	0	183	0	(930)		
United States					711,023	699,447	708,729	706,288	2,005	(505)	0	0	1,499	0	0	707,787	0	0	3,236	3,236	16,908	XXX	
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					711,023	699,447	708,729	706,288	2,005	(505)	0	0	1,499	0	0	707,787	0	0	3,236	3,236	16,908	XXX	
8399997. Total - Bonds - Part 4					711,023	699,447	708,729	706,288	2,005	(505)	0	0	1,499	0	0	707,787	0	0	3,236	3,236	16,908	XXX	
8399998. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
8399999. Total - Bonds					711,023	699,447	708,729	706,288	2,005	(505)	0	0	1,499	0	0	707,787	0	0	3,236	3,236	16,908	XXX	
84010L-20-2					ARES CAP CORP	01/04/2012	Mesirow	4,900,000	123,380	0,00	122,500	123,774	(1,274)	0	0	(1,274)	0	0	122,500	0	880	880	2,373
045488-20-2					ASSOCIATED BANC-CORP	01/09/2012	Mesirow	5,000,000	125,998	0,00	125,750	125,750	0	0	0	0	0	0	125,750	0	248	248	0
05382A-20-3					AVIVA PLC CAPITAL	03/08/2012	Mesirow	5,000,000	147,837	0,00	140,000	135,520	4,480	0	0	4,480	0	0	140,000	0	7,837	7,837	3,176
G30397-30-4					ENDURANCE SPECIALTY HLDG	03/05/2012	Mesirow	11,200,000	288,435	0,00	280,000	280,000	0	0	0	0	0	0	280,000	0	8,435	8,435	2,063
69350S-20-8					PNC CAPITAL TRUST	02/22/2012	Keybanc	.725,000	19,072	0,00	18,981	18,944	.36	0	0	.36	0	0	18,981	0	.92	.92	0
69360J-71-9					PS BUSINESS PARK INC	03/19/2012	Mesirow	.5,000,000	125,248	0,00	125,000	0	.16	0	0	.16	0	0	125,000	0	248	248	0
756109-80-7					REALTY INCOME CORP	03/20/2012	Mesirow	3,700,000	93,608	0,00	92,500	0	0	0	0	0	0	92,500	0	1,108	1,108	.630	
78442P-20-5					SLM CORP	02/01/2012	Mesirow	2,100,000	91,073	0,00	84,210	84,210	7,140	0	0	7,140	0	0	91,350	0	(277)	(277)	1,830
United States					1,014,651																		
8499999. Subtotal - Preferred Stocks - Industrial and Miscellaneous (Unaffiliated)					1,014,651	XXX	996,081	768,198	10,398	0	0	0	10,398	0	0	996,081	0	0	18,570	18,570	10,072	XXX	
8999997. Total - Preferred Stocks - Part 4					1,014,651	XXX	996,081	768,198	10,398	0	0	0	10,398	0	0	996,081	0	0	18,570	18,570	10,072	XXX	
8999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
8999999. Total - Preferred Stocks					1,014,651	XXX	996,081	768,198	10,398	0	0	0	10,398	0	0	996,081	0	0	18,570	18,570	10,072	XXX	
9799997. Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
9799998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9799999. Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
9899999. Total - Preferred and Common Stocks					1,014,651	XXX	996,081	768,198	10,398	0	0	0	10,398	0	0	996,081	0	0	18,570	18,570	10,072	XXX	
9999999 - Totals					1,725,674	XXX	1,704,810	1,474,486	12,403	(505)	0	0	11,898	0	0	1,703,868	0	0	21,806	21,806	26,980	XXX	

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues.....

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part D - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

Cincinnati Equitable Insurance Company
SCHEDULE E - PART 1 - CASH

Month End Depository Balances

Cincinnati Equitable Insurance Company
SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

NONE

E12



Cincinnati Equitable Insurance Company

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

Year To Date For The Period Ended MARCH 31, 2012

NAIC Group Code 0838

NAIC Company Code 16721

Company Name Cincinnati Equitable Insurance Company

If the reporting entity writes any director and officer (D&O) business, please provide the following:

1. Monoline Policies

1 Direct Written Premium	2 Direct Earned Premium	3 Direct Losses Incurred
\$	\$	\$

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? Yes [] No [X]

2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? Yes [] No [X]

2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified: \$

2.32 Amount estimated using reasonable assumptions: \$

2.4 If the answer to question 2.1 is yes, provide direct losses incurred (losses paid plus change in case reserves) for the D&O liability coverage provided in CMP packaged policies. \$