



Department
of Insurance

Mike DeWine, Governor
Jon Husted, Lt Governor

Judith L. French, Director

Electronic Filing Authenticity Affidavit

Office of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2647 | 614-644-3256 (Fax) | insurance.ohio.gov

Ohio Domestic Insurers Only

Company Name: Cincinnati Life Insurance Company

NAIC No. 76236

We, the undersigned executive officers of Cincinnati Life Insurance Company (herein referred to as the "Company"), an insurance company organized under the laws of Ohio, hereby certify that the documents indicated below by an "X" were filed electronically with the National Association of Insurance Commissioners ("NAIC") and that the electronic filing or filings, including ".PDF" filings, are exact copies of the original documents, except for formatting differences due to electronic filing. The original documents are maintained in this Company's office and are available for inspection upon request by the Ohio Department of Insurance for at least five years following the date of filing. An executed, notarized NAIC Annual Statement or Quarterly Statement jurat page or an original, notarized signature page (if this filing relates to a supplemental filing without a jurat page) attesting to the accuracy and authenticity of the corresponding NAIC Annual Statement or Quarterly Statement or supplemental schedule is attached to this Affidavit.

Company Type: Fraternal Title Property & Casualty Life & Health Health Other _____

Applicable documents:

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Annual Statement Electronic Filing[s]," which include "the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the Annual Statement Instructions exempt printed detail." Date of filing with the NAIC: _____ An original jurat page is attached.
 Original filing. Amended filing.

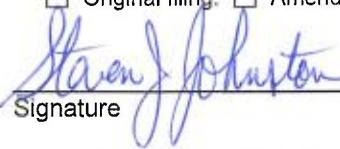
The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Risk-Based Capital Electronic Filing," which "includes all risk-based capital data" due March 1. Date of filing with the NAIC: _____ An original, notarized signature page is attached.
 Original filing. Amended filing.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Supplemental Electronic Filing," which "includes all supplements due April 1, per the *Annual Statement Instructions*." Date of filing with the NAIC: _____
List of supplemental documents included in this Affidavit: _____
 All original notarized signature pages are attached, as applicable.
 Original filing. Amended filing.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Quarterly Statement Electronic Filing," which "includes the complete quarterly statement data" due May 15, August 15, and November 15. Date of filing with the NAIC: 08/15/2021
 Original filing. Amended filing.

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "Combined Annual Statement Electronic Filing," which "includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit" due May 1. Date of filing with the NAIC: _____

The documents referred to in the *General Instructions* to the *NAIC Checklist* as "June. PDF Filing," which includes "the Audited Financial Statements" due June 1. Date of filing with the NAIC: _____
 Original filing. Amended filing.


Signature 07/30/21
Date

(Name) Steven Justus Johnston
(Title)* CEO & President


Signature 07/30/21
Date

(Name) Michael James Sewell
(Title)* CFO & Senior Vice President


Signature 07/30/21
Date

(Name) Christopher Thomas Lutz
(Title)* Treasurer & Vice President

*Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)



LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF JUNE 30, 2021
OF THE CONDITION AND AFFAIRS OF THE

Cincinnati Life Insurance Company

NAIC Group Code 0244 0244 NAIC Company Code 76236 Employer's ID Number 31-1213778

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

Country of Domicile United States of America

Licensed as business type: Life, Accident and Health [X] Fraternal Benefit Societies []

Incorporated/Organized 07/02/1987 Commenced Business 02/01/1988

Statutory Home Office 6200 SOUTH GILMORE ROAD (Street and Number) FAIRFIELD, OH, US 45014-5141 (City or Town, State, Country and Zip Code)

Main Administrative Office 6200 SOUTH GILMORE ROAD (Street and Number) FAIRFIELD, OH, US 45014-5141 (City or Town, State, Country and Zip Code) 513-870-2000 (Area Code) (Telephone Number)

Mail Address 6200 SOUTH GILMORE ROAD (Street and Number or P.O. Box) FAIRFIELD, OH, US 45014-5141 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 6200 SOUTH GILMORE ROAD (Street and Number) FAIRFIELD, OH, US 45014-5141 (City or Town, State, Country and Zip Code) 513-870-2000 (Area Code) (Telephone Number)

Internet Website Address WWW.CINFIN.COM

Statutory Statement Contact JOSEPH DAVID WURZELBACHER (Name) 513-870-2000-4902 (Area Code) (Telephone Number)
JOE_WURZELBACHER@CINFIN.COM (E-mail Address) 513-603-5500 (FAX Number)

OFFICERS

CEO & PRESIDENT	<u>STEVEN JUSTUS JOHNSTON</u>	VICE PRESIDENT & TREASURER	<u>TODD HANCOCK PENDERY</u>
CFO & SENIOR VICE PRESIDENT	<u>MICHAEL JAMES SEWELL</u>	COO & SENIOR VICE PRESIDENT	<u>ROGER ANDREW BROWN</u>

OTHER

TERESA CURRIN CRACAS, SENIOR VICE PRESIDENT	<u>THERESA ANN HOFFER, SENIOR VICE PRESIDENT</u>	THOMAS CHRISTOPHER HOGAN, SENIOR VICE PRESIDENT
MARTIN FRANCIS HOLLENBECK, SENIOR VICE PRESIDENT	<u>JOHN SCOTT KELLINGTON, SENIOR VICE PRESIDENT</u>	<u>LISA ANNE LOVE, SENIOR VICE PRESIDENT</u>
CHRISTOPHER THOMAS LUTZ #, VICE PRESIDENT	<u>STEPHEN MICHAEL SPRAY, SENIOR VICE PRESIDENT</u>	

DIRECTORS OR TRUSTEES

WILLIAM FORREST BAHL	<u>NANCY CUNNINGHAM BENACCI #</u>	<u>ROGER ANDREW BROWN</u>
TERESA CURRIN CRACAS	<u>MARTIN FRANCIS HOLLENBECK</u>	<u>STEVEN JUSTUS JOHNSTON</u>
JOHN SCOTT KELLINGTON	<u>LISA ANNE LOVE</u>	<u>DAVID PUTNAM OSBORN</u>
CHARLES ODELL SCHIFF #	<u>THOMAS REID SCHIFF</u>	<u>MICHAEL JAMES SEWELL</u>
STEPHEN MICHAEL SPRAY	<u>LARRY RUSSELL WEBB</u>	

State of Ohio
County of Butler SS:

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.

Steven Johnston

STEVEN JUSTUS JOHNSTON
CEO & PRESIDENT

Michael James Sewell

MICHAEL JAMES SEWELL
CFO & SENIOR VICE PRESIDENT

Christopher Thomas Lutz

CHRISTOPHER THOMAS LUTZ
VICE PRESIDENT

Subscribed and sworn to before me this
30th day of JULY 2021

Karen S. Donner
KAREN S. DONNER
NOTARY PUBLIC
OCTOBER 26, 2024

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 []



Karen S. Donner
Notary Public, State of Ohio
My Commission Expires 10/26/2024