



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: 11/15/2022  
 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.

 11/14/2022  
Signature Date

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

 11/14/2022  
Signature Date

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

11/14/2022  
Signature Date

(Name) \_\_\_\_\_  
(Title)\* \_\_\_\_\_

\*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 SEPTEMBER 30, 2022  
OF THE CONDITION AND AFFAIRS OF THE

## **Cincinnati Life Insurance Company**

NAIC Group Code	0244 (Current)	0244 (Prior)	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 <input checked="" type="checkbox"/> Fraternal Benefit Societies <input type="checkbox"/>					
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)		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)		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

PRESIDENT	STEPHEN MICHAEL SPRAY #	TREASURER & VICE PRESIDENT	CHRISTOPHER THOMAS LUTZ
CFO & EXECUTIVE VICE PRESIDENT	MICHAEL JAMES SEWELL #	CHIEF EXECUTIVE OFFICER	STEVEN JUSTUS JOHNSTON

**OTHER**

ROGER ANDREW BROWN, COO & SENIOR VICE PRESIDENT	TERESA CURRIN CRACAS #, EXECUTIVE VICE PRESIDENT	OTHER THERESA ANN HOFFER, SENIOR VICE PRESIDENT
THOMAS CHRISTOPHER HOGAN, SENIOR VICE PRESIDENT	MARTIN FRANCIS HOLLOWBECK #, EXECUTIVE VICE PRESIDENT	JOHN SCOTT KELLINGTON #, EXECUTIVE VICE PRESIDENT
LISA ANNE LOVE #, EXECUTIVE VICE PRESIDENT		

**DIRECTORS OR TRUSTEES**

NANCY CUNNINGHAM BENACCI	ROGER ANDREW BROWN	TERESA CURRIN CRACAS
MARTIN FRANCIS HOLLOWBECK	STEVEN JUSTUS JOHNSTON	JOHN SCOTT KELLINGTON
LISA ANNE LOVE	DAVID PUTNAM OSBORN	CHARLES ODELL SCHIFF
MICHAEL JAMES SEWELL	STEPHEN MICHAEL SPRAY	LARRY RUSSELL WEBB

State of Ohio SS: \_\_\_\_\_  
County of Butler \_\_\_\_\_

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.

STEPHEN MICHAEL SPRAY  
PRESIDENT

**MICHAEL JAMES SEWELL  
CFO & EXECUTIVE VICE PRESIDENT**

CHRISTOPHER THOMAS LUTZ  
TREASURER & VICE PRESIDENT

Subscribed and sworn to before me this

1<sup>ST</sup> day of

- a. Is this an original filing? \_\_\_\_\_
- b. If no,
  - 1. State the amendment number. \_\_\_\_\_
  - 2. Date filed \_\_\_\_\_
  - 3. Number of pages attached \_\_\_\_\_

Yes [  ] No [  ]

KAREN S. DONNER  
NOTARY PUBLIC  
OCTOBER 26, 2024



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