

SERFF Tracking Number: GRJR-125646120 State: Arkansas
Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 39085
Company Tracking Number: LI14072001CSO
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Form LI-1407 (6/88), Whole Life Policy, 2001 CSO
Project Name/Number: Form LI-1407 (6/88), Whole Life Policy, 2001 CSO/Form LI-1407 (6/88), Whole Life Policy, 2001 CSO

Filing at a Glance

Company: The Cincinnati Life Insurance Company

Product Name: Form LI-1407 (6/88), Whole Life SERFF Tr Num: GRJR-125646120 State: ArkansasLH
Policy, 2001 CSO

TOI: L071 Individual Life - Whole

SERFF Status: Closed

State Tr Num: 39085

Sub-TOI: L071.101 Fixed/Indeterminate
Premium - Single Life

Co Tr Num: LI14072001CSO

State Status: Approved-Closed

Filing Type: Form

Co Status: Submitted

Reviewer(s): Linda Bird

Author: Jennifer Henley

Disposition Date: 05/28/2008

Date Submitted: 05/22/2008

Disposition Status: Approved

Implementation Date Requested: 09/01/2008

Implementation Date:

State Filing Description:

General Information

Project Name: Form LI-1407 (6/88), Whole Life Policy, 2001 CSO
Project Number: Form LI-1407 (6/88), Whole Life Policy, 2001 CSO
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: This filing has been submitted to our domiciliary state, Ohio, and approval is pending.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/28/2008

State Status Changed: 05/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

FEIN: 31-1213778

NAIC: 0244-76236

Subject:

SERFF Tracking Number: GRJR-125646120 *State:* Arkansas
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The Cincinnati Life Insurance Company
Individual Life Forms
Compliance with 2001 CSO
Form LI-1407 (6/08), Policy Specifications Pages

For Use With:

Form LI-1407 (6/88), Whole Life Policy, originally approved by your Department on September 19, 1988

Dear Sir or Madam:

We are submitting the above referenced policy specifications pages for your review and approval. These pages are new and will replace the pages as previously approved. Also included is a revised actuarial memorandum. This filing is being submitted in compliance with 2001 CSO. The effective date will be September 1, 2008 or upon your approval if later. This form is not illustrated in accordance with the NAIC Model Illustration Regulation.

We certify that no other changes are being made to the actuarial memorandum or policy form. Nothing in this filing has been previously disapproved by your Department. It does not contain any provision, condition, feature or concept that departs from those generally used by the industry and that could be construed as new, innovative, uncommon or unusual.

This filing was made to our domiciliary state, Ohio, and approval is pending.

Your consideration and approval of this filing at your earliest convenience is greatly appreciated. Thank you for your usual courtesy and cooperation.

Sincerely,

Jennifer Henley
Analyst, Life Forms and Filing
Phone: 513-870-2251 Fax: 513-870-2099
E-mail: jenny_henley@cinfin.com

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Company and Contact

Filing Contact Information

Jennifer Henley, Analyst jenny_henley@cinfin.com
 P.O. Box 145496 (513) 870-2251 [Phone]
 Cincinnati, OH 45250-5496 (513) 870-2099[FAX]

Filing Company Information

The Cincinnati Life Insurance Company	CoCode: 76236	State of Domicile: Ohio
6200 S. Gilmore Road	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2654 ext. [Phone]	FEIN Number: 31-1213778	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: 1 filing x \$50.00 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Life Insurance Company	\$50.00	05/22/2008	20461641

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/28/2008	05/28/2008

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Disposition

Disposition Date: 05/28/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRJR-125646120 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Form LI-1407 (6/08), Policy Specification pages		Yes

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Certification/Notice	Review Status:	05/14/2008
Comments:		
Attachments:		
AR Certification Of Compliance.pdf		
AR Certification of Readability.pdf		
Satisfied -Name: Application	Review Status:	05/14/2008
Comments:		
Attachment:		
AR CLI-1015-AR 5-04, Worksite App.pdf		
Satisfied -Name: Life & Annuity - Actuarial Memo	Review Status:	05/14/2008
Comments:		
Attachment:		
LI-1407 (6-88) 2001 CSO Actuarial Memorandum.pdf		
Satisfied -Name: Statement of Variability	Review Status:	05/22/2008
Comments:		
Attachment:		
AA Statement of Variability - All Variables with Ranges.pdf		
Satisfied -Name: Form LI-1407 (6/08), Policy Specification pages	Review Status:	05/22/2008
Comments:		
Attachment:		
LI-1407 Spec Pages with Brackets.pdf		

THE CINCINNATI LIFE INSURANCE COMPANY

Arkansas

CERTIFICATION

Re: Form LI-1407 (6/08), Actuarial Memorandum

I, Roger A. Brown, FSA, MAAA an officer of The Cincinnati Life Insurance Company, certify that I have reviewed or supervised the review of the policy forms contained in this filing and hereby certify that they are in compliance with Regulation 19 and, to the best of my knowledge and belief, are in compliance with all applicable requirements of the Arkansas Insurance Department.

I also certify that an important notice, as required by Ark. Code Ann. 23-79-138, and the Notice of Arkansas Life and Disability Insurance Guaranty Association, as required by Regulation 49, will be included with all issues of policy forms.



Officer

May 22, 2008

Date

Assistant Secretary

Title

ARKANSAS CERTIFICATION

This is to certify that the attached policy Form LI-1407 (6/08), Actuarial Memorandum

has achieved a Flesch Reading Ease Score of N/A
respectively, and complies with the requirements of Ark. Stat. Ann. 66-3251 through
66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

May 22, 2008

Date



Signature of Officer

Roger A. Brown, FSA, MAAA

Name

Assistant Secretary

Title

THE CINCINNATI LIFE INSURANCE COMPANY
P.O. BOX 145496, Cincinnati, Ohio 45250-5496

NEW INCREASE EXISTING POLICY # _____

APPLICATION FOR LIFE INSURANCE

Please print or type all information

EMPLOYEE	1. Employee (first, middle, last)		2. Employment Date		3. Employee No.	
	4. Home Address No. Street		Apt. # City		State Zip	
	5. Phone No. (H) () (W) ()		6. Soc. Sec. No.		7. Occupation	
	8. Are you actively at work and currently working at least 25 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	9. Date of Birth		10. St./Ctry. of Birth		11. Gender <input type="checkbox"/> M <input type="checkbox"/> F	
	12. Do you now or have you smoked cigarettes within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	13. Do you belong to or intend to join the armed forces, including reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	14. Plan			15. Amount of Insurance		16. Weekly Premium
	17. Optional Benefit Riders:		Weekly Premium		Weekly Premium	
	<input type="checkbox"/> Accelerated Benefit		<input type="checkbox"/> CTR <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000		\$ _____	
	<input type="checkbox"/> FAIR		<input type="checkbox"/> Accidental Death Benefit		\$ _____	
	<input type="checkbox"/> DI/WP \$ _____		<input type="checkbox"/> Other _____		\$ _____	
	<input type="checkbox"/> Waiver of Premium \$ _____		<input type="checkbox"/> Other _____		\$ _____	
18. Automatic Premium Loan (if available)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
19. Primary Beneficiary Name: _____ Relationship: _____ City & State: _____			20. Contingent Beneficiary Name: _____ Relationship: _____ City & State: _____			
21. Other Proposed Insured (first, middle, last)			22. Other Proposed Insured's Soc. Sec. No.			
23. Relationship to Employee: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild						
24. Home Address No. Street		Apt. # City		State Zip		
24. Home Address No. Street (if different from above)		Apt. # City		State Zip		
25. Date of Birth		26. St./Ctry. of Birth		27. Gender <input type="checkbox"/> M <input type="checkbox"/> F		
28. Do you now or have you smoked cigarettes within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No						
29. Do you belong to or intend to join the armed forces, including reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No						
30. Contingent Owner (Name & Soc. Sec. No.)						
31. Plan			32. Amount of Insurance		33. Weekly Premium	
34. Optional Benefit Riders:		Weekly Premium		Weekly Premium		
<input type="checkbox"/> Accelerated Benefit		<input type="checkbox"/> CTR <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000		\$ _____		
<input type="checkbox"/> Waiver of Premium \$ _____		<input type="checkbox"/> Other _____		\$ _____		
<input type="checkbox"/> Accidental Death Benefit \$ _____		<input type="checkbox"/> Other _____		\$ _____		
35. Automatic Premium Loan (if available)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
36. Primary Beneficiary Name: _____ Relationship: _____ City & State: _____			37. Contingent Beneficiary Name: _____ Relationship: _____ City & State: _____			
PREMIUM	38. Total Employee Weekly Premium					\$ _____
	Total Other Proposed Insured Weekly Premium					\$ _____
	TOTAL WEEKLY PREMIUM					\$ _____

THE CINCINNATI LIFE INSURANCE COMPANY
P.O. BOX 145496, Cincinnati, Ohio 45250-5496

In Continuation of Application for Life Insurance

Please print or type all information

CHILDREN	39. CHILDREN'S TERM RIDER - All unmarried children who are less than age 19 as of date of application.							
	Full Names of Proposed Insured Children	Date of Birth	Gender M or F	Relationship to Employee	Full Names of Proposed Insured Children	Date of Birth	Gender M or F	Relationship to Employee

THE BENEFICIARY OF CHILDREN'S COVERAGE IS, IN ALL CASES, THE POLICYOWNER.

SIMPLIFIED ISSUE	40. Employee: Height: _____ ft. _____ in. Weight: _____ lbs.	Primary Physician:	Name: _____ Address: _____ City & State: _____
	41. Other Proposed Insured: Height: _____ ft. _____ in. Weight: _____ lbs.	Primary Physician:	Name: _____ Address: _____ City & State: _____

GIVE FULL DETAILS TO ANY QUESTIONS ANSWERED "YES" IN #44

SIMPLIFIED ISSUE	42. In the past five years, have you:		Other Proposed Children (as listed in #39 above)			
			Employee		Insured	
			Yes	No	Yes	No
	a. been told you have, or been treated for:					
	(1) cancer or tumor?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(2) stroke, high blood pressure or disease of the heart or blood vessels?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) kidney disease, diabetes, depression or anxiety?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. been hospitalized or had hospitalization recommended?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. had a physical examination or medical test with other than normal results?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. Have you ever been diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or the Human Immunodeficiency Virus (HIV) infection?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DETAILS	44. DETAILS OF "YES" ANSWERS:			
	Name (Including Children listed in #39)	Date/Duration	Physician and/or Hospital Name and Address	Question Number, Condition, & Treatment

THE CINCINNATI LIFE INSURANCE COMPANY
P.O. BOX 145496, Cincinnati, Ohio 45250-5496

In Continuation of Application for Life Insurance

Please print or type all information

REPLACEMENT	45. Is there any intention of replacing, changing or borrowing against any insurance policy or annuity contract in force on the life of any proposed insured with The Cincinnati Life Insurance Company or any other company as a result of this Application?				Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>
	List all life insurance or annuities any proposed insured has in force, or applications pending. Indicate if it is to be replaced, changed or borrowed against as a result of this Application.					
	Complete any applicable replacement forms.					
	Proposed Insured	Insurer	Policy Number	Amount	Replaced?	
				Yes	No	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

AGREEMENT	AGREEMENT: I, the undersigned, agree that: 1. This Application will be a part of any policy issued. 2. To the best of my knowledge and belief, all the answers and statements given in this Application are true and complete. 3. Upon acceptance of a policy, other than as applied for, this Application and any amendments shall be for such modified policy. When required by statute or regulation, any change in A. Plan; B. Age; C. Amount; D. Classification; or E. Benefits shall be made only upon written agreement. 4. The Cincinnati Life Insurance Company shall incur no liability unless: A. This Application is fully completed, dated, signed and witnessed; B. The full first premium is paid or the Payroll Deduction Authorization is completed; C. The insurability of the Proposed Insured remains as described in this Application and in any supplements to this Application; and D. A policy is formally approved by us.					
	I acknowledge having received and read the Important Notice to the Proposed Insured.					
	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.					
	Signed at: _____		Signed on: _____			
	City	State	Month	Day	Year	
_____ Signature of Employee			_____ Signature of Other Proposed Insured (if required)			
_____ Signature of Applicant/Owner, if other than Employee						
_____ Signature of Witness			_____ Witness Name (please print)			

AGENT	For Agent: I certify, to the best of my knowledge and belief, that the answers to the questions in all parts of this Application are true and correct. I further certify that to the best of my knowledge and belief, this policy <input type="checkbox"/> Will <input type="checkbox"/> Will Not replace or change any existing life insurance or annuity contract now in force.					
	_____ Agent Signature		_____ Agent Code #		_____ Fax Number	
	_____ Agent Name (please print)			_____ E-Mail Address		
	_____ Agency Name (please print)			_____ Agency Code #		

THE CINCINNATI LIFE INSURANCE COMPANY

Actuarial Memorandum
Form LI-1407 (6/88), Whole Life Policy

Description:

This is a non-par whole life contract. It provides for level death benefits until maturity at age 121 and level premiums until age 100.

Reserve Basis:

Basic – 2001 CSO Ultimate (ALB), M/F, Composite, 4.0% CRVM, IPC.

Minimum – same as Basic, with x-factors set to 125% for all ages and durations

Regulation XXX Reserves:

The gross premium ratio, G_t , is less than the mortality ratio, R_t , for all policy years. Therefore, there is only one segment whose length is equal to the insurance period of the policy. Basic reserves and minimum reserves are calculated for the single segment over the life of the policy.

Minimum reserves satisfy the requirements of Regulation XXX, and are calculated by replacing the valuation net premium with the gross premium, if less than the valuation net premium.

Deficiency reserves, if any, are the excess of minimum reserves over basic reserves.

Nonforfeiture Basis:

2001 CSO Ultimate (ALB), 50/50 M/F, Composite, 5.0% Minimum, Curtate.

Definitions:

x = Issue age

t = Policy duration

PCR_x = CRVM net premium per \$1,000

${}_tV_x$ = CRVM terminal reserve per \$1,000

PNL_x = Nonforfeiture net level premium per \$1,000

PNF_x = Nonforfeiture adjusted premium per \$1,000

${}_tCV_x$ = Cash value per \$1,000

Reserve Formulas:

$$PCR_x = 1000 \cdot \frac{\bar{M}_{x+1}}{(N_{x+1} - N_{100})}$$

$${}_tV_x = \left(1000 \cdot \frac{\bar{M}_{x+t}}{D_{x+t}} \right) - \left[PCR_x \cdot \frac{(N_{x+t} - N_{100})}{D_{x+t}} \right]$$

Nonforfeiture Formulas:

$$PNL_x = 1000 \cdot \frac{M_x}{(N_x - N_{100})}$$

$$PNF_x = \frac{\left[10 + 1.25 \cdot \min(40, PNL_x) + 1000 \cdot \frac{M_x}{D_x} \right]}{\frac{(N_x - N_{100})}{D_x}}$$

$${}_tCV_x = \left(1000 \cdot \frac{M_{x+t}}{D_{x+t}} \right) - \left(PNF_x \cdot \frac{(N_{x+t} - N_{100})}{D_{x+t}} \right)$$

Sample Reserve Calculations (Age 35):

$$PCR_{35} = 1000 \cdot \frac{526,528,638}{48,243,436,028}$$

$$= 10.91400$$

$${}_{10}V_{35} = \left(1000 \cdot \frac{495,034,305}{1,639,637,086} \right) - \left(10.91400 \cdot \frac{30,007,788,272}{1,639,637,086} \right)$$

$$= 102.17$$

Sample Nonforfeiture Calculations (Age 35):

$$PNL_{35} = 1000 \cdot \frac{248,457,636}{32,073,782,002}$$

$$= 7.74644$$

$$PNF_{35} = \frac{\left[10 + (1.25 \cdot 7.74644) + 1000 \cdot \frac{248,457,636}{1,775,961,259} \right]}{\frac{32,073,782,002}{1,775,261,259}}$$

$$= 8.83631$$

$${}_{10}CV_{35} = \left(1000 \cdot \frac{228,004,615}{1,073,557,298} \right) - \left(8.83631 \cdot \frac{17,752,812,285}{1,073,557,298} \right)$$

$$= 66.26$$



Roger Brown, FSA, MAAA
Assistant Secretary and Associate Actuary

May 8, 2008

Date

THE CINCINNATI LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY

Form LI-1407 (6/08), Policy Specifications Pages
For Use With Form LI-1407 (6/88), Whole Life Policy
2001 CSO Filing

LOCATION/ITEM

DESCRIPTION

RANGE

Page 2

Amount of Benefit	Amount of coverage elected by applicant.	\$1,000 – \$250,000
Duration of Premium Payments	Number of years in which premiums must be paid until the insured is 100.	100 - 30 Years
Initial Premium Per Stated Interval	Amount of modal premium due on the base policy determined by the insured's age and amount of insurance requested.	\$1,000 of Coverage, Age 0, Annual Mode = \$4.39 \$250,000 of Coverage Age 70, Annual Mode = \$22,852
Year of Maturity or Expiry	Date the policy and any additional benefits expire. For the policy, this will correspond to the policy anniversary after which the insured turns 100.	Year of issue plus the number of years until the insured is age 100.
Policy Number	Sequential number assigned to identify the policy in our administration system.	Unlimited
Insured	Name of insured.	Unlimited
Gender	Gender of insured.	Male/Female
Age	Age of insured.	0 – 70
Date of Issue	The date the policy is physically issued from our administration system.	Unlimited
Policy Date	The effective date of the coverage.	Unlimited
Maturity Date	The policy anniversary after which the insured turns age 100 and the date the policy terminates.	Date of issue plus 30 to 100 years
Premium Intervals	The frequency in which premiums are due.	In Worksite Marketing the initial mode will be monthly but may be changed to quarterly, semi-annual and annual. There are no modal factors.
First Interval Premium Total	The total modal premium due for the base policy.	\$1,000 of Coverage, Age 0, Annual Mode = \$4.39 \$250,000 of Coverage Age 70, Annual Mode = \$22,852

THE CINCINNATI LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY

Form LI-1407 (6/08), Policy Specifications Pages
For Use With Form LI-1407 (6/88), Whole Life Policy
2001 CSO Filing

Page 3

Benefit	Amount of coverage elected by applicant.	\$1,000 – \$250,000
Year	The calendar year corresponding to the policy year	2009 – Unlimited
Cash Value	The accumulated cash value for each policy year	0.00 - \$250,000
Paid up Insurance	The amount of paid up insurance available for the accumulated cash value	0.00 – \$249,000
Extended Term	The number of years and days of extended term insurance available for the accumulated cash value	0.00 – 46 yrs. – 294 days
Nonforfeiture Factor	The factor used for each \$1,000 initial amount of insurance to calculate the paid-up and extended term insurance	2.19 – 56.36
Other variables are explained under Page 2, above.		

THE CINCINNATI LIFE INSURANCE COMPANY

TABLE OF VALUES

POLICY YEAR	BENEFIT	YEAR	CASH VALUE	PAID-UP INSURANCE	EXTENDED TERM	
					YEARS	DAYS
1	[100,000.00]	[2009]	[0.00]	[0.00]	[0]	[0]
2	[100,000.00]	[2010]	[0.00]	[0.00]	[0]	[0]
3	[100,000.00]	[2011]	[269.00]	[1,700.00]	[2]	[31]
4	[100,000.00]	[2012]	[1,077.00]	[6,600.00]	[7]	[75]
5	[100,000.00]	[2013]	[1,918.00]	[11,200.00]	[11]	[5]
6	[100,000.00]	[2014]	[2,793.00]	[15,600.00]	[13]	[319]
7	[100,000.00]	[2015]	[3,702.00]	[19,800.00]	[15]	[357]
8	[100,000.00]	[2016]	[4,644.00]	[23,800.00]	[17]	[238]
9	[100,000.00]	[2017]	[5,619.00]	[27,600.00]	[18]	[361]
10	[100,000.00]	[2018]	[6,626.00]	[31,200.00]	[20]	[15]
11	[100,000.00]	[2019]	[7,667.00]	[34,700.00]	[20]	[328]
12	[100,000.00]	[2020]	[8,742.00]	[38,000.00]	[21]	[222]
13	[100,000.00]	[2021]	[9,854.00]	[41,200.00]	[22]	[72]
14	[100,000.00]	[2022]	[11,005.00]	[44,200.00]	[22]	[242]
15	[100,000.00]	[2023]	[12,195.00]	[47,100.00]	[23]	[6]
16	[100,000.00]	[2024]	[13,423.00]	[49,800.00]	[23]	[98]
17	[100,000.00]	[2025]	[14,687.00]	[52,400.00]	[23]	[161]
18	[100,000.00]	[2026]	[15,984.00]	[54,900.00]	[23]	[198]
19	[100,000.00]	[2027]	[17,314.00]	[57,300.00]	[23]	[212]
20	[100,000.00]	[2028]	[18,673.00]	[59,500.00]	[23]	[204]
AGE 60	[100,000.00]	[2033]	[25,913.00]	[69,100.00]	[22]	[268]
AGE 62	[100,000.00]	[2035]	[29,027.00]	[72,400.00]	[22]	[60]
AGE 65	[100,000.00]	[2038]	[33,865.00]	[76,700.00]	[21]	[51]

POLICY NUMBER [1234567]
 INSURED [JOHN DOE]
 SEX [MALE]
 AGE [35]

NONFORFEITURE FACTOR FOR EACH
 \$1,000 INITIAL AMOUNT OF INSURANCE
 [8.83625]

BASIS OF VALUES: NONFORFEITURE VALUES ARE COMPUTED BY THE STANDARD NONFORFEITURE METHOD WITH INTEREST AT 5% PER ANNUM IN ACCORDANCE WITH THE COMMISSIONERS' 2001 STANDARD ORDINARY ULTIMATE 50/50, MALE/FEMALE MORTALITY TABLE.