

SERFF Tracking Number: GRJR-126373317 State: Arkansas  
Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 44051  
Company Tracking Number: CLI6288AR0110  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: CLI-6288-AR & CLI-6289-AR  
Project Name/Number: /

## Filing at a Glance

Company: The Cincinnati Life Insurance Company

Product Name: CLI-6288-AR & CLI-6289-AR SERFF Tr Num: GRJR-126373317 State: Arkansas  
TOI: L08 Life - Other SERFF Status: Closed-Accepted State Tr Num: 44051

Sub-TOI: L08.000 Life - Other

Filing Type: Form

For Informational Purposes

Co Tr Num: CLI6288AR0110

State Status: Filed-Closed

Reviewer(s): Linda Bird

Authors: Jennifer Henley, Deborah Disposition Date: 11/16/2009

Naegele, Cindy Traurig, Karen

Eichler

Date Submitted: 11/05/2009

Disposition Status: Accepted For  
Informational Purposes

Implementation Date:

Implementation Date Requested: 01/01/2010

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/16/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 11/16/2009

Created By: Cindy Traurig

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Cindy Traurig

Filing Description:

FEIN: 31-1213778

NAIC: 0244-76236

Subject:

The Cincinnati Life Insurance Company

Individual Life and Annuity Forms

1. Form CLI-6288-AR (1/10), Important Notice: Replacement of Life Insurance or Annuity for Producers

SERFF Tracking Number: GRJR-126373317 State: Arkansas  
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## 2. Form CLI-6289-AR (1/10), Life Insurance and Annuities Replacement Memorandum – Arkansas

### Replaces:

1. N/A
2. Form CLI-6289-AR

Dear Sir or Madam:

We are submitting the above-captioned forms for informational purposes due to Rule 97 – Life Insurance and Annuities Replacement. Form CLI-6288-AR (1/10) is a new form and does not replace any previous form. Form CLI-6289-AR (1/10) is replacing CLI-6289-AR.

Thank you for your usual courtesy and cooperation.

Cindy Traurig  
Senior Filings Specialist  
The Cincinnati Life Insurance Company  
Phone: 513-870-2000 ext 4016  
Fax: 513-870-2099  
E-mail: cindy\_traurig@cinfin.com

## Company and Contact

### Filing Contact Information

Cindy Traurig, Senior Filing Specialist cindy\_traurig@cinfin.com  
PO Box 145496 513-870-2000 [Phone] 4016 [Ext]  
Cincinnati, OH 45250-5496

### 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

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## Filing Fees

SERFF Tracking Number: GRJR-126373317 State: Arkansas  
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Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Life Insurance Company	\$0.00	11/05/2009	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	11/16/2009	11/16/2009

SERFF Tracking Number: GRJR-126373317 State: Arkansas  
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## Disposition

Disposition Date: 11/16/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Form	Important Notice: Replacement of Life Insurance or Annuity for Producers		Yes
Form	Life Insurance and Annuities Replacement Memorandum		Yes

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	CLI-6288-AR (1/10)	Other	Important Notice: Replacement of Life Insurance or Annuity for Producers	Initial			CLI6288AR0110.pdf
	CLI-6289-AR (1/10)	Other	Life Insurance and Annuities Replacement Memorandum	Revised	Replaced Form #: CLI-6289-AR Previous Filing #:		CLI6289AR0110.pdf

# THE CINCINNATI LIFE INSURANCE COMPANY

P.O. BOX 145496, CINCINNATI, OHIO 45250-5496

(513) 870-2000

## IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITY FOR PRODUCERS

This document must be signed by the applicant and the insurance producer and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases, this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing life or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new policy or contract involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy or contract to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at a lower cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on Page 2 of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?  Yes  No
2. Are you considering using funds from your existing policy or contract to pay premiums due on the new life insurance policy or annuity contract?  Yes  No

If you answered "Yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant and the policy or contract number, if available) and whether each policy or contract will be replaced or used as a source of financing:

Insurer Name	Contract or Policy #	Insured or Annuitant	Replaced (R) or Financing (F)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure document must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing life insurance policy or annuity contract is being replaced because \_\_\_\_\_.  
I certify that the responses herein are, to the best of my knowledge, accurate.

\_\_\_\_\_  
Applicant's Signature and Printed Name Date

\_\_\_\_\_  
Insurance Producer's Signature and Printed Name Date

I do not want this notice read aloud to me. \_\_\_\_\_ (Applicants must initial only if applicant does not want the notice read aloud.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

#### PREMIUMS:

Are they affordable?

Could they change?

You're older—are premiums higher for the proposed new policy?

How long will you have to pay premiums on the new policy? On the old policy?

#### POLICY VALUES:

New policies usually take longer to build cash values and to pay dividends.

Acquisition costs for the old policy may have been paid; you will incur costs for the new one.

What surrender charges do the policies have?

What expense and sales charges will you pay on the new policy?

Does the new policy provide more insurance coverage?

#### INSURABILITY:

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.

You may need a medical exam for a new policy.

Claims on most new policies for up to the first two years can be denied based on inaccurate statements.

Suicide limitations may begin anew on the new coverage.

#### IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

How are premiums for both policies being paid?

How will the premiums on your existing policy be affected?

Will a loan be deducted from death benefits?

What values from the old policy are being used to pay premiums?

#### IF YOU ARE SURRENDERING AN ANNUITY CONTRACT OR INTEREST SENSITIVE LIFE PRODUCT:

Will you pay surrender charges on your old contract?

What are the interest rate guarantees for the new contract?

Have you compared the contract charges or other policy expenses?

#### OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

What are the tax consequences of buying the new policy?

Is this a tax-free exchange? (See your tax advisor.)

Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?

Will the existing insurer be willing to modify the old policy?

How does the quality and financial stability of the new company compare with your existing company?

# THE CINCINNATI LIFE INSURANCE COMPANY

P.O. BOX 145496, CINCINNATI, OHIO 45250-5496  
(513) 870-2000

## LIFE INSURANCE AND ANNUITIES REPLACEMENT MEMORANDUM - ARKANSAS

Existing Contract/Policy

Proposed Contract/Policy

Owner / Annuitant \_\_\_\_\_

Insurer: \_\_\_\_\_ THE CINCINNATI LIFE INSURANCE COMPANY

Contract Number: \_\_\_\_\_

Product Type\* \_\_\_\_\_

Product Name: \_\_\_\_\_

### FOR BOTH LIFE INSURANCE AND ANNUITIES (Complete all that is applicable)

CONTRACT OR POLICY PROVISION	EXISTING CONTRACT/POLICY	REPLACEMENT CONTRACT/POLICY
Current Proposed Premium / Annual Consideration		
Current Contract Value		
Current Surrender Value		
Death Benefit Amount		
Current Interest Rate & Guarantee Period		
Guaranteed Minimum Accumulation/Interest Rate		

\* Deferred Fixed Annuity, Deferred Variable Annuity, Deferred Indexed Fixed Annuity, Immediate Annuity, Indexed Life Insurance, Variable Life Insurance, Whole Life Insurance, Universal Life Insurance, Term Life Insurance and Endowment

Surrender Charge Period in Years/ Charge Percentage Per Year/ Years Remaining		
Are free withdrawals available? If yes, what percentage? List options.		
Other significant policy or contract provisions		

**FOR ANNUITIES ONLY**  
*(Complete all that is applicable)*

<b>CONTRACT PROVISION</b>	<b>EXISTING CONTRACT/POLICY</b>	<b>REPLACEMENT CONTRACT/POLICY</b>
Initial Bonus Percentage or Amount		
Potential Loss of Bonus if Annuity is Exchanged, Surrendered or Funds Withdrawn		
Sub-Account Choices		
Guaranteed Purchase/Settlement Options		

I have received a copy of this completed form.

\_\_\_\_\_/\_\_\_\_\_  
Owner/Annuitant / Date

\_\_\_\_\_/\_\_\_\_\_  
Joint Owner/Annuitant / Date

I certify that the above provisions, and any other significant provisions, of the existing policy or contract and the proposed policy or contract were discussed with the applicant.

\_\_\_\_\_/\_\_\_\_\_  
Producer Signature / Date

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification		
<b>Bypass Reason:</b> N/A - Informational Filing		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> N/A - Informational Filing		
<b>Comments:</b>		