

SERFF Tracking Number: GRJR-126447914 State: Arkansas  
Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 44508  
Company Tracking Number: CLI-6289-AR (2/10)  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: CLI-6289-AR  
Project Name/Number: /

## Filing at a Glance

Company: The Cincinnati Life Insurance Company

Product Name: CLI-6289-AR

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: GRJR-126447914 State: Arkansas

SERFF Status: Closed-Accepted State Tr Num: 44508

For Informational Purposes

Co Tr Num: CLI-6289-AR (2/10) State Status: Filed-Closed

Reviewer(s): Linda Bird

Authors: Jennifer Henley, Deborah Disposition Date: 01/08/2010

Naegele, Cindy Traurig, Karen

Eichler

Date Submitted: 01/08/2010

Disposition Status: Accepted For  
Informational Purposes

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/08/2010

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: 01/08/2010

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

Form CLI-6289-AR (2/10), Life Insurance and Annuities Replacement Memorandum – Arkansas

SERFF Tracking Number: GRJR-126447914 State: Arkansas  
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Replaces:  
Form CLI-6289-AR (1/10)

Dear Sir or Madam:

We are submitting the above-captioned form for informational purposes due to Rule 97 – Life Insurance and Annuities Replacement. Form CLI-6289-AR (2/10) is replacing CLI-6289-AR (1/10). We have amended the wording at the bottom of the form to indicate two forms are required, one for the home office and one for the Applicant.

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) 870-2000 ext. 4386[Phone] FEIN Number: 31-1213778

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## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:

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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Life Insurance Company	\$0.00	01/08/2010	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	01/08/2010	01/08/2010

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## Disposition

Disposition Date: 01/08/2010

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	Life Insurance and Annuities Replacement Memorandum		Yes

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## Form Schedule

### Lead Form Number: CLI-6289-AR (2/10)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	CLI-6289-AR (2/09)	Other	Life Insurance and Annuities Replacement Memorandum	Revised	Replaced Form #: CLI-6289-AR (1/10) Previous Filing #:		CLI6289AR0210.pdf

# 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

**COMPLETE TWO FORMS  
ONE TO HOME OFFICE - ONE TO APPLICANT**

CLI-6289-AR (2/10)

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>		