Filing at a Glance

Company: The Cincinnati Life Insurance Company

Product Name: Form CLI-151 (10/10), Individual Single Premium Deferred Annuity	SERFF Tr Num: GRJR-126763892	State: Arkansas
TOI: A02I Individual Annuities- Deferred Non-Variable	SERFF Status: Closed-Approved-Closed	State Tr Num: 47163
Sub-TOI: A02I.003 Single Premium	Co Tr Num: CLI151	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Authors: Jennifer Henley, Deborah Naegele, Karen Eichler	Disposition Date: 01/27/2011
	Date Submitted: 10/28/2010	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: Form CLI-151 (10/10), Individual Single Premium Deferred Annuity	Status of Filing in Domicile: Pending
Project Number: Form CLI-151 (10/10), Individual Single Premium Deferred Annuity	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Please be advised we are filing this form in our state of domicile, Ohio, as part of an IIPRC filing.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 01/27/2011
	State Status Changed: 11/02/2010
Deemer Date:	Created By: Jennifer Henley
Submitted By: Jennifer Henley	Corresponding Filing Tracking Number:
Filing Description:	
FEIN: 31-1213778	
NAIC: 76236	

Subject:
The Cincinnati Life Insurance Company
Individual Annuity Forms Filing
Form CLI-151 (10/10), Individual Single Premium Deferred Annuity

We are submitting the subject form for your review and approval. This form is new and does not replace any previously approved forms. The implementation date for this form will be upon your approval.

This form will be marketed by an independent agency force to the general public. There are no marketing or issue restrictions from our normal sales practices.

Nothing in this filing has been previously disapproved by your Department. Please be assured that this filing contains no unusual or possibly controversial items from our normal Company practice of industry standards.

Form CLI-1017, Application for Annuity, previously approved by your Department on June 20, 2003, or any other appropriate approved application will be used when applying for the submitted contracts.

This form was scored for Flesch Score Readability Analysis, and the test score is 50.

Our domicile state, Ohio, was included in our IIPRC filing on October 22, 2010, approval is pending.

We would appreciate your review and approval at your earliest convenience. Thank you for your usual courtesy and cooperation.

Company and Contact

Filing Contact Information

Jennifer Henley, Senior Analyst
P.O. Box 145496
Cincinnati, OH 45250-5496
jenny_henley@cinfin.com
513-870-2251 [Phone]
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) 870-2000 ext. 4386[Phone]	FEIN Number: 31-1213778	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	Yes
Fee Explanation:	$50.00 x 1 form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Life Insurance Company	$50.00	10/28/2010	41279940

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/27/2011	01/27/2011
Approved-Closed	Linda Bird	11/02/2010	11/02/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Life & Annuity - Acturial Memo	Jennifer Henley	01/26/2011	01/26/2011
Supporting Document	Statement of Variability	Jennifer Henley	01/26/2011	01/26/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Re-open request	Note To Filer	Linda Bird	01/26/2011	01/26/2011
Re-open request	Note To Reviewer	Jennifer Henley	01/25/2011	01/25/2011

Disposition

Disposition Date: 01/27/2011

Implementation Date:

Status: Approved-Closed

Comment: Company has amended the issue age range on the original submission.

Rate data does NOT apply to filing.

SERFF Tracking Number:	*GRJR-126763892*	*State:*	*Arkansas*
Filing Company:	*The Cincinnati Life Insurance Company*	*State Tracking Number:*	*47163*
Company Tracking Number:	*CLI151*		
TOI:	*A02I Individual Annuities- Deferred Non-Variable*	*Sub-TOI:*	*A02I.003 Single Premium*
Product Name:	*Form CLI-151 (10/10), Individual Single Premium Deferred Annuity*		
Project Name/Number:	*Form CLI-151 (10/10), Individual Single Premium Deferred Annuity/Form CLI-151 (10/10), Individual Single Premium Deferred Annuity*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document *(revised)*	Life & Annuity - Acturial Memo		No
Supporting Document	Life & Annuity - Acturial Memo	Replaced	No
Supporting Document *(revised)*	Statement of Variability		Yes
Supporting Document	Statement of Variability	Replaced	Yes
Supporting Document	Contract Summary		Yes
Form	Individual Single Premium Deferred Annuity		Yes

Disposition

Disposition Date: 11/02/2010
Implementation Date:
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*GRJR-126763892*	*State:*	*Arkansas*
Filing Company:	*The Cincinnati Life Insurance Company*	*State Tracking Number:*	*47163*
Company Tracking Number:	*CLI151*		
TOI:	*A02I Individual Annuities- Deferred Non-Variable*	*Sub-TOI:*	*A02I.003 Single Premium*
Product Name:	*Form CLI-151 (10/10), Individual Single Premium Deferred Annuity*		
Project Name/Number:	*Form CLI-151 (10/10), Individual Single Premium Deferred Annuity/Form CLI-151 (10/10), Individual Single Premium Deferred Annuity*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document *(revised)*	Life & Annuity - Acturial Memo		No
Supporting Document	Life & Annuity - Acturial Memo	Replaced	No
Supporting Document *(revised)*	Statement of Variability		Yes
Supporting Document	Statement of Variability	Replaced	Yes
Supporting Document	Contract Summary		Yes
Form	Individual Single Premium Deferred Annuity		Yes

Amendment Letter

Submitted Date: 01/26/2011

Comments:

Dear Ms. Bird,

Thank you for speaking with me on the phone yesterday. Per our conversation, I am attaching a revised Actuarial Memorandum. The first change is at the end of the first paragraph, 85 was amended to 80; and the date of our Actuary's signature has been changed to January 25, 2011.

A revised Statement of Variability is also attached, the only changes are to the second page. The age ranges have been changed to 0-80, rather than 0-85.

There have been no changes to the contract.

Thank you,
Jenny Henley

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Life & Annuity - Acturial Memo

Comment: Attached is a revised Actuarial Memorandum. The first change is at the end of the first paragraph, 85 was amended to 80; and the date of our Actuary's signature has been changed to January 25, 2011.
There have been no changes to the contract.
CLI 151 Act Memo & Appendices REVISED 1-25-11.pdf

User Added -Name: Statement of Variability

Comment: The only change is to the second page of the SOV. The issue age range is now 0-80 rather than 0-85.
CLI-151 10-10 REVISED 1-25-11 Statement of Variability.pdf

Note To Filer

Created By:

Linda Bird on 01/26/2011 08:32 AM

Last Edited By:

Linda Bird

Submitted On:

01/26/2011 08:32 AM

Subject:

Re-open request

Comments:

Filing has been re-opened in order for the issue age range to be corrected.

Note To Reviewer

Created By:
Jennifer Henley on 01/25/2011 02:39 PM
Last Edited By:
Jennifer Henley
Submitted On:
01/25/2011 02:40 PM
Subject:
Re-open request
Comments:
Dear Ms. Bird,

Thank you for speaking with me on the phone today. We would like to re-open this filing in order to amend the issue age range.

Thank you!
Jenny Henley

Form Schedule

Lead Form Number: Form CLI-151 (10/10)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form CLI-151 (10/10)	Policy/Contract/Fraternal Certificate	Individual Single Premium Deferred Annuity	Initial		50.000	Form CLI-151 10-10 Single Premium Deferred Annuity.pdf

THE
CINCINNATI LIFE INSURANCE COMPANY
Mailing Address: P.O. BOX 145496, CINCINNATI, OHIO 45250-5496
Home Office: FAIRFIELD, OHIO 45014-5141
(513) 870-2000

RIGHT TO EXAMINE CONTRACT

We want you to be satisfied with this contract you have purchased. We urge you to examine it closely. If for any reason, you are not satisfied, you may return this contract to us or to any of our agents within twenty days after you have received it. If this contract is a replacement contract, you may return it in the same manner within thirty days after you have received it. We will cancel it and refund all of the premium you paid.

The Cincinnati Life Insurance Company agrees to provide the benefits and other rights described in this contract in accordance with the terms of this contract.

Executed at our Home Office in Cincinnati, Ohio.

[ ] [ ]

[Secretary] **[President]**

SINGLE PREMIUM DEFERRED ANNUITY CONTRACT
Death Benefit Prior to Maturity Date
Income Payments at Maturity Date
Nonparticipating – No Dividends

CONTRACT NUMBER: [1234567]
ANNUITANT: [JOHN DOE]

Form CLI-151 (10/10)

THE CINCINNATI LIFE INSURANCE COMPANY

CONTRACT SPECIFICATIONS

CONTRACT YEAR	SURRENDER CHARGE PERCENTAGE
1	7%
2	6%
3	5%
4	4%
5	3%
6	2%
7	1%
8+	0%

MINIMUM PREMIUM	[$5,000.00]
MAXIMUM PREMIUM WITHOUT OUR PRIOR APPROVAL	[$1,000,000.00]
MINIMUM WITHDRAWAL AMOUNT	[$250.00]
REQUIRED MINIMUM ACCOUNT VALUE AFTER WITHDRAWAL	[$1,000.00]
REQUIRED MINIMUM ACCOUNT VALUE AT MATURITY DATE FOR SETTLEMENT OPTIONS	[$5,000.00]
MINIMUM INCOME PAYMENT	[$20.00]
GUARANTEED MINIMUM INTEREST RATE FOR THE LIFE OF THE CONTRACT	[1.25%]
MINIMUM SETTLEMENT OPTION INTEREST RATE	1.0%

CONTRACT NUMBER	[1234567]	CONTRACT DATE	[10/01/2010]
SINGLE PREMIUM	[$10,000.00]	MATURITY DATE	[10/01/2061]

OWNER [JOHN DOE]

ANNUITANT [JOHN DOE]
GENDER [MALE]
AGE [35]

BENEFICIARY AS STATED IN THE ATTACHED APPLICATION UNLESS SUBSEQUENTLY CHANGED

SETTLEMENT OPTION MORTALITY TABLE ANNUITY 2000 MORTALITY TABLE

TABLE OF CONTENTS

CONTRACT SPECIFICATIONS 2
DEFINITIONS 4
Account Value 4
Annuitant 4
Beneficiary 4
Contract Date 4
In Writing 4
Maturity Date 4
Natural Person 4
Owner 4
Successor Owner 4
PREMIUM AND ACCOUNT VALUE 4
Premium 4
Account Value 5
Interest 5
SURRENDERS AND WITHDRAWALS 5
Surrender Option 5
Cash Surrender Value Options 5
Withdrawals 5
Free Withdrawals 6
Deferment 6
DEATH BENEFIT 6
Settlement 6
Death of Owner Before the Maturity Date 6
Successor Owner 7
Death Benefit Payment Options 7
Death of Owner After the Maturity Date 7
Death of Annuitant Before the Maturity Date 7
Death of Annuitant After the Maturity Date 7
CONTRACT CONTROL 8
Ownership 8
Change of Owner 8
Assignment 8
Community Property 8
BENEFICIARY 8
Change of Beneficiary 8
THE CONTRACT 8
Entire Contract 8
Modification 9
Nonparticipation 9
Misstatement of Age or Gender 9
Incontestability 9
Annual Report 9
Optional Maturity Dates 9
MATURITY AND SETTLEMENT PROVISIONS 10
General 10
Minimum Amount Requirements 10
Election 10
Settlement Options 10
Contract Payments 11
Protection of Payments 11
MATURITY AND SETTLEMENT PROVISIONS TABLES 12

DEFINITIONS

In this contract, the Owner will be referred to as "you" or "your" and The Cincinnati Life Insurance Company as "us," "we," or "our."

Account Value
means the amount used to determine the death benefit amount prior to the Maturity Date and income payments at the Maturity Date.

Annuitant
means the person on whose life payments under a settlement option are based. If there are joint Annuitants, the term Annuitant means both Annuitants or the survivor if one Annuitant has died.

Beneficiary
means the person or persons who receives any death benefit payable under this contract. The primary Beneficiary is the surviving Owner, if any. If there is no surviving Owner, the primary Beneficiary is the person or persons designated by the Owner and named in our records. The contingent Beneficiary is the person or persons designated by the Owner and named in our records to be Beneficiary if the primary Beneficiary is not living. If no Beneficiary survives you, then the Beneficiary will be your estate.

Contract Date
is the effective date of coverage under this contract. Contract years and contract months are measured from the Contract Date.

In Writing
means in a written form satisfactory to us, received by us and filed at our Home Office in Cincinnati, Ohio.

Maturity Date
is the date income payments will begin.

Natural Person
is a living individual or trust entity that is treated as an individual for Federal Income Tax purposes under the Internal Revenue Code.

Owner
is the person who owns the contract and is entitled to exercise all rights and privileges provided in the contract. If there are joint Owners, the term Owner means both Owners or the survivor if one Owner has died.

Successor Owner
means your spouse if your spouse is the sole surviving Beneficiary and you die before the Maturity Date, subject to the terms of the Successor Owner provision.

PREMIUM AND ACCOUNT VALUE

Premium

The Minimum Premium, and the Maximum Premium Without Our Prior Approval, are shown in the Contract Specifications.

Account Value

Your Account Value is equal to:
1. The sum of all premiums received;
2. Minus any applicable premium tax;
3. Plus all interest earned; and
4. Minus any previous withdrawals and related surrender charges.

Interest

We will credit interest to this contract. Interest will be credited at the rate or rates we prospectively declare from time to time, at our sole discretion. Any rate or rates we declare will remain in effect for a period of not less than 12 months so long as such deposited amount remains in this contract. Such rate shall remain in effect unless and until changed by us. Your contract will always earn at least the Guaranteed Minimum Interest Rate for the life of the contract shown in the Contract Specifications.

SURRENDERS AND WITHDRAWALS

Surrender Option

You may surrender this contract for its Cash Surrender Value at any time prior to the Maturity Date. Your Cash Surrender Value is the greater of the following amounts:
1. The Account Value minus any surrender charge; and
2. The sum of all premiums we received minus any previous withdrawals and related surrender charges.

The surrender charge that applies on surrender is equal to:
1. The Account Value, less any free withdrawal amount, multiplied by
2. The surrender charge percentage for the applicable contract year.

Surrender charge percentages and the contract years to which they apply are shown in the Contract Specifications.

We will require return of this contract if you exercise the surrender option.

Any Cash Surrender Values that may be available under this contract will not be less than the minimum benefits required by the state in which this contract is delivered.

Cash Surrender Value Options

The Cash Surrender Value may be paid in one sum, or it may be applied, less any applicable premium tax, under one or more of the settlement options, subject to our minimum amounts.

Withdrawals

At any time during your lifetime and prior to the Maturity Date, you may make a withdrawal of less than the Cash Surrender Value provided:
1. The withdrawal amount is equal to or greater than the Minimum Withdrawal Amount; and
2. The Account Value after the withdrawal is equal to or greater than the Required Minimum Account Value After Withdrawal;

both of which are shown in the Contract Specifications.

The Account Value will be reduced by the amount of the withdrawal and any related surrender charge. When making a withdrawal, the surrender charge will be equal to:

1. The excess of the withdrawal amount over any free withdrawal amount, multiplied by
2. The surrender charge percentage for the applicable contract year.

Surrender charge percentages and the contract years to which they apply are shown in the Contract Specifications.

Free Withdrawals

Each contract year that surrender charges apply, you may make one withdrawal of up to 10% of the Account Value without incurring a surrender charge.

Deferment

We reserve the right to defer payment of a full surrender or partial withdrawal under this contract for up to six months after we receive your request, In Writing. Prior to exercising our right to defer such payment, we must first make a written request and receive written approval from the commissioner of insurance.

DEATH BENEFIT

Settlement

Settlement of the death benefit proceeds will be made to the Beneficiary upon receipt of due proof of death.

We will not defer any portion of the death benefit proceeds.

Any death benefit that may be available under this contract will not be less than the minimum benefits required by the state in which this contract is delivered.

Death of Owner Before the Maturity Date

A death benefit will be paid under this contract if:

1. You or the joint Owner, if any, dies before the Maturity Date and while this contract is in force; and
2. A spouse does not become the Successor Owner.

Upon the death of a joint Owner, the surviving joint Owner, if any, will be the primary Beneficiary. Any other Beneficiary designation on record with us at the time of death will be treated as a contingent Beneficiary.

The death benefit amount before the Maturity Date will be the Account Value on the date we receive both due proof of death and an election for the payment method.

We will require the return of this contract when we pay the death benefit.

Successor Owner

If you die before the Maturity Date and your spouse is the sole surviving Beneficiary under this contract, he or she may become the Successor Owner of this contract provided:

1. You make the request that he or she become Successor Owner, In Writing, prior to your death; or
2. After your death, your spouse requests that he or she become Successor Owner, In Writing, within one year of your death and before any death benefit has been paid; or
3. Your spouse was joint Owner of this contract at the time of your death.

This contract will continue and, as Successor Owner, your spouse will succeed to all rights of ownership under this contract except the right to name another Successor Owner.

Death Benefit Payment Options

If the deceased Owner's death occurs before the Maturity Date and the surviving spouse does not become a Successor Owner, a Beneficiary must request that the death benefit be paid under one or more of the following options:

1. Single-sum payment of the death benefit; or
2. Payment of the entire death benefit within five years of the date of your death or the death of any joint Owner; or
3. Payment of the death benefit under an income option over the lifetime of the Beneficiary or over a period not extending beyond the life expectancy of the Beneficiary, with distribution beginning within one year of the date of your death or the death of any joint Owner.

Death of Owner After the Maturity Date

If you, or any joint Owner, dies after the Maturity Date, and the Owner is not an Annuitant, any remaining payments under the income option elected will continue at least as rapidly as under the method of distribution in effect at the time of the Owner's death. Upon the death of all Owners after the Maturity Date, the Beneficiary becomes the Owner.

Death of Annuitant Before the Maturity Date

If an Annuitant, who is not an Owner or joint Owner, dies before the Maturity Date, this contract remains in force and the Owner will automatically become the Annuitant. The Owner may designate a new Annuitant, subject to our administrative rules then in effect.

However, if the Owner is not a Natural Person, the death of an Annuitant will be treated as the death of the Owner and a new Annuitant may not be designated.

Death of Annuitant After the Maturity Date

If an Annuitant dies after the Maturity Date, the death benefit, if any, will be as specified in the settlement option elected. Death benefits will be paid at least as rapidly as under the method of distribution in effect at the time of the Annuitant's death.

CONTRACT CONTROL

Ownership

You are the Owner of this contract unless a new Owner has been designated as provided in the Change of Owner provision. All rights under this contract belong to the Owner.

Change of Owner

You may transfer ownership of this contract by notifying us, In Writing, during your lifetime. The change will be effective on the date the notice was signed. Change of Owner is subject to any payment or actions we may have taken before receiving the notice.

Assignment

The Owner may assign this contract by requesting, completing and returning our Conditional Assignment of Policy form to our Home Office or our authorized agent. In lieu of our Conditional Assignment of Policy form, at the Owner's request, we may accept an assignment form from a financial institution if signed by the Owner.

Assignments, unless otherwise specified by the Owner, shall take effect on the date our Conditional Assignment of Policy form (or other accepted assignment form) is signed by the Owner, subject to any payments made or actions taken by us prior to receipt of such form.

We are not responsible for the validity of any assignment. The rights of the Owner and Beneficiary will be subject to the rights of any assignee.

Community Property

If you live in a community property state and have a spouse at any time while you own this contract, the laws of that state may vary your ownership rights.

BENEFICIARY

Change of Beneficiary

You may change the Beneficiary by notifying us, In Writing, while the Annuitant is alive. The change will be effective on the date the notice is signed by you. Change is subject to any payments or actions we may have taken before receiving the notice.

THE CONTRACT

Entire Contract

We have issued this contract to the Owner identified in the Contract Specifications. This contract is an individual single premium deferred annuity contract. The entire contract between you and us consists of this contract; the Contract Specifications; and any attached papers that we call riders, amendments, or endorsements. A copy of the application is attached at issue. This contract is made in consideration of the application and the payment of the premium. We will not use any statement to void this contract or to defend against a claim under it, unless that statement is contained in the attached written application. All statements in the application will, in the absence of fraud, be deemed representations and not warranties.

Modification

The only way this contract may be modified is by a written agreement signed by our President or Secretary. No agent or other person not named above has authority to change or waive any provision of this contract.

Nonparticipation

This contract does not pay dividends or share in our divisible surplus.

Misstatement of Age or Gender

If the age and/or gender of any Annuitant on whose life benefit payments are based is misstated, we will adjust all benefits under this contract to the amount which would have been payable based on the correct age and/or gender. If we made any underpayments or overpayments based on any misstatement, such underpayments or overpayments will be charged or credited against the current or next succeeding payments to be made by us, and will include interest at the rate of 3.0%.

Incontestability

This contract is incontestable.

Annual Report

We will furnish an annual report to you, at least annually and without charge. This report will contain at least the following current information as of a date not more than four months prior to the date of mailing:

1. The beginning and end dates of the current report period;
2. The Account Value and Cash Surrender Value at the beginning of the current report period;
3. All interest credited during the current report period; and
4. The Account Value, Cash Surrender Value, and death benefit amount at the end of the current report period.

Additional status reports will be made available to you upon request. The first report in each contract year will be free of charge. We may charge a fee not to exceed $50.00 for each subsequent report.

We will also furnish any additional information that may be required by the Internal Revenue Service or State Insurance Departments.

Optional Maturity Dates

You may change the Maturity Date shown in the Contract Specifications provided we receive your request, In Writing, before income payments begin.

The new Maturity Date must be on or after the later of:

1. The eighth contract year, or
2. The date of your request.

The new Maturity Date must be on or before the later of:

1. The Annuitant's age 90, or
2. Ten years from the date of your request.

An adjustment will be made to the income payments based on your new Maturity Date.

MATURITY AND SETTLEMENT PROVISIONS

General

The Account Value may be applied, less any applicable premium tax, under one or more of the settlement options, subject to our minimum amounts, at the Maturity Date. The amount of income will depend on the amount applied and the option and payment frequency elected. The rate of interest guaranteed under any settlement option will not be less than the Minimum Settlement Option Interest Rate shown in the Contract Specifications.

If we offer a single premium immediate annuity at the Maturity Date which provides the same form of income payments to the same class of Annuitants as the option elected, you will receive income payments at least as large.

All income payments will be paid to you or your designated payee.

The income payment will be equal to:
1. The Account Value less any applicable premium tax divided by $1,000.00, multiplied by
2. The income purchase rate then in effect for the option elected.

Minimum Amount Requirements

If your Account Value at the Maturity Date is less than the Required Minimum Account Value at Maturity Date for Settlement Options, as shown in the Contract Specifications, we reserve the right to pay the Account Value in one sum. If your income payments are less than the Minimum Income Payment, as shown in the Contract Specifications, we reserve the right to change the frequency of your income payment so that the payment amount is at least that amount.

Election

You may elect an option by filing written notice with us. No settlement option will be available except with our consent if:
1. The contract is assigned; or
2. The Owner or payee is a corporation, association, partnership, trustee, or estate.

You may change the election of an option by notifying us, In Writing, on or before the Maturity Date. The change will be effective on the date the notice is signed. The change is subject to any payment or actions we may have taken before receiving the notice.

If no election is in effect on the Maturity Date, the default option shall be Option 2 – Life Income With Payments Guaranteed 10 Years, unless otherwise provided under the Internal Revenue Code.

Settlement Options

Option 1--Income For Fixed Period:

You may elect a payment period during which we will make income payments. The payment period may not exceed 30 years nor be less than five years. The minimum monthly income payment rate is shown in Table A.

Option 2--Life Income With Payments Guaranteed 10 Years:

We will make income payments for as long as the Annuitant is alive but in no event less than 10 years. If the Annuitant dies before payments have been made for 10 years, we will continue payments to you until the end of the 10 year period. Before income payments begin we will require satisfactory proof of the Annuitant's age and gender. The minimum monthly income payment rate is shown in Table B.

Option 3--Income of Fixed Amount:

You may select an income payment. We will make equal payments of the amount chosen until the amount left under this Option, with interest, is exhausted. You must select an income payment so that the payment period is at least five years but no more than 30.

Option 4--Joint and One-Half to Survivor Life Income

We will make income payments for as long as both Annuitants are alive. After the death of either Annuitant, we will reduce the income payment to one-half the payment made during the Annuitants' joint lifetime. We will continue the reduced payment for as long as the surviving Annuitant is alive. Before income payments begin we will require satisfactory proof of both Annuitants' age and gender. The minimum monthly income payment rate is shown in Table C.

Option 5--Other Options

At the Maturity Date you may apply the Account Value, less any applicable premium tax, to purchase any single premium immediate annuity we then offer to the same class of Annuitants.

Contract Payments

We will provide you with a supplementary contract stating the terms of settlement under the option elected.

The first income payment under Option 1, 2, 3, or 4 will be made on the Maturity Date.

Protection of Payments

The payee cannot commute, assign, or encumber any payments unless permitted by the Option which is selected. The payments shall not be subject to the claims of creditors or legal process except to the extent permitted by law.

MATURITY AND SETTLEMENT PROVISIONS TABLES
Monthly Income Purchase Rates*

TABLE A
OPTION 1
Income for Fixed Period

No. of Years	Monthly Income
5	$17.07
6	14.30
7	12.31
8	10.83
9	9.67
10	8.75
11	7.99
12	7.36
13	6.83
14	6.37
15	5.97
16	5.63
17	5.32
18	5.05
19	4.81
20	4.59
21	4.39
22	4.21
23	4.05
24	3.90
25	3.76
26	3.63
27	3.51
28	3.40
29	3.30
30	3.21

TABLE B
OPTION 2-Life Income with Payments Guaranteed 10 Years
The amount of Income is based on the gender and age last birthday of the payee on the date of the first payment.

Age	Men Guaranteed Period 10 Years	Women Guaranteed Period 10 Year	Age	Men Guaranteed Period 10 Years	Women Guaranteed Period 10 Years
50	$2.95	$2.72	68	$4.82	$4.40
51	3.02	2.78	69	4.97	4.54
52	3.09	2.84	70	5.13	4.70
53	3.16	2.91	71	5.30	4.86
54	3.24	2.98	72	5.46	5.03
55	3.32	3.05	73	5.64	5.21
56	3.40	3.12	74	5.81	5.40
57	3.49	3.20	75	5.99	5.59
58	3.59	3.28	76	6.17	5.78
59	3.68	3.37	77	6.35	5.98
60	3.79	3.46	78	6.52	6.18
61	3.90	3.56	79	6.70	6.39
62	4.01	3.66	80	6.87	6.59
63	4.13	3.77	81	7.04	6.79
64	4.26	3.88	82	7.20	6.98
65	4.39	4.00	83	7.36	7.16
66	4.53	4.12	84	7.51	7.34
67	4.67	4.26	85	7.65	7.51

*We will furnish other payment frequencies on request.

Age of Annuitant or payee on Last Birthday	TABLE C OPTION 5 - JOINT AND ONE-HALF TO SURVIVOR LIFE INCOME Monthly Income Purchase Rates*															
	Age of Annuitant or payee on Last Birthday – Female															
Male	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
55	3.20	3.24	3.29	3.33	3.38	3.42	3.47	3.52	3.57	3.62	3.68	3.74	3.79	3.86	3.92	3.99
56	3.24	3.28	3.33	3.37	3.42	3.47	3.52	3.57	3.62	3.68	3.73	3.79	3.85	3.91	3.98	4.04
57	3.28	3.33	3.37	3.42	3.47	3.52	3.57	3.62	3.67	3.73	3.79	3.85	3.91	3.97	4.04	4.11
58	3.33	3.37	3.42	3.46	3.51	3.56	3.62	3.67	3.73	3.78	3.84	3.90	3.97	4.03	4.10	4.17
59	3.37	3.41	3.46	3.51	3.56	3.61	3.67	3.72	3.78	3.84	3.90	3.96	4.03	4.09	4.16	4.24
60	3.41	3.46	3.51	3.56	3.61	3.67	3.72	3.78	3.84	3.90	3.96	4.02	4.09	4.16	4.23	4.31
61	3.46	3.51	3.56	3.61	3.66	3.72	3.78	3.83	3.90	3.96	4.02	4.09	4.16	4.23	4.30	4.38
62	3.51	3.56	3.61	3.66	3.72	3.77	3.83	3.89	3.96	4.02	4.09	4.16	4.23	4.30	4.38	4.45
63	3.56	3.61	3.66	3.72	3.77	3.83	3.89	3.95	4.02	4.08	4.15	4.22	4.30	4.37	4.45	4.53
64	3.61	3.66	3.71	3.77	3.83	3.89	3.95	4.02	4.08	4.15	4.22	4.29	4.37	4.45	4.53	4.61
65	3.66	3.71	3.77	3.83	3.89	3.95	4.01	4.08	4.15	4.22	4.29	4.37	4.45	4.53	4.61	4.70
66	3.71	3.77	3.83	3.88	3.95	4.01	4.08	4.14	4.21	4.29	4.36	4.44	4.52	4.61	4.69	4.78
67	3.77	3.83	3.88	3.94	4.01	4.07	4.14	4.21	4.28	4.36	4.44	4.52	4.60	4.69	4.78	4.87
68	3.83	3.88	3.94	4.00	4.07	4.14	4.21	4.28	4.35	4.43	4.51	4.60	4.68	4.77	4.87	4.96
69	3.89	3.94	4.00	4.07	4.13	4.20	4.27	4.35	4.43	4.51	4.59	4.68	4.77	4.86	4.96	5.06
70	3.95	4.01	4.07	4.13	4.20	4.27	4.34	4.42	4.50	4.58	4.67	4.76	4.85	4.95	5.05	5.15

*We will furnish other payment frequencies on request.

THE
CINCINNATI LIFE INSURANCE COMPANY

Mailing Address: **P.O. BOX 145496, CINCINNATI, OHIO 45250-5496**
Home Office: **FAIRFIELD, OHIO 45014-5141**
(513) 870-2000

SINGLE PREMIUM DEFERRED ANNUITY CONTRACT

Death Benefit Prior to Maturity Date
Income Payments at Maturity Date
Nonparticipating – No Dividends

Form CLI-151 (10/10)

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR Certification of Readability.pdf

AR Certification Of Compliance.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

Attachment:

CLI-1017 Application for Annuity.pdf

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability

Comments:

The only change is to the second page of the SOV. The issue age range is now 0-80 rather than 0-85.

Attachment:

CLI-151 10-10 REVISED 1-25-11 Statement of Variability.pdf

Item Status: **Status Date:**

Satisfied - Item: Contract Summary

Comments:

Attachment:

CLI-151 10-10 SPDA 2011 Contract Summary.pdf

ARKANSAS CERTIFICATION

This is to certify that the attached policy Form CLI-151 (10/10) Individual Single Premium Deferred Annuity

has achieved a Flesch Reading Ease Score of 50 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.

October 28, 2010
Date

Signature of Officer

Roger A. Brown, FSA, MAAA
Name

Vice President and Actuary
Title

The Cincinnati Life Insurance Company

THE CINCINNATI LIFE INSURANCE COMPANY

Arkansas

CERTIFICATION

Re: Form CLI-151 (10/10) Individual Single Premium Deferred Annuity

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

October 28, 2010
Date

Vice President and Actuary
Title

THE CINCINNATI LIFE INSURANCE COMPANY

P.O. Box 145496, Cincinnati, Ohio 45250-5496

Application for Annuity — **Please print or type all information**

ANNUITANT

1. Proposed Annuitant (first, middle, last)
2. Birth Date
3. Gender ☐ M ☐ F
4. Soc. Sec. No.
5. Birthplace (state)
6. Phone Home _____ Work _____
7. Street Address Apt. # City State Zip
8. Driver's Lic. No./State

9. Proposed Joint Annuitant (first, middle, last)
10. Birth Date
11. Gender ☐ M ☐ F
12. Soc. Sec. No.
13. Birthplace (state)
14. Phone Home _____ Work _____
15. Street Address Apt. # City State Zip
16. Driver's Lic. No./State

BENEFIT

17. Owner (if other than Proposed Annuitant) Address Relationship
18. Soc. Sec. No./EIN (if business)
19. E-Mail Address
20. Joint Owner Address Relationship
21. Soc. Sec. No./EIN (if business)
22. Primary Beneficiary Relationship
23. Contingent Beneficiary Relationship

24. Plan ☐ Flexible Premium Deferred ☐ Single Premium Deferred ☐ Single Premium Immediate ☐ Structured Settlement

25. Type ☐ Nonqualified ☐ Qualified ☐ IRA ☐ Roth IRA ☐ SEP ☐ Other_____

26. Transaction ☐ Regular ☐ Rollover ☐ Transfer of Assets ☐ IRC 1035 ☐ Roth Conversion ☐ Direct Rollover ☐ Other_____

27. For Proposed Annuitants age 70 ½ or older: Has the Required Minimum Distribution for the current tax year been distributed? If "No," indicate balance of account to be transferred as of the last December 31st year end. $_____ ☐ Yes ☐ No

28. Anticipated Maturity Date: _____ If none is selected, the company will default to the maturity date shown in the Contract, or such date as required by the qualified plan or law.

29. Optional Benefit Riders:
☐ Long Term Care Facility and Terminal Illness Benefit (Waiver of Surrender Charge) Rider
☐ Other_____

30. Premium Mode: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ List Bill ☐ Bank-O-Matic (complete authorization) ☐ Single Premium

Initial Premium	Amount Remitted with App.	Planned Periodic Premium	Tax Year in Which to Apply
$_____	$_____	$_____	Premium_____

REPLACEMENT

31. Is there any intention of replacing, changing or borrowing against any insurance policy or annuity contract in force with this or any other company as a result of this Application? (If "Yes," complete applicable replacement forms.) YES ☐ NO ☐

List all life insurance and annuities the Proposed Annuitant has in force, or applications pending, and indicate if it is to be replaced, changed or borrowed against as a result of this Application.

Insurer	Policy Number	Amount	Replaced? YES	Replaced? NO
			☐	☐
			☐	☐
			☐	☐
			☐	☐

THE CINCINNATI LIFE INSURANCE COMPANY

P.O. Box 145496, Cincinnati, Ohio 45250-5496

PAYMENT OPTIONS

IMMEDIATE ANNUITY PAYMENT OPTIONS	
☐ Income for Fixed Period	Offers payments guaranteed for the number of years chosen, not to exceed 30 years nor less than five years.
☐ Life Income with Payments Guaranteed for Fixed Period	Guarantees periodic payments for a fixed period and then continues throughout the lifetime of the Annuitant.
☐ Income of Fixed Amount	Offers equal payments of a chosen amount until the amount available is exhausted.
☐ Joint Life Annuity	Offers periodic payments during the joint life of the Annuitant and a designated Joint Annuitant. The payments continue during the lifetime of the survivor.
☐ Joint Life Annuity with Payments Guaranteed for Fixed Period	Offers guaranteed periodic payments during a fixed period and continues during the lifetime of the Annuitant and a designated Joint Annuitant. The payments continue during the lifetime of the survivor.
☐ Joint and 1/2 Survivor Annuity	Offers periodic payments as long as one of the Annuitants is alive. After the death of one Annuitant, payments will be reduced by 1/2 and will continue as long as the other Annuitant is alive. No payments will be made after the death of both Annuitants.
☐ Structured Settlement	Submit Structured Settlement Illustration.
☐ Other (describe)	

AGREEMENT

AGREEMENT: I (We) the undersigned, agree that, to the best of my knowledge and belief, all the answers and statements given in this Application are true and complete. I agree that: 1. All parts of this Application will be a part of any Contract issued; 2. Insurance shall become effective: a) if a Contract is formally approved by The Cincinnati Life Insurance Company; and b) the full first premium has been paid; 3. The amount payable on surrender may be reduced by the application of surrender charges; and 4. No provision of this Application or the Contract can be modified or waived except by an endorsement signed by one of our officers.

I (We) have read, or had read to me, the completed Application. I realize that any false statement or misrepresentation may result in loss of coverage under the Contract.

I (We) certify that: 1. The Owner's Social Security number is correct; and 2. The Contract I have applied for is suitable for my insurance/investment objectives and financial situation and needs.

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: _____ City _____ State On: _____ Month Day Year

_____ Signature of Proposed Annuitant (if signing on behalf of a minor, specify relationship)

_____ Signature of Owner (if other than Proposed Annuitant)

_____ Signature of Proposed Joint Annuitant

_____ Signature of Joint Owner

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 Contract ☐ **Will** ☐ **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

P.O. Box 145496, Cincinnati, Ohio 45250-5496

AGENT'S REPORT

This report should always be completed and remain attached.

Source of Business:	☐ Present Insured: Type _____ ☐ Personal Acquaintance (not Proposed Annuitant) ☐ Cold Call ☐ Referral from Outside Agency ☐ Reply to Mailer or Stuffer ☐ Internet Source ☐ Other: _____
Purpose of Contract:	Personal: ☐ Retirement ☐ Savings ☐ Charitable ☐ Other: _____ Business: ☐ Sole Proprietor ☐ Corporation ☐ Other: _____

COMMISSIONS

COMMISSIONS – SPLIT CASE

First year and renewal

Agent Commission Schedule Only		General Agent Base Commission Schedule	
Case Split %	Name	Agency Code #	Agent Code #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
100%	Sum of percentages listed must be 100%. Percentages are Case Split ratios, not commission rates.		

THE CINCINNATI LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
Revised 1-25-11

Form CLI-151 (10/10), Single Premium Deferred Annuity Contract

LOCATION/ITEM	DESCRIPTION	RANGES
Front Jacket		
Contract Number	Sequential number assigned to identify the contract in our administration system	Unlimited
Annuitant	Name of Annuitant	Specific Name of Annuitant
Joint Annuitant (appears only if more than one Annuitant)	Name of Joint Annuitant (appears only if more than one Annuitant)	Specific Name of Joint Annuitant (appears only if more than one Annuitant)
Page 2		
Minimum Premium	The minimum single premium amount that may be applied to this contract.	$1,000.00 to $25,000.00
Maximum Premium Without Our Prior Approval	The maximum single premium amount that may be applied, without our approval, to this contract.	$250,000.00 to $5,000,000.00
Minimum Withdrawal Amount	Cash Surrender Value withdrawals must be equal to or greater than this amount.	$100.00 to $1,000.00
Required Minimum Account Value After Withdrawal	The Account Value balance after the withdrawal must be equal to or greater than this amount.	$1,000.00 to $25,000.00
Required Minimum Account Value At Maturity Date For Settlement Options	The Account Value at the Maturity Date must be equal to or greater than this amount in order to receive income payments under a settlement option. If the Account Value is less than this amount, we may pay the Account Value in one sum.	$1,000.00 to $25,000.00
Minimum Monthly Income Payment	The monthly income payment, determined by the settlement option elected, must be equal to or greater than this amount. If the income payment is less than this amount, we may change the frequency of the income payment.	$10.00 to $20.00
Guaranteed Minimum Interest Rate For The Life Of The Contract	The least amount of interest that is guaranteed to be credited to the contract while it is in force.	1.0 to 3.0%
Contract Date	Effective date of the contract	Date of your approval to Unlimited
Single Premium	Amount of the single premium paid as selected by the owner	$5,000.00 through $999,999,999.99
Maturity Date	Date the contract matures	The 10th policy anniversary or the policy anniversary following the annuitant's attainment of age 85, whichever is later.
Owner	Name of the owner stated in the application	Specific name of Owner
Joint Owner (appears only if more than one Owner)	Name of the joint owner stated in the application (appears only if more than one Owner)	Specific name of Joint Owner (appears only if more than one Owner)

THE CINCINNATI LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
Revised 1-25-11

Form CLI-151 (10/10), Single Premium Deferred Annuity Contract

LOCATION/ITEM	DESCRIPTION	RANGES

Page 2 continued

Gender	Gender of Annuitant	Male or Female
Age	Age of Annuitant	Issue ages for this contract are 0 - 80
Gender (appears only if more than one Annuitant)	Gender of Joint Annuitant (appears only if more than one Annuitant)	Male or Female (appears only if more than one Annuitant)
Age (appears only if more than one Annuitant)	Age of Joint Annuitant (appears only if more than one Annuitant)	Issue ages for this contract are 0 – 80 (appears only if more than one Annuitant)
Remaining variables are previously explained		

The Cincinnati Life Insurance Company

6200 South Gilmore Road, Fairfield, Ohio 45014-5141
Mailing Address: P.O. Box 145496, Cincinnati, Ohio 45250-5496

Single Premium Deferred Annuity

LifeHorizons SPDA 2011

Form CLI-151 (10/10)

Contract Summary

Designed for

John Doe

Agent/Representative

FIRST LASTNAME (License Number 73221)
ABC AGENCY
ANY ADDRESS
CITY, STATE, ZIP
ANY PHONE

This is an illustration only, not an offer, legal contract, or promise of future performance. Coverage is subject to the terms and conditions of the annuity contract. This illustration is not valid without all 6 pages.

The Cincinnati Life Insurance Company
Single Premium Deferred Annuity
LifeHorizons SPDA 2011
Narrative Summary

John Doe		Current Interest Rate:	3.00%
Male, AGE: 35		Guaranteed Interest Rate Period:	1 Year
Total Lump Sum:	$10,000.00	Minimum Guaranteed Interest Rate:	1.25%
Plan Type:	NQ	Current Yield After 10 Years:	3.00%
Riders: None		Guaranteed Yield After 10 Years:	1.25%

Basic Annuity Illustration

Interest Rates: We will credit interest to the contract. Interest will be credited at the rate or rates we prospectively declare from time to time, at our sole discretion. Any rate or rates so declared will remain in effect for a period of not less than 12 months so long as such deposited amount remains in the contract. Such rates shall remain in effect unless and until changed by us. The guaranteed minimum rate of interest is 1.25% per year, compounded annually.

Free Withdrawals: During contract years that surrender charges apply, you may make one annual withdrawal of up to 10% of the Account Value without incurring a surrender charge. If you withdraw more than 10% of the Account Value, your withdrawal amount will be reduced by any applicable surrender charge.

Surrender Charges: Surrender charge percentages and the contract years to which they apply are as follows:

Contract Year	Surrender Charge Percentage	Contract Year	Surrender Charge Percentage	Contract Year	Surrender Charge Percentage
1	7.00%	4	4.00%	7	1.00%
2	6.00%	5	3.00%	8+	0.00%
3	5.00%	6	2.00%		

The surrender charge that applies on full surrender or partial withdrawal is equal to:
1. the amount of the Account Value being withdrawn, less any Free Withdrawal amount; multiplied by
2. the surrender charge percentage for the applicable contract year.

Surrender Option with Return of Premium Guarantee: You may surrender the contract for its Cash Surrender Value at any time prior to the Maturity Date. Your Cash Surrender Value is equal to the greater of the following amounts:
1. the Account Value minus any surrender charge; and
2. the sum of all premiums we received minus any previous withdrawals and related surrender charges.

We will require return of the contract if you exercise this option.

No fees, charges or loading amounts are deducted from annuity premiums. Withdrawals or surrenders could incur penalties or fees.

Partial Withdrawals: At any time during your lifetime and prior to the Maturity Date, you may make a partial withdrawal of less than the Cash Surrender Value provided:

1. the withdrawal amount is equal to or greater than the Minimum Withdrawal Amount; and
2. the Account Value after the withdrawal is equal to or greater than the Required Minimum Account Value After Withdrawal;

both of which are shown in the Contract Specifications.

The Account Value will be reduced by the amount of the requested withdrawal plus any surrender charge that applies. When making a partial withdrawal, the surrender charge will be equal to:
1. the excess of the withdrawal amount over any free withdrawal amount, multiplied by
2. the surrender charge percentage for the applicable contract year.

Death Benefit Amount Before the Maturity Date: The death benefit amount before the Maturity Date shall be the Account Value on the date we receive both due proof of death and an election for the payment method.

This is an illustration only, not an offer, legal contract, or promise of future performance. Coverage is subject to the terms and conditions of the annuity contract. This illustration is not valid without all 6 pages.

The Cincinnati Life Insurance Company
Single Premium Deferred Annuity
LifeHorizons SPDA 2011
Narrative Summary

John Doe		Current Interest Rate:	3.00%
Male, AGE: 35		Guaranteed Interest Rate Period:	1 Year
Total Lump Sum:	$10,000.00	Minimum Guaranteed Interest Rate:	1.25%
Plan Type:	NQ	Current Yield After 10 Years:	3.00%
Riders: None		Guaranteed Yield After 10 Years:	1.25%

Guaranteed & Non-Guaranteed Illustrated Values: As illustrated in the Guaranteed and Non-Guaranteed Account Value columns, the longer your annuity remains in effect, the greater your values will increase to serve your long-term financial needs.

Withdrawal and surrender figures do not reflect any income taxes or penalties that may be due. Portions of distributions may be includable in taxable income. Distributions before age 59 1/2 may incur an IRS 10% penalty. See your tax adviser for details.

Riders: No riders are included in this illustration.

This is an illustration only, not an offer, legal contract, or promise of future performance. Coverage is subject to the terms and conditions of the annuity contract. This illustration is not valid without all 6 pages.

The Cincinnati Life Insurance Company
Single Premium Deferred Annuity
LifeHorizons SPDA 2011
Settlement Option Summary

John Doe		Current Interest Rate:	3.00%
Male, AGE: 35		Guaranteed Interest Rate Period:	1 Year
Total Lump Sum:	$10,000.00	Minimum Guaranteed Interest Rate:	1.25%
Plan Type:	NQ	Current Yield After 10 Years:	3.00%
Riders: None		Guaranteed Yield After 10 Years:	1.25%

Settlement Option Pay Out Benefits: Income at age 65

	Monthly Payouts	
	Guaranteed	Non-Guaranteed
10 Year Certain Only	127.03	230.55
10 Year Certain & Life	63.72	129.73

This is an illustration only, not an offer, legal contract, or promise of future performance. Coverage is subject to the terms and conditions of the annuity contract. This illustration is not valid without all 6 pages.

The Cincinnati Life Insurance Company
Single Premium Deferrred Annuity
LifeHorizons SPDA 2011
Tabular Detail

John Doe		Current Interest Rate:	3.00%
Male, AGE: 35		Guaranteed Interest Rate Period:	1 Year
Total Lump Sum:	$10,000.00	Minimum Guaranteed Interest Rate:	1.25%
Plan Type:	NQ	Current Yield After 10 Years:	3.00%
Riders: None		Guaranteed Yield After 10 Years:	1.25%

					Guaranteed		Non-Guaranteed	
Age	Year	Premium	Withdrawal	Cumulative Withdrawal	Account Value (Death Benefit)	Cash Surrender Value	Account Value (Death Benefit)	Cash Surrender Value
36	1	10,000	0	0	10,125	10,000	10,300	10,000
37	2	0	0	0	10,252	10,000	10,609	10,036
38	3	0	0	0	10,380	10,000	10,927	10,436
39	4	0	0	0	10,509	10,131	11,255	10,850
40	5	0	0	0	10,641	10,354	11,593	11,280
41	6	0	0	0	10,774	10,580	11,941	11,726
42	7	0	0	0	10,909	10,810	12,299	12,188
43	8	0	0	0	11,045	11,045	12,668	12,668
44	9	0	0	0	11,183	11,183	13,048	13,048
45	10	0	0	0	11,323	11,323	13,439	13,439
46	11	0	0	0	11,464	11,464	13,842	13,842
47	12	0	0	0	11,608	11,608	14,258	14,258
48	13	0	0	0	11,753	11,753	14,685	14,685
49	14	0	0	0	11,900	11,900	15,126	15,126
50	15	0	0	0	12,048	12,048	15,580	15,580
51	16	0	0	0	12,199	12,199	16,047	16,047
52	17	0	0	0	12,351	12,351	16,528	16,528
53	18	0	0	0	12,506	12,506	17,024	17,024
54	19	0	0	0	12,662	12,662	17,535	17,535
55	20	0	0	0	12,820	12,820	18,061	18,061
56	21	0	0	0	12,981	12,981	18,603	18,603
57	22	0	0	0	13,143	13,143	19,161	19,161
58	23	0	0	0	13,307	13,307	19,736	19,736
59	24	0	0	0	13,474	13,474	20,328	20,328
60	25	0	0	0	13,642	13,642	20,938	20,938
61	26	0	0	0	13,812	13,812	21,566	21,566
62	27	0	0	0	13,985	13,985	22,213	22,213
63	28	0	0	0	14,160	14,160	22,879	22,879
64	29	0	0	0	14,337	14,337	23,566	23,566
65	30	0	0	0	14,516	14,516	24,273	24,273
66	31	0	0	0	14,698	14,698	25,001	25,001
67	32	0	0	0	14,881	14,881	25,751	25,751
68	33	0	0	0	15,067	15,067	26,523	26,523
69	34	0	0	0	15,256	15,256	27,319	27,319
70	35	0	0	0	15,446	15,446	28,139	28,139
71	36	0	0	0	15,639	15,639	28,983	28,983

This is an illustration only, not an offer, legal contract, or promise of future performance. Coverage is subject to the terms and conditions of the annuity contract. This illustration is not valid without all 6 pages.

The Cincinnati Life Insurance Company
Single Premium Deferrred Annuity
LifeHorizons SPDA 2011
Tabular Detail

John Doe		Current Interest Rate:	3.00%
Male, AGE: 35		Guaranteed Interest Rate Period:	1 Year
Total Lump Sum:	$10,000.00	Minimum Guaranteed Interest Rate:	1.25%
Plan Type:	NQ	Current Yield After 10 Years:	3.00%
Riders: None		Guaranteed Yield After 10 Years:	1.25%

					Guaranteed		Non-Guaranteed	
Age	Year	Premium	Withdrawal	Cumulative Withdrawal	Account Value (Death Benefit)	Cash Surrender Value	Account Value (Death Benefit)	Cash Surrender Value
72	37	0	0	0	15,835	15,835	29,852	29,852
73	38	0	0	0	16,033	16,033	30,748	30,748
74	39	0	0	0	16,233	16,233	31,670	31,670
75	40	0	0	0	16,436	16,436	32,620	32,620
76	41	0	0	0	16,642	16,642	33,599	33,599
77	42	0	0	0	16,850	16,850	34,607	34,607
78	43	0	0	0	17,060	17,060	35,645	35,645
79	44	0	0	0	17,274	17,274	36,715	36,715
80	45	0	0	0	17,489	17,489	37,816	37,816
81	46	0	0	0	17,708	17,708	38,950	38,950
82	47	0	0	0	17,929	17,929	40,119	40,119
83	48	0	0	0	18,154	18,154	41,323	41,323
84	49	0	0	0	18,380	18,380	42,562	42,562
85	50	0	0	0	18,610	18,610	43,839	43,839
86	51	0	0	0	18,843	18,843	45,154	45,154
87	52	0	0	0	19,078	19,078	46,509	46,509
88	53	0	0	0	19,317	19,317	47,904	47,904
89	54	0	0	0	19,558	19,558	49,341	49,341
90	55	0	0	0	19,803	19,803	50,821	50,821
91	56	0	0	0	20,050	20,050	52,346	52,346

This is an illustration only, not an offer, legal contract, or promise of future performance. Coverage is subject to the terms and conditions of the annuity contract. This illustration is not valid without all 6 pages.

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/26/2010	Supporting Document	Statement of Variability	01/26/2011	CLI-151 10-10 Statement of Variability.pdf (Superceded)

THE CINCINNATI LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY

Form CLI-151 (10/10), Single Premium Deferred Annuity Contract

LOCATION/ITEM	DESCRIPTION	RANGES

Front Jacket

Contract Number	Sequential number assigned to identify the contract in our administration system	Unlimited
Annuitant	Name of Annuitant	Specific Name of Annuitant
Joint Annuitant (appears only if more than one Annuitant)	Name of Joint Annuitant (appears only if more than one Annuitant)	Specific Name of Joint Annuitant (appears only if more than one Annuitant)

Page 2

Minimum Premium	The minimum single premium amount that may be applied to this contract.	$1,000.00 to $25,000.00
Maximum Premium Without Our Prior Approval	The maximum single premium amount that may be applied, without our approval, to this contract.	$250,000.00 to $5,000,000.00
Minimum Withdrawal Amount	Cash Surrender Value withdrawals must be equal to or greater than this amount.	$100.00 to $1,000.00
Required Minimum Account Value After Withdrawal	The Account Value balance after the withdrawal must be equal to or greater than this amount.	$1,000.00 to $25,000.00
Required Minimum Account Value At Maturity Date For Settlement Options	The Account Value at the Maturity Date must be equal to or greater than this amount in order to receive income payments under a settlement option. If the Account Value is less than this amount, we may pay the Account Value in one sum.	$1,000.00 to $25,000.00
Minimum Monthly Income Payment	The monthly income payment, determined by the settlement option elected, must be equal to or greater than this amount. If the income payment is less than this amount, we may change the frequency of the income payment.	$10.00 to $20.00
Guaranteed Minimum Interest Rate For The Life Of The Contract	The least amount of interest that is guaranteed to be credited to the contract while it is in force.	1.0 to 3.0%
Contract Date	Effective date of the contract	Date of your approval to Unlimited
Single Premium	Amount of the single premium paid as selected by the owner	$5,000.00 through $999,999,999.99
Maturity Date	Date the contract matures	The 10th policy anniversary or the policy anniversary following the annuitant's attainment of age 85, whichever is later.
Owner	Name of the owner stated in the application	Specific name of Owner
Joint Owner (appears only if more than one Owner)	Name of the joint owner stated in the application (appears only if more than one Owner)	Specific name of Joint Owner (appears only if more than one Owner)

THE CINCINNATI LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY

Form CLI-151 (10/10), Single Premium Deferred Annuity Contract

LOCATION/ITEM	DESCRIPTION	RANGES

Page 2 continued

Gender	Gender of Annuitant	Male or Female
Age	Age of Annuitant	Issue ages for this contract are 0 - 85
Gender (appears only if more than one Annuitant)	Gender of Joint Annuitant (appears only if more than one Annuitant)	Male or Female (appears only if more than one Annuitant)
Age (appears only if more than one Annuitant)	Age of Joint Annuitant (appears only if more than one Annuitant)	Issue ages for this contract are 0 – 85 (appears only if more than one Annuitant)
Remaining variables are previously explained		