

SERFF Tracking Number: GRJR-128419579 State: Arkansas  
 Filing Company: The Cincinnati Life Insurance Company State Tracking Number:  
 Company Tracking Number: CLI146  
 TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: Form CLI-146-AR (1/12), Worksite Individual Whole Life Insurance Policy  
 Project Name/Number: Form CLI-146-AR (1/12), Worksite Individual Whole Life Insurance Policy/Form CLI-146-AR (1/12), Worksite Individual Whole Life Insurance Policy

## Filing at a Glance

Company: The Cincinnati Life Insurance Company

Product Name: Form CLI-146-AR (1/12), SERFF Tr Num: GRJR-128419579 State: Arkansas

Worksite Individual Whole Life Insurance Policy

TOI: L07I Individual Life - Whole SERFF Status: Closed-Approved- State Tr Num:  
 Closed

Sub-TOI: L07I.101 Fixed/Indeterminate Co Tr Num: CLI146 State Status: Approved-Closed

Premium - Single Life

Filing Type: Form Reviewer(s): Linda Bird

Authors: Jennifer Henley, Deborah Naegele, Karen Eichler Disposition Date: 06/11/2012

Date Submitted: 06/05/2012

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Form CLI-146-AR (1/12), Worksite Individual Whole Life Insurance Policy Status of Filing in Domicile: Pending

Project Number: Form CLI-146-AR (1/12), Worksite Individual Whole Life Insurance Policy Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Our state of domicile, Ohio, was included in our IIPRC filing.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 06/11/2012

State Status Changed: 06/11/2012

Deemer Date:

Created By: Deborah Naegele

Submitted By: Deborah Naegele

Corresponding Filing Tracking Number:

Filing Description:

FEIN: 31-1213778

NAIC: 0244-76236

*SERFF Tracking Number:* GRJR-128419579                      *State:* Arkansas  
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Life Insurance Policy

**Subject:**

The Cincinnati Life Insurance Company  
Individual Life Forms Filing  
Form CLI-146-AR (1/12), Whole Life Insurance Policy

Dear Sir or Madame:

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

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.

This application will be marketed for general life insurance purposes by an independent agency force in the worksite market where we reasonably believe that the Norris Decision applies and unisex rates are required. It will be available with smoker and nonsmoker classifications. There are no marketing or issue restrictions from our normal sales practices.

As common practice in individual life worksite products, the Employee is the owner and payor of the policy(ies) applied for on the subject worksite application, unless otherwise specified on the application.

Premium payments for individual life worksite insurance are generally payroll deducted; therefore, the first premium is not payable at the time of application. If desired, the Employee may choose to pay via automatic bank account withdrawals or direct billing, both of which do require the first premium at time of application.

Flesch Score Readability Analysis was done and the score is 50.4.

Our domicile state, Ohio, was included in our IIPRC filing on May 31, 2012, approval is pending.

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

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State Narrative:

## Company and Contact

### Filing Contact Information

Karen Eichler AIS, API, AINS, Analyst karen\_eichler@cinfin.com  
 P. O. Box 145496 513-603-5120 [Phone]  
 Cincinnati, OH 45250-5496 513-371-7264 [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: 1 Filing X \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Life Insurance Company	\$50.00	06/05/2012	59692925

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/11/2012	06/11/2012

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	06/08/2012	06/08/2012	Deborah Naegele	06/11/2012	06/11/2012

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## **Disposition**

Disposition Date: 06/11/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Certificate of Compliance		Yes
Supporting Document	Statement of Variability		Yes
Form ( <i>revised</i> )	Worksite Individual Whole Life Insurance Policy		Yes
Form	Worksite Individual Whole Life Insurance Policy		Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 06/08/2012  
Submitted Date 06/08/2012  
Respond By Date 07/09/2012

Dear Karen Eichler AIS, API, AINS,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment:

The Policy form was not attached on the form schedule.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,  
Linda Bird

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## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 06/11/2012  
 Submitted Date 06/11/2012

Dear Linda Bird,

### Comments:

### Response 1

Comments: We have attached the policy. We apologize for not attaching it initially.

### Related Objection 1

Comment:

The Policy form was not attached on the form schedule.

### Changed Items:

No Supporting Documents changed.

### Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Worksite Individual Whole Life Insurance Policy	Form CLI-146-AR (1/12)		Policy/Contract/Fraternal Certificate	Initial		50.400	CLI146AR.pdf
<b>Previous Version</b>							
Worksite Individual Whole Life Insurance Policy	Form CLI-146-AR (1/12)		Policy/Contract/Fraternal Certificate	Initial		50.400	

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No Rate/Rule Schedule items changed.

We apologize for any inconvenience.

Thanks for your continued review of this filing.

Sincerely,

Deborah Naegele, Jennifer Henley, Karen Eichler

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## Form Schedule

### Lead Form Number: Form CLI-146-AR (1/12)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form CLI-146-AR (1/12)	Policy/Contract/Individual	Worksite Individual Whole Life Insurance Policy Certificate	Initial		50.400	CLI146AR.pdf



**Headquarters:** 6200 S. Gilmore Road, Fairfield, OH 45014-5141  
**Mailing address:** P.O. Box 145496, Cincinnati, OH 45250-5496  
www.cinfin.com ■ 513-870-2000

**RIGHT TO EXAMINE POLICY**

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

---

We will pay the Death Benefit to your beneficiary upon receipt at our Home Office of due proof, as provided by this policy, that your death occurred while this policy was in force. Any premium paid in advance for any period beyond the end of the policy month in which death occurred will be refunded. If the proceeds are not paid within 30 days from the date due proof of death has been forwarded to us, we will pay interest at the rate of 8% per year until the proceeds are paid. We will require surrender of this policy in the course of any settlement.

Executed at our Headquarters in [Cincinnati, Ohio].

[  ]

[Secretary]

[  ]

[President]

**Whole Life Insurance Policy**

Premiums Payable for Period Specified as Stated on Policy Specifications Page  
Or Until Prior Death of Insured  
No War Risk Exclusion  
Nonparticipating

INSURED: [JOHN DOE]  
POLICY NUMBER: [12345678]



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POLICY SPECIFICATIONS

BENEFIT	DEATH BENEFIT	DURATION PERIOD OF PREMIUM PAYMENTS	PREMIUM PER STATED PAYMENT FREQUENCY	YEAR OF MATURITY OR EXPIRY
WHOLE LIFE INSURANCE POLICY PAID UP AT AGE 100	[\$100,000.00]	[65] YEARS (1)	[\$101.91]	[2098] (2)

- (1) PREMIUMS ARE PAYABLE FOR THE DURATION PERIOD, WHILE YOU ARE LIVING, FROM THE POLICY DATE FOR THE NUMBER OF POLICY YEARS STATED.
- (2) BENEFIT WILL MATURE OR EXPIRE ON THE POLICY ANNIVERSARY IN THE YEAR SHOWN.

LOAN INTEREST RATE:	[8.0%] PER YEAR IN ARREARS
REINSTATEMENT INTEREST RATE:	[6.0%] PER YEAR
MINIMUM TOTAL AMOUNT FOR SETTLEMENT OPTIONS	[\$5,000.00]
MINIMUM INCOME PAYMENT	[\$50.00]
MINIMUM SETTLEMENT OPTION INTEREST RATE:	[1.0%]

POLICY NUMBER	[1234567]	DATE OF ISSUE	[01/01/2012]
INSURED	[JOHN DOE]	POLICY DATE	[01/01/2012]
GENDER	[MALE]	MATURITY DATE	[01/01/2098]
AGE	[35]		
DEATH BENEFIT	[\$100,000.00]	BILLING FORM	[LIST BILL]
		PAYMENT FREQUENCY	[MONTHLY]

WHOLE LIFE INSURANCE POLICY  
 PAID UP AT AGE 100

[MONTHLY] PREMIUM TOTAL [ \$101.91 ]

BENEFICIARY - AS STATED IN THE ATTACHED APPLICATION UNLESS SUBSEQUENTLY CHANGED

STANDARD PREMIUM CLASS – [NONSMOKER]



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TABLE OF VALUES

POLICY YEAR	DEATH BENEFIT	YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM	
					YEARS	DAYS
1	[100,000.00]	[2013]	[0.00]	[0.00]	[0]	[0]
2	[100,000.00]	[2014]	[0.00]	[0.00]	[0]	[0]
3	[100,000.00]	[2015]	[238.00]	[1,600.00]	[2]	[19]
4	[100,000.00]	[2016]	[1,024.00]	[6,400.00]	[7]	[208]
5	[100,000.00]	[2017]	[1,841.00]	[11,100.00]	[11]	[234]
6	[100,000.00]	[2018]	[2,692.00]	[15,500.00]	[14]	[224]
7	[100,000.00]	[2019]	[3,577.00]	[19,700.00]	[16]	[288]
8	[100,000.00]	[2020]	[4,496.00]	[23,800.00]	[18]	[188]
9	[100,000.00]	[2021]	[5,447.00]	[27,600.00]	[19]	[313]
10	[100,000.00]	[2022]	[6,432.00]	[31,300.00]	[20]	[337]
11	[100,000.00]	[2023]	[7,452.00]	[34,800.00]	[21]	[289]
12	[100,000.00]	[2024]	[8,505.00]	[38,100.00]	[22]	[183]
13	[100,000.00]	[2025]	[9,596.00]	[41,200.00]	[23]	[28]
14	[100,000.00]	[2026]	[10,727.00]	[44,300.00]	[23]	[187]
15	[100,000.00]	[2027]	[11,898.00]	[47,200.00]	[23]	[303]
16	[100,000.00]	[2028]	[13,108.00]	[49,900.00]	[24]	[20]
17	[100,000.00]	[2029]	[14,354.00]	[52,600.00]	[24]	[72]
18	[100,000.00]	[2030]	[15,636.00]	[55,100.00]	[24]	[98]
19	[100,000.00]	[2031]	[16,951.00]	[57,400.00]	[24]	[100]
20	[100,000.00]	[2032]	[18,298.00]	[59,700.00]	[24]	[81]
AGE 60	[100,000.00]	[2038]	[27,052.00]	[71,000.00]	[22]	[350]
AGE 62	[100,000.00]	[2040]	[30,220.00]	[74,100.00]	[22]	[109]
AGE 65	[100,000.00]	[2043]	[35,154.00]	[78,200.00]	[21]	[59]

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

NONFORFEITURE FACTOR FOR EACH \$1,000 INITIAL AMOUNT OF INSURANCE [8.50611]

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 ALB 50/50 MALE/FEMALE ULTIMATE [NONSMOKER] MORTALITY TABLE.

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## DEFINITIONS

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

**Cash Value** means the Cash Values of this Policy shown in the Table of Values page of the Policy Specifications.

**In Writing** means in a written form satisfactory to us and filed at our Headquarters.

**Indebtedness** means all outstanding loans on this Policy including any interest due or accrued.

**Policy Date** means the date this Policy takes effect. The Policy Date is shown in the Policy Specifications.

**Policy Anniversary** means an anniversary of the Policy Date. Policy years and Policy months are measured from the Policy Date.

**Policy Value** means the Cash Value of this Policy less any Indebtedness.

## DEATH BENEFIT

We will pay a Death Benefit to the beneficiary of this Policy on your death. The amount of the Death Benefit will be the Death Benefit shown in the Policy Specifications, less any Indebtedness.

The Policy proceeds will include the refund of premium paid for any period beyond the end of the Policy month if death occurs during such period.

## PREMIUM PAYMENTS

### General

All premiums are payable in advance as shown in the Policy Specifications either:

1. At our Headquarters; or
2. To our authorized agent in exchange for a receipt signed by our President or Secretary and countersigned by the agent.

The first premium is due on the Policy Date. Each premium after the first is due at the end of the period for which the preceding premium was paid.

### Grace Period

We will allow a grace period of 31 days after the due date for payment of each premium after the first. This Policy will continue in force during the grace period. If you die during the grace period, the unpaid premium will be deducted from the Death Benefit. If a premium is not paid by the end of its grace period, this Policy will terminate, except as provided under the Policy Value Options section of this Policy.

You may have the entire grace period within which to remit payment. Any payments sent by U.S. mail shall be postmarked within the grace period.

### Payment Frequency

You may change the frequency of premium payments, provided:

1. You notify us In Writing before the end of the grace period;
2. The premium satisfies our minimum amount rules; and
3. The frequency requested is currently available.

The premium for any frequency will be based on our rates in effect when this Policy was issued. A change in the frequency of premium payments may affect the Cash Value accumulation of your Policy. Such Cash Values and nonforfeiture benefits available under this Policy will not be less than the minimum values and benefits required by the state in which this Policy is delivered.

### **Reinstatement**

This Policy may be reinstated at any time within five years after the due date of the first unpaid premium, provided:

1. The Policy Value has not been paid;
2. Evidence of insurability satisfactory to us is furnished;
3. A written application for reinstatement is submitted to us;
4. Past due premiums with interest at the rate shown in the Policy Specifications are paid; and
5. All Indebtedness with interest at the rate which applies to policy loans as shown in the Policy Specifications is paid or reinstated.

When this Policy is reinstated, a new two-year contestable period will apply with respect to material misrepresentations made in the application for reinstatement.

## **POLICY LOANS**

### **General**

You may borrow against this Policy at any time it is in force, provided:

1. A request is made In Writing;
2. This Policy is assigned to us as sole security; and
3. This Policy is not in force as Extended Term Insurance.

We may defer a loan for up to six months unless it is to be used to pay premiums to us.

You may repay loans as desired while this Policy is in force. Upon repayment, you will receive credit for any unearned loan interest.

### **Loan Amount**

The loan amount may not exceed the Policy Value on the date we grant the loan. Before advancing the loan amount, we may use a portion of it to pay the following:

1. Interest on Indebtedness to the end of the Policy year; and
2. Any premiums due on or before the next Policy Anniversary.

Indebtedness may not exceed the Cash Value. If it does, this Policy will terminate 31 days after we have mailed notice to your last known address and that of any assignee.

### **Loan Interest**

Loan interest is payable at the earlier of:

1. The end of each Policy year; or
2. When the Indebtedness is repaid in full.

Any interest not paid when due will be added to the Indebtedness and bear interest at the same rate.

The maximum rate of loan interest is shown in the Policy Specifications. We may charge a lower rate of interest.

### **Automatic Premium Loan Option**

If you elect this option, we will automatically process a loan to pay any past due premium. The loan will bear interest from the due date of the premium.

You may elect this option by requesting it In Writing while no premium is overdue beyond its grace period. The option will cease to operate on the earlier of the following:

1. When you revoke the election In Writing; or
2. When this Policy does not have sufficient Policy Value for at least one day's insurance.

You may resume premium payments at any time while this Policy is continued in force under this option.

## **POLICY VALUE OPTIONS**

### **Availability**

If you stop paying premiums after this Policy has a Cash Value, you may choose one of the following options:

- Option A--Surrender for Cash
- Option B--Continue as Extended Term Insurance
- Option C--Continue as Reduced Paid-Up Insurance

Please read the Option Descriptions provision carefully so you will understand the provisions of each option. You must notify us of your choice In Writing within 60 days after the date to which premiums are paid. If this Policy has no Policy Value, it will terminate at the end of the grace period of the unpaid premium.

### **Option Descriptions**

#### **Option A--Surrender for Cash**

If you choose this option, you can surrender this Policy for its Policy Value by sending us a request In Writing along with this Policy. A surrender must take place during your lifetime and will be effective as of the monthly anniversary on or next following the date we receive your surrender request. We may defer payment of the Policy Value for up to six months. The amount payable upon surrender is payable in one sum. When we pay you the Policy Value, this Policy terminates.

#### **Option B--Continue as Extended Term Insurance**

If you choose this option, the Death Benefit will be the Death Benefit shown in the Policy Specifications less any Indebtedness. The term period will begin on the due date of the unpaid premium. The length of the term period will be such as the Policy Value will provide as a net single premium at your then attained age. At the end of the term period, this Policy will terminate.

Any coverage provided by a rider made a part of this Policy will end while this Policy is kept in force as Extended Term Insurance.

## Option C--Continue as Reduced Paid-Up Insurance

If you choose this option, the insurance under this Policy will be payable under the same conditions as if you had continued paying premiums. The Death Benefit will be the amount the Policy Value will provide as a net single premium at your attained age on the due date of the unpaid premium. Any Indebtedness due to loans made on or after such due date will be deducted from the Death Benefit.

Any coverage provided by a rider made a part of this Policy will end while this Policy is kept in force as Reduced Paid-Up Insurance.

### **Automatic Option**

If a premium is not paid by the end of its grace period, the automatic option to be effective, unless you elect otherwise, will be Option C.

### **Basis of Values**

Cash Values equal or exceed those required by the state in which this Policy is delivered. The method of calculation has been filed with the Insurance Department of the state in which this Policy is delivered.

All values, present values and net single premiums in this Policy are based on:

1. Age last birthday;
2. Mortality tables and interest rates shown in the Policy Specifications;
3. The assumption that deaths occur at the end of the Policy year; and
4. The exclusion of any benefits provided by rider.

The Cash Values of this Policy are equal to the present value of future benefits less the present value of an annual amount equal to the nonforfeiture factors. While this Policy is being continued under Option B or Option C, its Cash Value will be the present value of the future benefits at your then attained age. If the Policy is surrendered within 30 days after a Policy Anniversary while it is in force under Option B or Option C, the Cash Value will be not less than the Cash Value on the anniversary.

### **Table of Values**

The values in the Table of Values apply at the end of the Policy year shown, provided:

1. All premiums are paid to that date; and
2. There is no Indebtedness.

At any time during a Policy year, we will compute the values allowing for the premiums paid during that Policy year. For Policy years not shown, we will furnish values on request.

## **POLICY CONTROL**

### **Ownership**

You are the owner of this Policy unless:

1. Another person is designated as owner in the application; or
2. A new owner has been designated as provided in the Change of Owner provision.

All of the insured's rights belong to the owner.

**Change of Owner**

The owner may designate a new owner by notifying us In Writing while you are alive. When we receive written notice, the change will be effective on the date the notice was signed. Change is subject to any payment or actions we may have taken before receiving the notice.

**Assignment**

The owner may assign this Policy by requesting, completing and returning our Conditional Assignment of Policy form to our Headquarters 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.

**BENEFICIARY**

Your beneficiary is as stated in the application unless a new beneficiary has been designated as provided below.

**Change of Beneficiary**

The owner may change the beneficiary by notifying us In Writing while you are alive. When we receive written notice, the change will be effective on the date the notice was signed. Change is subject to any payment or actions we may have taken before receiving the notice.

**No Named Beneficiary**

If no named beneficiary survives you, then, unless this Policy provides otherwise:

1. The owner will be the beneficiary; or
2. If you are the owner, your estate will be the beneficiary.

**THE CONTRACT****Entire Contract**

The entire contract consists of this Policy, the application, the Policy 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 premiums. We will not use any statement to void this Policy 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.

**Domestic Partnership or Civil Union**

This Policy shall comply with applicable state law where this Policy is delivered, with respect to the coverage and benefits available to a person who is in a legally-sanctioned domestic partnership or civil union and to their families, or to a person who is in a legally-sanctioned marriage with the insured and to their families.

Nothing in this provision shall be construed as requiring us to provide coverage or benefits to any person who is in a domestic partnership, civil union or marriage or to their families in a state where such relationships are not legally recognized.

**Modification**

The only way this contract may be modified is by a written agreement signed by our President or Secretary.

**Nonparticipation**

This Policy is nonparticipating. It does not share in our surplus earnings. You will, therefore, receive no dividends under it.

**Misstatement of Age**

If your age is misstated, we will adjust all benefits under this Policy. The adjusted benefits will be those the premium paid would have purchased at your correct age, based on our rates in effect when this Policy was issued. If the misstatement of age results in an issue age which is not within our range of issue ages, we will extrapolate a premium and benefit.

**Suicide**

If, within two years from the date of issue, you die by suicide, while sane or insane, the amount payable will be limited to the sum of the premiums paid, less any Indebtedness.

**Incontestability**

We cannot contest this Policy after it has been in force, during your lifetime, for two years from its date of issue, except for:

1. Nonpayment of premiums;
2. Any rider providing disability or accidental death benefits; and
3. Fraud in the procurement of this Policy, as permitted by applicable law in the state where this Policy is delivered.

**SETTLEMENT PROVISIONS****General**

The proceeds payable at death or surrender may be paid in one sum. They may also be paid under one or more of the settlement options, subject to our minimum amounts. 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 Policy Specifications.

**Minimum Amount Requirements**

If the proceeds payable as a single sum are less than the Minimum Total Amount For Settlement Options, as shown in the Policy Specifications, we reserve the right to pay this amount in one sum. If the amount of the scheduled income payment under the elected settlement option is less than the Minimum Income Payment, as shown in the Policy Specifications, we reserve the right to change the frequency of the income payment so that the payment amount is at least that amount.

**Election**

The payee may elect an option by notifying us In Writing. No settlement option will be available except with our consent if:

1. The Policy is assigned; or
2. The payee is a corporation, association, partnership, trustee or estate.

The payee may change the election of an option by notifying us In Writing on or before the settlement 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 settlement date, the payee may make an election at that time.

If no election is made, the proceeds will be paid in one sum.

### **Settlement Options**

#### Option 1—Income for Fixed Period:

We will make income payments for the number of years elected from Table A. The payment period may not exceed thirty years, nor be less than five years. The amount of each payment will be determined by the monthly income rate in Table A for the years chosen.

#### Option 2—Life Income With Payments Guaranteed for Ten Years:

We will make income payments for as long as the payee is alive, but in no event less than ten years. The amount of each payment will be determined by the applicable rate shown in Table B. If the payee dies before payments have been made for ten years, the value of the remaining guaranteed payments will be paid as a final payment.

#### Option 3—Income of Fixed Amount:

We will make equal payments of the income amount chosen until the amount left under this option, with interest, is exhausted. An income amount must be selected so that the payment period may not exceed thirty years nor be less than five years.

#### Option 4—Current Purchase Option:

If the payee is a natural person, the payee may elect, in his own right, to receive an income equal to 102% of the income provided by our corresponding single premium immediate annuity rates for the amount of the proceeds applied.

**SETTLEMENT OPTIONS TABLE**  
**Monthly Income Per \$1,000.00 of Proceeds**

<b>TABLE A OPTION 1 Income for Fixed Period</b>		<b>TABLE B OPTION 2 – Life Income with Payments Guaranteed for Ten Years</b> The amount of Income is based on the age last birthday of the payee on the date of the first payment.			
No. of Years	Monthly Income	<b>Age</b>	<b>Certain Period 10 Years</b>	<b>Age</b>	<b>Certain Period 10 Years</b>
5	17.07	50	\$2.84	68	\$4.61
6	14.30	51	2.90	69	4.76
7	12.31	52	2.97	70	4.92
8	10.83	53	3.04	71	5.08
9	9.67	54	3.11	72	5.25
10	8.75	55	3.18	73	5.43
11	7.99	56	3.26	74	5.61
12	7.36	57	3.35	75	5.79
13	6.83	58	3.44	76	5.98
14	6.37	59	3.53	77	6.17
15	5.97	60	3.63	78	6.36
16	5.63	61	3.73	79	6.55
17	5.32	62	3.84	80	6.73
18	5.05	63	3.95	81	6.92
19	4.81	64	4.07	82	7.10
20	4.59	65	4.20	83	7.27
21	4.39	66	4.33	84	7.43
22	4.21	67	4.47	85	7.58
23	4.05			and over	
24	3.90				
25	3.76				
26	3.63				
27	3.51				
28	3.40				
29	3.30				
30	3.21				
Annual Income is 11.787 times the monthly income.					
Semi-annual Income is 5.951 times the monthly income.					
Quarterly Income is 2.990 times the monthly income.					

The first installment under all options will be payable as of the date of death or election of surrender value; however, provision to the contrary may be made in the settlement agreement.

Income payments and reserves under Option 2 and Option 4 are based on the Annuity 2000 Mortality Table at no less than the Minimum Settlement Option Interest Rate shown in the Policy Specifications.



**Headquarters:** 6200 S. Gilmore Road, Fairfield, OH 45014-5141  
**Mailing address:** P.O. Box 145496, Cincinnati, OH 45250-5496  
[www.cinfin.com](http://www.cinfin.com) ■ 513-870-2000

**Whole Life Insurance Policy**

Premiums Payable for Period Specified as Stated on Policy Specifications Page  
Or Until Prior Death of Insured  
No War Risk Exclusion  
Nonparticipating

SERFF Tracking Number: GRJR-128419579 State: Arkansas  
 Filing Company: The Cincinnati Life Insurance Company State Tracking Number:  
 Company Tracking Number: CLI146  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: Form CLI-146-AR (1/12), Worksite Individual Whole Life Insurance Policy  
 Project Name/Number: Form CLI-146-AR (1/12), Worksite Individual Whole Life Insurance Policy/Form CLI-146-AR (1/12), Worksite Individual Whole Life Insurance Policy

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> AR Certification of Readability.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application		
<b>Comments:</b>		
<b>Attachment:</b> Form CLI-1025 1-12 Application for Individual Life Insurance.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Life & Annuity - Acturial Memo		
<b>Comments:</b>		
<b>Attachment:</b> CLI-146 Worksite Whole Life 2012 Act Memo & Appendices.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Certificate of Compliance		
<b>Comments:</b>		
<b>Attachment:</b> AR Certification Of Compliance.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>

SERFF Tracking Number: GRJR-128419579 State: Arkansas  
Filing Company: The Cincinnati Life Insurance Company State Tracking Number:  
Company Tracking Number: CLI146  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Form CLI-146-AR (1/12), Worksite Individual Whole Life Insurance Policy  
Project Name/Number: Form CLI-146-AR (1/12), Worksite Individual Whole Life Insurance Policy/Form CLI-146-AR (1/12), Worksite Individual Whole Life Insurance Policy

**Satisfied - Item:** Statement of Variability

**Comments:**

**Attachment:**

CLI-146 Statement of Variability.pdf

**ARKANSAS CERTIFICATION**

This is to certify that the attached policy Form CLI-146-AR (1/12), Worksite Individual Whole  
Life Insurance Policy

has achieved a Flesch Reading Ease Score of 50.4  
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 29, 2012

Date



Signature of Officer

Roger A. Brown, FSA, MAAA

Name

Vice President and Actuary

Title



**Headquarters:** 6200 S. Gilmore Road, Fairfield, OH 45014-5141  
**Mailing address:** P.O. Box 145496, Cincinnati, OH 45250-5496  
 www.cinfin.com ■ 513-870-2000

NEW     INCREASE EXISTING POLICY # \_\_\_\_\_ FOR INSURED \_\_\_\_\_

**APPLICATION FOR INDIVIDUAL LIFE INSURANCE**

Please print or type all information

EMPLOYEE	1. Employee (first, middle, last)		2. Employment Date		3. Employee No.	
	4. Mailing 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 20 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 have you entered into a written agreement to join the armed forces, including reserves? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
	14. Plan		Amount of Ins.		Premium Incl. Rider(s)	
	A. <input type="checkbox"/> Term		\$ _____		\$ _____	
	B. <input type="checkbox"/> Term ROP		\$ _____		\$ _____	
	C. <input type="checkbox"/> Universal Life		\$ _____		\$ _____	
	D. <input type="checkbox"/> Whole Life		\$ _____		\$ _____	
	15. Mode					
<input type="checkbox"/> Weekly		<input type="checkbox"/> Bi-Weekly		<input type="checkbox"/> Semi-Monthly		
<input type="checkbox"/> Other _____				<input type="checkbox"/> Monthly		
16. Optional Benefit Riders: <input type="checkbox"/> Accelerated Benefit <input type="checkbox"/> CTR - \$10,000 <input type="checkbox"/> Accidental Death Benefit						
<input type="checkbox"/> FAIR <input type="checkbox"/> Waiver of Premium <input type="checkbox"/> Other _____						
17. Automatic Premium Loan (if available)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No						
18. Primary Beneficiary			19. Contingent Beneficiary			
Name: _____			Name: _____			
Relationship: _____			Relationship: _____			
City & State: _____			City & State: _____			
OTHER PROPOSED INSURED	20. Other Proposed Insured (first, middle, last)		21. Other Proposed Insured's Soc. Sec. No.			
	22. Relationship to Employee: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild					
	23. Occupation					
	24. Mailing Address    No.    Street    Apt. #    City    State    Zip					
	24. Mailing Address (if different from above)					
	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 have you entered into a written agreement to join the armed forces, including reserves? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
	30. Owner, if other than Employee: (Name and Address)				31. Relationship	
	32. Contingent Owner (Name & Soc. Sec. No.)				33. Relationship	
	34. Plan		Amount of Ins.		Premium Incl. Rider(s)	
	A. <input type="checkbox"/> Term		\$ _____		\$ _____	
	B. <input type="checkbox"/> Term ROP		\$ _____		\$ _____	
C. <input type="checkbox"/> Universal Life		\$ _____		\$ _____		
D. <input type="checkbox"/> Whole Life		\$ _____		\$ _____		
35. Mode						
<input type="checkbox"/> Weekly		<input type="checkbox"/> Bi-Weekly		<input type="checkbox"/> Semi-Monthly		
<input type="checkbox"/> Other _____				<input type="checkbox"/> Monthly		
36. Optional Benefit Riders: <input type="checkbox"/> Accelerated Benefit <input type="checkbox"/> CTR - \$10,000 <input type="checkbox"/> Accidental Death Benefit						
<input type="checkbox"/> Waiver of Premium <input type="checkbox"/> Other _____						
37. Automatic Premium Loan (if available)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No						
38. Primary Beneficiary			39. Contingent Beneficiary			
Name: _____			Name: _____			
Relationship: _____			Relationship: _____			
City & State: _____			City & State: _____			

<b>CTR</b>	40. <b>CHILDREN'S TERM RIDER</b> – All unmarried children who are less than age 19 as of date of application. The beneficiary of children's coverage is, in all cases, the owner.							
	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

(Complete this section only as required by underwriting guidelines.)

<b>CGI</b>	41. <b>CONTINGENT GUARANTEED ISSUE</b> - In the past 90 days have you been hospitalized due to illness or injury or had medical treatment prescribed by a physician? .....	<b>Employee</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Other Proposed Insured</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<b>IF "YES", COMPLETE QUESTIONS #42 THROUGH #45 AND GIVE FULL DETAILS IN #46</b>				

**SIMPLIFIED ISSUE** – (Complete this section only as required by underwriting guidelines.)

42. Employee: Height: _____ ft. _____ in. Weight: _____ lbs.	Primary Physician: Name: _____ Address: _____ City & State: _____
43. Other Proposed Insured: Height: _____ ft. _____ in. Weight: _____ lbs.	Primary Physician: Name: _____ Address: _____ City & State: _____

**GIVE FULL DETAILS TO ANY QUESTIONS ANSWERED "YES" IN #46**

<b>SI</b>	44. In the past five years, have you:	<b>Employee</b>		<b>Other Proposed Insured</b>		<b>Children (as listed in #40 above)</b>	
	a. been diagnosed, treated, tested positive for or been given medical advice by a member of the medical profession for cancer, tumor, stroke, high blood pressure or disease of the heart or blood vessels, kidney disease, diabetes, depression or anxiety, been hospitalized or had hospitalization recommended? ....	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b. been examined or treated by, any member of the medical profession not disclosed in response to the prior question (other than HIV)? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Have you ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS Virus) or Acquired Immune Deficiency Syndrome (AIDS)? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**46. DETAILS OF "YES" ANSWERS:**

<b>DETAILS</b>	Name (Including Children listed in #40)	Date/Duration	Physician and/or Hospital Name and Address	Question Number, Condition, and Treatment

**In Continuation of Application for Individual Life Insurance**

**Please print or type all information**

<b>REPLACEMENT</b>	47. Does the Proposed Insured have any life insurance or annuities in force with The Cincinnati Life Insurance Company or any other company? (Complete any applicable replacement forms) .....				<input type="checkbox"/>	<input type="checkbox"/>	<b>Yes</b>	<b>No</b>
	If "Yes," list and indicate if it is to be replaced, changed or borrowed against as a result of this application. <b>Replaced?</b>							
	Proposed Insured	Insurer	Policy Number	Amount	<input type="checkbox"/>	<input type="checkbox"/>	<b>Yes</b>	<b>No</b>
	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>AGREEMENT</b>	<p><b>AGREEMENT: I, the undersigned, agree that:</b> 1. This Application will be part of any policy issued. 2. The answers and statements in this Application are the basis for any policy issued by The Cincinnati Life Insurance Company, and no information about them will be considered to have been given to The Cincinnati Life Insurance Company unless it is stated in this Application. 3. I have read this Application and to the best of my knowledge and belief, all the answers and statements that pertain to me are true and complete. 4. 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. 5. A sales representative does not have The Cincinnati Life Insurance Company's authorization to accept risk, pass on insurability, or make, void, waive, or change any conditions or provisions of this Application, policy, or receipt, as applicable. <b>6. The Cincinnati Life Insurance Company shall incur no liability unless: A. This Application is fully completed, dated, signed and witnessed; B. The first premium due is paid in full or the Payroll Deduction Authorization is completed while each proposed insured is alive; C. The insurability of each proposed insured remains as described in this Application and in any supplements to this Application; and D. A policy is formally approved by us and issued on this Application, and delivered to and accepted by the owner.</b></p> <p>I acknowledge having received and read the Important Notice to the Proposed Insured.</p> <p><input type="checkbox"/> I acknowledge that no illustration conforming to the policy applied for was provided and understand that an illustration conforming to the issued policy will be provided no later than at the time of policy delivery.</p> <p><b>Any person who, with intent to defraud or is knowingly facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.</b></p> <p>Signed at: _____ City State Signed On: _____ Month Day Year</p> <p>_____ Signature of Employee</p> <p>_____ Signature of Other Proposed Insured (if required)</p> <p>_____ Signature of Owner, if other than Employee</p>							
------------------	--	--	--	--	--	--	--	--

<b>AGENT</b>	<p><b>For Agent:</b> 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"/> <b>Will</b> <input type="checkbox"/> <b>Will Not</b> replace or change any existing life insurance or annuity contract now in force.</p> <p><input type="checkbox"/> I certify no illustration was presented at the time of application; or, I certify that I did not provide an illustration conforming to the policy applied for.</p>		
	_____	_____	_____
	Signature of Enrolling Agent	Enrolling Agent Name (please print)	Enrolling Agent Code #

THE CINCINNATI LIFE INSURANCE COMPANY

Arkansas

CERTIFICATION

Re: Form CLI-146-AR (1/12), Worksite Individual Whole Life Insurance Policy

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 29, 2012

Date

\_\_\_\_\_  
Vice President and Actuary

Title

THE CINCINNATI LIFE INSURANCE COMPANY  
STATEMENT OF VARIABILITY

Form CLI-146 (1/12), Worksite Individual Whole Life Insurance Policy

<u>LOCATION/ITEM</u>	<u>DESCRIPTION</u>	<u>RANGES</u>
<b>Front Jacket</b>		
Signatures of Officers	Names and Titles of Officers	Specific Name / Title of Officers
Insured	Name of insured	Specific Name of Insured
Policy Number	Sequential number assigned to identify the policy in our administration system	Unlimited

**Page 2**

Death Benefit	The death benefit is the face amount less any Indebtedness.	\$1,000 - \$999,999,999.
Duration of Premium Payments	Number of years for which premiums may be paid until the insured is age 100, specifically determined by the insured's age for each policy issued.	Based on the issue ages of 0 - 70: 30 to 100 years
Premium Per Stated Payment Frequency	Amount of premium of the policy based on amount of insurance, age, gender.	\$.49 - \$113,429,999
Year of Maturity or Expiry	The date the policy matures which equals age 121 of insured.	Year of Issue plus 30 to 100 years
Loan Interest Rate	Interest Rate per Year in Arrears	1% - 8%
Reinstatement Interest Rate	Interest Rate for Reinstatement	1% - 6%
Minimum Total Amount 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.	\$50.00 to \$10,000.00
Minimum 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 \$100.00
Minimum Settlement Option Interest Rate	The least amount of interest that is guaranteed to be credited to the policy while it is in force.	1% - 3%
Gender	Gender of the insured	Male or Female
Age	Age of the insured	Issue ages for this policy are 18 - 48 for nonsmokers and 18 - 41 for smokers, 0-17 for composite
Date of Issue	The date the policy was physically issued from our administration system	Earliest date would be the date of your approval to Unlimited
Policy Date	Effective date of the policy	Earliest date would be the date of your approval to Unlimited
Maturity Date	The date of the policy anniversary following the insured's attainment of age 100 at which the policy will terminate.	Date of issue plus 30 - 100 years
Billing Form	This variable identifies if the billing is to be by list bill or by pre-authorized withdrawal.	List Bill or Pre-Authorized Withdrawal

THE CINCINNATI LIFE INSURANCE COMPANY  
STATEMENT OF VARIABILITY

Form CLI-146 (1/12), Worksite Individual Whole Life Insurance Policy

Payment Frequency	The frequency in which premiums are due.	In Worksite Marketing the initial mode will be monthly but may be changed to quarterly, semi-annual or annual. There are no modal factors.
Premium Total		\$.49 - \$113,429,999
Standard Premium Class	The tobacco underwriting class of the specific insured.	Smoker, Nonsmoker, Composite (00-17 ONLY)

**Page 3**

Cash Value	The accumulated cash value for each policy year	Mike \$0.00 to \$999,999,999.99
Reduced Paid-Up Insurance	Nonforfeiture option providing continuation of the original plan at a reduced amount.	Mike \$0.00 to \$999,999,999.99
Extended Years and Extended Days	The number of days and years of extended term insurance available for the accumulated cash value	0 years, 0 days to 46 years, 294 days
Nonforfeiture Factor for Each \$1,000 Amount of Insurance	The factor used for each \$1,000 initial amount of insurance to calculate the paid-up and extended term insurance	2.18829 – 69.90739
All other variables are explained on Front Jacket or elsewhere on Page 2		

SERFF Tracking Number: GRJR-128419579 State: Arkansas  
 Filing Company: The Cincinnati Life Insurance Company State Tracking Number:  
 Company Tracking Number: CLI146  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: Form CLI-146-AR (1/12), Worksite Individual Whole Life Insurance Policy  
 Project Name/Number: Form CLI-146-AR (1/12), Worksite Individual Whole Life Insurance Policy/Form CLI-146-AR (1/12), Worksite Individual Whole Life Insurance Policy

## 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)
05/29/2012	Form	Worksite Individual Whole Life Insurance Policy	06/11/2012	