

State: Arkansas **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life
Product Name: Form CLI-154-AR (1/13), Flexible Premium Adjustable Universal Life Insurance Policy
Project Name/Number: Flexible Premium Adjustable Universal Life Insurance Policy/Flexible Premium Adjustable Universal Life Insurance Policy

Filing at a Glance

Company: The Cincinnati Life Insurance Company
Product Name: Form CLI-154-AR (1/13), Flexible Premium Adjustable Universal Life Insurance Policy
State: Arkansas
TOI: L09I Individual Life - Flexible Premium Adjustable Life
Sub-TOI: L09I.001 Single Life
Filing Type: Form
Date Submitted: 12/28/2012
SERFF Tr Num: GRJR-128746180
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: CLI1540113
Implementation: On Approval
Date Requested:
Author(s): Jennifer Reynolds, Deborah Naegele, Karen Eichler
Reviewer(s): Linda Bird (primary)
Disposition Date: 01/08/2013
Disposition Status: Approved-Closed
Implementation Date:
State Filing Description:

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General Information

Project Name: Flexible Premium Adjustable Universal Life Insurance Policy Status of Filing in Domicile: Pending
Project Number: Flexible Premium Adjustable Universal Life Insurance Policy Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 01/08/2013
State Status Changed: 01/08/2013
Deemer Date: Created By: Jennifer Reynolds
Submitted By: Jennifer Reynolds Corresponding Filing Tracking Number:

Filing Description:
FEIN: 31-1213778
NAIC: 0244-76236

Subject:
The Cincinnati Life Insurance Company
Individual Life Forms Filing
Form CLI-154-AR (1/13), Flexible Premium Adjustable Universal Life Insurance Policy

Dear Sir or Madame:

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

This form is a flexible premium adjustable universal life insurance policy that is designed to provide death benefit protection at a low cost to the policyowner. The Continuation of Coverage provision provides that the policy will remain in force until the maturity date, even if the cash value becomes zero, as long as the Accumulated Premiums Paid is equal to or greater than the Accumulated Monthly Guaranteed Premiums. A more detailed description of Continuation of Coverage is provided in the Actuarial Memorandum and Continuation of Coverage section of the policy. The issue ages are 18 through 75. This form will be marketed without an illustration.

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

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

A Flesch Score Readability Analysis was done, and the test score is 50.2.

Please be advised we submitted this form to our state of domicile, Ohio, as part of an IIPRC filing, on December 18, 2012.

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

State: Arkansas **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life
Product Name: Form CLI-154-AR (1/13), Flexible Premium Adjustable Universal Life Insurance Policy
Project Name/Number: Flexible Premium Adjustable Universal Life Insurance Policy/Flexible Premium Adjustable Universal Life Insurance Policy

Company and Contact

Filing Contact Information

Jennifer Reynolds, ALMI, ACS, AIRC, jenny_henley@cinfin.com
 AINS, Senior Analyst
 P.O. Box 145496 513-870-2251 [Phone]
 Cincinnati, OH 45250-5496 513-870-2099 [FAX]

Filing Company Information

The Cincinnati Life Insurance Company	CoCode: 76236	State of Domicile: Ohio
6200 S. Gilmore Road	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2000 ext. 4386[Phone]	FEIN Number: 31-1213778	

Filing Fees

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

Company	Amount	Date Processed	Transaction #
The Cincinnati Life Insurance Company	\$50.00	12/28/2012	66088905

SERFF Tracking #:

GRJR-128746180

State Tracking #:

Company Tracking #:

CLI1540113

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/08/2013	01/08/2013

State: Arkansas **Filing Company:** The Cincinnati Life Insurance Company
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Disposition

Disposition Date: 01/08/2013

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Certificate of Compliance		Yes
Supporting Document	UL Certification		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Actuarial Memorandum		No
Supporting Document	Consent to Submit Rates Certification		Yes
Form	Flexible Premium Adjustable Universal Life Insurance Policy		Yes

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Product Name: Form CLI-154-AR (1/13), Flexible Premium Adjustable Universal Life Insurance Policy
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Form Schedule

Lead Form Number: Form CLI-154-AR (1/13)								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Flexible Premium Adjustable Universal Life Insurance Policy	Form CLI-154-AR (1/13)	POLA	Initial		50.200	AR Form CLI-154-AR 1-13 Flexible Premium Adjustable Universal Life Insurance Policy.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



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 in the same manner within thirty days, or longer where required, after you have received it. We will cancel it and refund all of the premium you paid, including any fees or charges.

We will pay a benefit as provided in this policy if this policy is in force and if the insured is alive on the Maturity Date shown in the Policy Specifications. If the insured dies before the Maturity Date and this policy is in force, we will pay the death benefit to the beneficiary upon receipt at our Headquarters of due proof of the insured's death. 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. This policy will end when the benefit is paid.

Executed at our Headquarters in [Cincinnati, Ohio].

[]

[Secretary]

[]

[President]

Flexible Premium Adjustable Universal Life Insurance Policy

Flexible Premiums Payable for the Period Shown in the Policy Specifications
or Until Prior Death of the Insured

Adjustable Death Benefit Payable at Death of the Insured Before the Maturity Date

Cash Value Payable on Maturity Date

Benefits, Values and Periods of Coverage are on an Indeterminate Basis
and May Vary According to the Policy's Terms

No War Risk Exclusion

Nonparticipating

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



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POLICY SPECIFICATIONS

SPECIFIED AMOUNT	[\$100,000]
MINIMUM SPECIFIED AMOUNT	\$50,000
PREMIUMS PAYABLE FOR	[86 YEARS]
MAXIMUM LOAN INTEREST RATE	8% PER ANNUM IN ARREARS
THRESHOLD AMOUNT (ANNUAL)	[\$706.00]
PRIMARY MONTHLY ACCUMULATION FACTOR	[0.6084%]
SECONDARY MONTHLY ACCUMULATION FACTOR	[.4868%]
MINIMUM GUARANTEED INTEREST RATE (3% PER ANNUM)	.2466% MONTHLY FACTOR
PLANNED PERIODIC PREMIUMS [ANNUAL]	[\$706.00]
MAXIMUM ADMINISTRATIVE CHARGE FOR PARTIAL WITHDRAWAL	\$25.00
MAXIMUM PREMIUM EXPENSE CHARGE PERCENTAGE	20%
MAXIMUM MONTHLY ADMINISTRATIVE POLICY FEE	\$10.00
MAXIMUM MONTHLY FEE PER \$1,000 OF SPECIFIED AMOUNT	[\$0.13]
MINIMUM SETTLEMENT OPTION INTEREST RATE	1%

AT SOME FUTURE TIME, IT IS POSSIBLE THAT COVERAGE WILL EXPIRE IF NO PREMIUMS ARE PAID AFTER THE FIRST PREMIUM OR IF SUBSEQUENT PREMIUMS ARE INSUFFICIENT TO CONTINUE COVERAGE. THIS POLICY MAY NOT MATURE EVEN IF PLANNED PREMIUMS ARE PAID DUE TO THE FACT THAT CURRENT COST OF INSURANCE AND INTEREST RATES ARE NOT GUARANTEED, AND BECAUSE POLICY LOANS, PARTIAL WITHDRAWALS AND CHANGES IN SPECIFIED AMOUNT WILL AFFECT THE LENGTH OF TIME THIS POLICY WILL REMAIN IN FORCE.

POLICY NUMBER	[12345678]	ISSUE DATE	[01/01/2013]
INSURED	[JOHN DOE]	POLICY DATE	[01/01/2013]
GENDER	[MALE]	MATURITY DATE	[01/01/2099]
AGE	[35]	MONTHLY ANNIVERSARY DATE	[01]

OWNER - AS STATED IN ATTACHED APPLICATION UNLESS SUBSEQUENTLY CHANGED

BENEFICIARY - AS STATED IN ATTACHED APPLICATION UNLESS SUBSEQUENTLY CHANGED

FLEXIBLE PREMIUM ADJUSTABLE UNIVERSAL LIFE INSURANCE POLICY

[STANDARD] PREMIUM CLASS - [SELECT]



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TABLE OF VALUES

POLICY YEAR	BENEFIT	YEAR	POLICY VALUE	CASH VALUE
1	[100,000]	[2014]	[193.76]	[0.00]
2	[100,000]	[2015]	[388.52]	[0.00]
3	[100,000]	[2016]	[582.31]	[0.00]
4	[100,000]	[2017]	[773.12]	[0.00]
5	[100,000]	[2018]	[961.89]	[0.00]
6	[100,000]	[2019]	[1,145.59]	[0.00]
7	[100,000]	[2020]	[1,322.11]	[0.00]
8	[100,000]	[2021]	[1,488.26]	[0.00]
9	[100,000]	[2022]	[1,640.79]	[0.00]
10	[100,000]	[2023]	[1,777.32]	[249.32]
11	[100,000]	[2024]	[1,895.42]	[520.42]
12	[100,000]	[2025]	[1,994.54]	[772.54]
13	[100,000]	[2026]	[2,078.08]	[1,009.08]
14	[100,000]	[2027]	[2,149.50]	[1,233.50]
15	[100,000]	[2028]	[2,203.49]	[1,440.49]
16	[100,000]	[2029]	[2,234.53]	[1,624.53]
17	[100,000]	[2030]	[2,234.95]	[1,777.95]
18	[100,000]	[2031]	[2,196.78]	[1,892.78]
19	[100,000]	[2032]	[2,112.71]	[1,961.71]
20	[100,000]	[2033]	[1,969.17]	[1,969.17]
AGE 60	[100,000]	[2038]	[133.00]	[133.00]
AGE 62	[100,000]	[2040]	[0.00]	[0.00]
AGE 65	[100,000]	[2043]	[0.00]	[0.00]
AGE 100	[100,000]	[2078]	[0.00]	[0.00]
AGE 121	[100,000]	[2099]	[0.00]	[0.00]
POLICY NUMBER	[12345678]		AGE	[35]
INSURED	[JOHN DOE]		GENDER	[MALE]

RESERVE AND NONFORFEITURE BASIS - THE RESERVE ON THIS POLICY IS COMPUTED IN ACCORDANCE WITH THE COMMISSIONERS' RESERVE VALUATION METHOD. THE POLICY VALUE SHOWN ABOVE IS BASED ON THE COST OF INSURANCE RATES SHOWN IN THE TABLE OF MONTHLY GUARANTEED COST OF INSURANCE RATES AND THE MINIMUM GUARANTEED INTEREST RATE OF 3.0% PER ANNUM, THE MAXIMUM PREMIUM EXPENSE CHARGE PERCENTAGE, THE MAXIMUM MONTHLY ADMINISTRATIVE POLICY FEE, THE MAXIMUM MONTHLY FEE PER \$1,000 OF SPECIFIED AMOUNT AND PLANNED PERIODIC PREMIUM SHOWN IN THE POLICY SPECIFICATIONS.



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TABLE OF SURRENDER CHARGES

POLICY YEAR	SURRENDER CHARGE
1	[2,414.00]
2	[2,385.00]
3	[2,355.00]
4	[2,324.00]
5	[2,293.00]
6	[2,140.00]
7	[1,987.00]
8	[1,834.00]
9	[1,681.00]
10	[1,528.00]
11	[1,375.00]
12	[1,222.00]
13	[1,069.00]
14	[916.00]
15	[763.00]
16	[610.00]
17	[457.00]
18	[304.00]
19	[151.00]
20 AND THEREAFTER	[0.00]

POLICY NUMBER [12345678]

AGE [35]

INSURED [JOHN DOE]

GENDER [MALE]



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**TABLE OF MONTHLY GUARANTEED COST OF INSURANCE RATES PER \$1,000
OF SPECIFIED AMOUNT**

POLICY YEAR	MONTHLY COST OF INSURANCE RATE	POLICY YEAR	MONTHLY COST OF INSURANCE RATE	POLICY YEAR	MONTHLY COST OF INSURANCE RATE
[1]	[0.0933]	[41]	[3.5858]	[81]	[83.3333]
[2]	[0.0975]	[42]	[3.9725]	[82]	[83.3333]
[3]	[0.1033]	[43]	[4.4250]	[83]	[83.3333]
[4]	[0.1108]	[44]	[4.9533]	[84]	[83.3333]
[5]	[0.1175]	[45]	[5.5500]	[85]	[83.3333]
[6]	[0.1267]	[46]	[6.2208]	[86]	[83.3333]
[7]	[0.1375]	[47]	[6.9575]		
[8]	[0.1508]	[48]	[7.7442]		
[9]	[0.1667]	[49]	[8.6133]		
[10]	[0.1842]	[50]	[9.5917]		
[11]	[0.2033]	[51]	[10.6933]		
[12]	[0.2225]	[52]	[11.9242]		
[13]	[0.2383]	[53]	[13.2767]		
[14]	[0.2508]	[54]	[14.7400]		
[15]	[0.2675]	[55]	[16.3058]		
[16]	[0.2883]	[56]	[17.8975]		
[17]	[0.3150]	[57]	[19.4967]		
[18]	[0.3475]	[58]	[21.2075]		
[19]	[0.3850]	[59]	[23.0525]		
[20]	[0.4325]	[60]	[25.0442]		
[21]	[0.4867]	[61]	[27.0675]		
[22]	[0.5417]	[62]	[29.0950]		
[23]	[0.5958]	[63]	[31.3125]		
[24]	[0.6492]	[64]	[33.7483]		
[25]	[0.7125]	[65]	[36.4325]		
[26]	[0.7892]	[66]	[39.0833]		
[27]	[0.8825]	[67]	[41.5108]		
[28]	[0.9917]	[68]	[44.1767]		
[29]	[1.1108]	[69]	[47.1100]		
[30]	[1.2350]	[70]	[50.3317]		
[31]	[1.3642]	[71]	[53.8700]		
[32]	[1.4958]	[72]	[57.8025]		
[33]	[1.6342]	[73]	[62.1942]		
[34]	[1.7792]	[74]	[67.1275]		
[35]	[1.9433]	[75]	[72.7008]		
[36]	[2.1350]	[76]	[79.0458]		
[37]	[2.3683]	[77]	[83.3333]		
[38]	[2.6425]	[78]	[83.3333]		
[39]	[2.9317]	[79]	[83.3333]		
[40]	[3.2442]	[80]	[83.3333]		

Basis: 2001 CSO Age Last Birthday. The guaranteed cost of insurance rates are based on the insured's gender, attained age and rate class on the policy date.



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TABLE OF MONTHLY GUARANTEED PREMIUMS

POLICY YEAR	MONTHLY GUARANTEED PREMIUM	POLICY YEAR	MONTHLY GUARANTEED PREMIUM	POLICY YEAR	MONTHLY GUARANTEED PREMIUM
[1]	[13.58]	[41]	[245.20]	[81]	[0.00]
[2]	[14.29]	[42]	[269.87]	[82]	[0.00]
[3]	[15.00]	[43]	[298.55]	[83]	[0.00]
[4]	[15.71]	[44]	[331.84]	[84]	[0.00]
[5]	[16.42]	[45]	[369.21]	[85]	[0.00]
[6]	[17.04]	[46]	[410.85]	[86]	[0.00]
[7]	[17.84]	[47]	[456.12]		
[8]	[18.64]	[48]	[504.06]		
[9]	[19.53]	[49]	[556.35]		
[10]	[20.60]	[50]	[614.59]		
[11]	[21.84]	[51]	[679.30]		
[12]	[23.26]	[52]	[750.50]		
[13]	[24.86]	[53]	[827.47]		
[14]	[26.54]	[54]	[909.32]		
[15]	[28.14]	[55]	[995.07]		
[16]	[29.65]	[56]	[1,080.56]		
[17]	[31.43]	[57]	[1,164.72]		
[18]	[33.38]	[58]	[1,252.96]		
[19]	[35.69]	[59]	[1,345.91]		
[20]	[38.17]	[60]	[1,443.83]		
[21]	[41.28]	[61]	[1,540.86]		
[22]	[44.56]	[62]	[1,635.49]		
[23]	[48.12]	[63]	[1,736.43]		
[24]	[51.93]	[64]	[1,844.02]		
[25]	[55.84]	[65]	[1,958.81]		
[26]	[63.21]	[66]	[0.00]		
[27]	[69.33]	[67]	[0.00]		
[28]	[76.61]	[68]	[0.00]		
[29]	[84.42]	[69]	[0.00]		
[30]	[92.68]	[70]	[0.00]		
[31]	[101.20]	[71]	[0.00]		
[32]	[109.81]	[72]	[0.00]		
[33]	[118.87]	[73]	[0.00]		
[34]	[128.37]	[74]	[0.00]		
[35]	[139.11]	[75]	[0.00]		
[36]	[151.63]	[76]	[0.00]		
[37]	[166.81]	[77]	[0.00]		
[38]	[184.56]	[78]	[0.00]		
[39]	[203.20]	[79]	[0.00]		
[40]	[223.36]	[80]	[0.00]		

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INTRODUCTION

This is a flexible premium adjustable universal life insurance policy. The first premium payment is due on the policy date. Subsequent premiums may be paid at any time, while this policy remains in force, prior to the end of the premium payment period shown in the Policy Specifications. In return for these premiums and the insurance application, we provide certain benefits.

This policy provides life insurance proceeds. Proceeds at death can be paid in a lump sum or under a payment plan.

During the insured's life, this policy builds a Cash Value. This Cash Value is the basis for certain benefits you can use before the insured's death.

We will provide a projection of future guaranteed life insurance, Policy Value and Cash Value amounts; and any other information required by the state in which this policy is delivered. To receive the projection, send us a request In Writing. The projection will assume:

1. the specified amount
2. the future premium payments you specify; and
3. any other assumptions specified by you or by us.

The first projection in each policy year will be free of charge. We may charge a fee not to exceed \$50 for each subsequent projection.

This policy contains a Table of Contents that will help you find information you will need about this policy.

DEFINITIONS

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

Cash Value means the Policy Value less any surrender charges.

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

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

Maturity Date means the date at which the Cash Value of this policy less Indebtedness is paid if the insured is living. Even if this policy continues to the Maturity Date, there may be little or no Cash Value to be paid as a result of policy loans, partial withdrawals, changes in specified amount and the fact that the current cost of insurance and interest rates are not guaranteed.

Payee means the recipient of payments relating to this policy.

Planned Periodic Premiums means the scheduled premiums the owner elects to pay.

Policy Value means the retrospective accumulation of premiums, reduced by specified charges (which include the cost of insurance) and expenses, at no less than the guaranteed minimum interest rate. The Policy Value is further described in the Policy Value section of this policy.

LIFE INSURANCE BENEFITS

Death Benefit Provision

The death benefit will be the greater of:

1. the specified amount on the date of death; or
2. the percentage of the Policy Value on the date of death as shown in the Table of Percentages.

The death benefit will be reduced by any Indebtedness. The specified amount in effect on the policy date is shown in the Policy Specifications.

TABLE OF PERCENTAGES

Attained Age	Percentage	Attained Age	Percentage
40 and younger	250	65	120
41	243	66	119
42	236	67	118
43	229	68	117
44	222	69	116
45	215	70	115
46	209	71	113
47	203	72	111
48	197	73	109
49	191	74	107
50	185	75-89	105
51	178	90	105
52	171	91	104
53	164	92	103
54	157	93	102
55	150	94	101
56	146	95 and over	100
57	142		
58	138		
59	134		
60	130		
61	128		
62	126		
63	124		
64	122		

Minimum Specified Amount

The minimum specified amount permitted under this policy is shown in the Policy Specifications.

Change in Specified Amount

Subject to the following conditions, you may change the specified amount by sending us a request In Writing after the first policy anniversary:

1. Decrease in specified amount
 - a. any decrease will be effective on the monthly anniversary day on or next following our receipt of your request. Any such decrease will be applied in the following order:
 - (i) against the specified amount provided by the most recent increase; then
 - (ii) against the next most recent increases successively; and then
 - (iii) against the specified amount provided under the original application.
 - b. the specified amount remaining in force after any requested decrease may not be less than the minimum specified amount permitted under this policy;
 - c. the Policy Value will be reduced by the surrender charge applicable to the amount of decrease in specified amount; and
 - d. the threshold amount and the monthly guaranteed premiums will be reduced.

Amended Policy Specifications pages will be sent to you. They will include the new specified amount, the new threshold amount, a new Table of Monthly Guaranteed Premiums and the effective date of the change.

2. Increase in specified amount

A request for an increase in the specified amount will be subject to the following requirements:

- a. a supplemental application must be submitted;
- b. evidence of insurability satisfactory to us must be submitted;
- c. the attained age of the insured at the effective date of the increase cannot exceed our published issue age limits for this policy at that time;
- d. the monthly deduction for the first month of the increase must be paid; and
- e. the surrender charge will be increased based on attained age and the amount of increase.

An increase in the specified amount will cause the Continuation of Coverage section of this policy to terminate. Review the Continuation of Coverage section of this policy carefully.

An amended Policy Specifications page will be sent to you. It will show the new specified amount and the effective date of the change.

POLICY CONTROL

Ownership

The insured is 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.

The owner may exercise any right under this policy while the insured is alive.

Change of Owner

You may designate a new owner by notifying us In Writing while the insured is alive. When we receive written notice, the change will be effective on the date the notice was signed, unless otherwise specified by the owner. Any change in ownership 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.

Until we are notified In Writing, no assignment will be effective against us. 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

The beneficiary is as stated in the application unless a new beneficiary has been designated as provided in the Change of Beneficiary provision.

Change of Beneficiary

Unless an irrevocable beneficiary has been named, you may change the beneficiary by notifying us In Writing while the insured is alive. When we receive written notice, the change will be effective on the date the notice was signed, unless otherwise specified by the owner. Change is subject to any payment or actions we may have taken before receiving the notice.

No Named Beneficiary

If no named beneficiary survives the insured, then, unless this policy provides otherwise:

1. you will be the beneficiary; or
2. if you are deceased, your estate will be the beneficiary.

THE CONTRACT

Entire Contract

The entire contract consists of: this policy; any attached riders, endorsements or amendments; the application; any supplemental applications; and any reinstatement applications. A copy of the application is attached at issue. Any supplemental or reinstatement application will also be made a part of this policy when a change in coverage or reinstatement becomes effective. This contract is made in consideration of: the application; any supplemental applications; 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 application; supplemental applications; or any reinstatement applications. All statements in the application; supplemental applications; and any reinstatement applications 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 if the policy is delivered in a state where such relationships are not legally recognized.

Modification

An agent cannot change this contract. The only way this contract may be modified is by a written agreement signed by our President or Secretary.

Policy Dates

This basic policy goes into effect on the policy date. The policy date is shown in the Policy Specifications.

Policy years, policy months and anniversaries are measured from the policy date.

A change in coverage will be effective on the policy date shown in the amended Policy Specifications page which will be sent to you.

Termination of the Policy

All coverage under this policy will terminate on:

1. the date you request that coverage terminates. In addition, we request you return the policy to us;
2. the date the insured dies;
3. the date the grace period ends without sufficient premium being paid; or
4. the Maturity Date.

Nonparticipation

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

Misstatement of Age and Gender

If the insured's age or gender shown in the application is wrong, we will change the death benefit we pay to the amount which the most recent monthly cost of insurance deduction made would have purchased at the insured's correct age and gender.

Suicide

If, within two years from the date of issue, or reinstatement, the insured dies by suicide, while sane or insane, the amount payable will be limited to the sum of the premiums paid, less Indebtedness and partial withdrawals.

If you increase the specified amount, this two-year period will begin to run from the effective date of the increase with regard to the increase amount. The amount payable will be limited to a refund of that portion of the monthly deduction which was applicable to the increase in the specified amount.

Incontestability

We cannot contest this policy after it has been in force, during the insured's life, for two years from its date of issue or reinstatement, except as follows:

1. nonpayment of premiums;
2. an increase in the specified amount can be contested until it has been in force for two years during the insured's life from its effective date;
3. this provision does not apply to any rider providing disability or accidental death benefits; and
4. fraud in the procurement of this policy, as permitted by applicable law in the state where this policy is delivered.

Annual Report

Within three months after each policy anniversary, we will send you an annual statement. The statement will show the following for the period covered by the report:

1. the beginning and end dates of the policy year;
2. the specified amount at the end of the policy year;
3. the Policy Value both at the beginning and end of the policy year;
4. the Cash Value at the end of the policy year;
5. interest earned during the policy year;
6. Indebtedness at the end of the policy year;
7. premiums paid during the policy year;
8. charges incurred during the policy year; and
9. if assuming guaranteed interest, mortality and expense loads, the policy's Cash Value less Indebtedness will not maintain insurance in force until the end of the next policy year unless further premium payments are made; a notice to that effect.

PREMIUM PAYMENTS

General

The first premium is due on the policy date. All premiums are payable 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.

Any premium payments after the first premium may be made under a periodic plan that you have chosen, or at any time prior to the end of the premium payment period.

You may change the amount or frequency of premium payments provided the premium satisfies our minimum or maximum amount rules. If, at the end of any policy anniversary, the total premium paid exceeds the guideline premium limitation specified by the Internal Revenue Code, as amended, we will return the excess premium, with interest, not later than 60 days from the end of the policy anniversary.

You may request that we send periodic premium reminders, at premium notice frequencies currently available.

You may pay premiums for the number of years shown in the Policy Specifications.

You can make an unscheduled premium payment at any time while this policy is in effect before the end of the premium payment period if there is no Indebtedness. We can limit the number and amount of unscheduled payments.

Grace Period

If the Cash Value less Indebtedness on the day before a monthly anniversary day is not enough to cover the next monthly deduction, we will allow a 61-day grace period to pay a premium sufficient to cover the monthly deduction. At least 31 days before the end of the grace period, we will mail notice of the sufficient premium to the last known address of the owner and any assignee of record. The monthly deduction is described in the Monthly Deduction provision.

This policy will continue in force during the grace period. If the insured dies during the grace period, the death benefit will be reduced by any unpaid monthly deduction. If a premium is not paid by the end of the grace period, this policy will terminate, without value, except as stated in the Continuation of Coverage section.

Reinstatement

This policy may be reinstated at any time within five years after a grace period ends because sufficient premium has not been paid, if:

1. this policy has not been surrendered for its Cash Value;
2. you furnish evidence of insurability satisfactory to us;
3. you pay premiums to keep this policy in effect for at least two months from the effective date of reinstatement;
4. a written application for reinstatement is submitted to us; and
5. all Indebtedness is paid or reinstated.

The Cash Value upon reinstatement will be determined by the premium paid at the time of reinstatement. Surrender charges will be reinstated as if this policy had never terminated. We will notify you of the effective date of reinstatement.

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

CONTINUATION OF COVERAGE

This policy will not enter the grace period, as provided in the Grace Period provision, if the continuation of coverage premium requirements are met. The continuation of coverage premium requirements are met if:

1. the accumulated premiums paid less Indebtedness is greater than or equal to the accumulated monthly guaranteed premiums as of the end of the most recent policy month;
2. Indebtedness plus interest on Indebtedness to the next policy anniversary does not exceed the current Policy Value; and
3. Continuation of coverage has not been terminated in accordance with the Continuation of Coverage Termination provision.

Accumulated Monthly Guaranteed Premiums

The accumulated monthly guaranteed premiums at the end of the first policy month is the monthly guaranteed premium for the first policy month multiplied by 1 plus the primary monthly accumulation factor.

The accumulated monthly guaranteed premiums at the end of any other policy month is calculated as:

1. the accumulated monthly guaranteed premiums at the end of the preceding policy month; plus
2. the monthly guaranteed premium for the current policy month; multiplied by
3. 1 plus the primary monthly accumulation factor.

Monthly guaranteed premiums are shown in the Table of Monthly Guaranteed Premiums and the primary monthly accumulation factor is shown in the Policy Specifications. The primary monthly accumulation factor is applied to the premium from the date it is received.

Accumulated Premiums Paid

The accumulated premiums paid at the end of the first policy month is the premium paid during the first policy month plus the accumulation amount.

The accumulated premiums paid at the end of any other policy month equals:

1. the accumulated premiums paid at the end of the preceding policy month; plus
2. any premiums paid during the current policy month; minus
3. any partial withdrawals made during the current policy month; plus
4. the accumulation amount.

The accumulation amount equals:

1. the primary monthly accumulation factor multiplied by the lesser of:
 - a. (i) the accumulated premiums paid at the end of the preceding policy month; plus
 - (ii) any premiums paid during the current policy month; less
 - (iii) any partial withdrawals made during the current policy month; or
 - b. the accumulated threshold amount; plus
2. the secondary monthly accumulation factor shown in the Policy Specifications multiplied by the excess, if any, of:
 - a. (i) the accumulated premiums paid at the end of the preceding policy month; plus
 - (ii) any premiums paid during the current policy month; less
 - (iii) any partial withdrawals made during the current policy month; over
 - b. the accumulated threshold amount.

The threshold amount and the secondary monthly accumulation factor are shown in the Policy Specifications. The secondary monthly accumulation factor is applied to the premium from the date it is received.

Accumulated Threshold Amount

The accumulated threshold amount for the first policy month equals the threshold amount.

The accumulated threshold amount for any other policy month equals:

1. the accumulated threshold amount at the end of the preceding month, multiplied by
2. 1 plus the primary monthly accumulation factor, plus;
3. the threshold amount for the current month.

Catch-up Provision

While this policy is in force, if the accumulated premiums paid is less than the accumulated monthly guaranteed premiums, you can pay additional premium to satisfy the continuation of coverage premium requirements.

Continuation of Coverage Termination

Continuation of coverage will terminate and cease to be in force on the earliest of the following dates:

1. the date of surrender or termination of the policy;
2. the effective date of any increase in specified amount; or
3. the date the policy terminates in accordance with the Grace Period provision.

Once continuation of coverage terminates, it cannot be reinstated. If the policy lapses and is reinstated, continuation of coverage will not be part of the reinstated policy.

POLICY LOANS

General

You may borrow against this policy while it is in force, if:

1. a request is made In Writing; and
2. this policy is assigned to us as sole security.

We may defer a loan for up to six months unless it is to be used to pay premiums to us. The policy loan value shall be equal to:

1. the Cash Value; minus
2. Indebtedness plus interest on Indebtedness to the next policy anniversary.

A loan will impact the Continuation of Coverage section of this policy. Before requesting a loan, review the Continuation of Coverage section carefully.

Repayment

You may repay Indebtedness while this policy is in force. If you do not repay the Indebtedness, it will be deducted from the Cash Value or death benefit proceeds at termination. Interest will be charged up to the date of repayment or termination. On the day before the monthly anniversary day, if the Cash Value less Indebtedness is not enough to cover the monthly deduction for the next month, the Grace Period provision will apply. We will send you and any assignee a notice of the minimum amount due.

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.

POLICY VALUE

General

Upon receipt of each premium paid, including the initial premium, we will deduct a premium expense charge. The remainder of each premium will become part of the Policy Value. This is called a net premium and will earn interest from the day we receive it at our Headquarters.

The maximum premium expense charge percentage is shown in the Policy Specifications. We may deduct a lower premium expense charge.

At the beginning of each policy month, after the first, we will make the deduction described in the Monthly Deduction provision.

Interest

We will credit interest on the Policy Value at no less than the minimum guaranteed annual interest rate shown in the Policy Specifications. We may credit interest in excess of this rate.

Any part of the Policy Value that is used to secure a loan balance will earn only the minimum guaranteed annual interest rate. No excess interest will be paid. The amount of any partial withdrawal will stop earning interest on the date of the withdrawal.

Interest earned will be added to the Policy Value on each monthly anniversary. Interest will be earned until the day this policy terminates.

Calculation of Policy Values

The Policy Value on the policy date will be the initial net premium.

The Policy Value on a monthly anniversary date is:

1. the Policy Value on the preceding monthly anniversary date; less
2. the monthly deduction for the preceding month; plus
3. one month's interest on the difference between (1) and (2); plus
4. net premiums received since the preceding monthly anniversary date, accumulated at interest to the current monthly anniversary date; less
5. any partial withdrawals and associated administrative charge for partial withdrawals since the preceding monthly anniversary date, accumulated at interest to the current monthly anniversary date; less
6. any charge for a requested decrease in specified amount.

On any other day, the Policy Value is:

1. the Policy Value on the preceding monthly anniversary date; less
2. the monthly deduction for the current month; plus
3. interest on the difference to the day on which the Policy Value is being determined; plus
4. net premiums received since the preceding monthly anniversary date, accumulated at interest to the day on which the Policy Value is being determined; less
5. any partial withdrawals and associated administrative charge for partial withdrawals since the preceding monthly anniversary date, accumulated at interest to the day on which the Policy Value is being determined.

All values under this policy are not less than the minimum values 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.

Monthly Deduction

The monthly deduction for a policy month will be equal to:

1. the cost of insurance for this policy; plus
2. the cost of additional benefits provided by rider; plus
3. the monthly administrative policy fee; plus
4. the monthly fee per \$1,000 of specified amount.

The maximum monthly administrative policy fee and maximum monthly fee per \$1,000 of specified amount are shown in the Policy Specifications. We may charge a lower monthly administrative policy fee and monthly fee per \$1,000 of specified amount.

Cost of Insurance

The cost of insurance for this policy is calculated as follows:

1. the cost of insurance rate;

multiplied by

2. the net of:
 - a. the death benefit at the beginning of the policy month divided by 1 plus the monthly equivalent of the minimum guaranteed annual interest rate shown in the Policy Specifications; minus
 - b. the Policy Value at the beginning of the policy month less the cost of any additional benefit provided by rider, the monthly administrative policy fee and the monthly fee per \$1,000 of specified amount;

divided by

3. \$1,000.

The cost of insurance for any rider is calculated as shown in the Cost of Insurance provision of the rider.

Cost of Insurance Rates

The cost of insurance rate for the initial specified amount is based on the insured's:

1. gender;
2. attained age;
3. rate class on the policy date; and
4. specified amount.

The cost of insurance rate for any increase in the specified amount is based on the insured's:

1. gender;
2. attained age;
3. rate class on the effective date of the change; and
4. initial specified amount.

Attained age means the insured's age on the most recent policy anniversary.

Monthly cost of insurance rates will be determined by us, based on our expectation as to future mortality experience. The maximum rates that we can charge are described in the Table of Monthly Guaranteed Cost of Insurance Rates.

Any change in the cost of insurance rate will be on a uniform basis for insureds of the same:

1. gender;
2. attained age;
3. rate class; and
4. specified amount.

Changes in Rates and Charges

At our sole discretion, we may change the premium expense charge, credit interest rate, and monthly deductions. We will base these changes on future anticipated experience as to mortality, persistency, investment earnings, expenses, and taxes.

Insufficient Cash Value

On the day before the monthly anniversary day, if the Cash Value less Indebtedness is not enough to cover the monthly deduction for the next month, the Grace Period provision will apply.

Surrender

You can surrender this policy by sending us a request In Writing along with the policy. A surrender must take place during the insured's lifetime and will be effective as of the monthly anniversary on or next following the date we receive your surrender request.

The amount payable on surrender of this policy is the Cash Value on the date of surrender less any Indebtedness. The Cash Value is equal to:

1. the Policy Value; less
2. the surrender charge.

The surrender charges are shown in the Table of Surrender Charges.

If you request to make a surrender within 30 days after a policy anniversary, the amount payable will not be less than the amount payable on that anniversary less Indebtedness and partial withdrawals made on or after the policy anniversary.

The amount payable upon surrender is payable in one sum. We can defer payment for up to six months. We will not defer payment if:

1. the law requires us to pay earlier; or
2. the amount payable is to be used to pay premiums on policies you have with us.

The Cash Values available under this policy are not less than the minimum values required by the state in which this policy is delivered.

Partial Withdrawals

After the first policy anniversary and while the insured is alive, you may make a partial withdrawal of the Cash Value of this policy by sending us a request In Writing. There will be an administrative charge for each partial withdrawal made. The maximum administrative charge for a partial withdrawal is shown in the Policy Specifications. Any request for a partial withdrawal will become effective on the monthly anniversary on or next following the date we receive your request.

A partial withdrawal will impact the Continuation of Coverage section of this policy. Before requesting a partial withdrawal, review the Continuation of Coverage section carefully.

The partial withdrawal can be of any amount up to:

1. the Cash Value; minus
2. Indebtedness plus interest on Indebtedness to the next policy anniversary; minus
3. any administrative charge; minus
4. an amount equal to the monthly deduction for the number of months until the next policy anniversary.

The amount of each partial withdrawal and administrative charge will be deducted from the Cash Value.

Any partial withdrawal will reduce the specified amount in the following order:

1. the specified amount provided by the most recent increase in the specified amount; then
2. the next most recent increases in the specified amount successively; and then
3. the specified amount provided under the original application.

The partial withdrawal cannot be an amount that would reduce the specified amount to less than the minimum specified amount permitted under this policy. The minimum specified amount is shown in the Policy Specifications.

A partial withdrawal is payable in one sum. We can defer paying any partial withdrawal for up to six months. We will not defer payment if:

1. the law requires us to pay earlier; or
2. the amount payable is to be used to pay premiums on policies you have with us.

SETTLEMENT PROVISIONS

General

The proceeds payable at death may be paid in one sum to the Payee. They may also be paid under one or more of the settlement options as long as:

1. the total payment due is at least \$5,000.00; and
2. each income payment provided by the option is at least \$50.00.

Election

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

1. this policy is assigned; or
2. the Payee is a corporation, association, partnership, trustee or estate.

The Payee may change the election of a settlement option by notifying us In Writing on or before the date that proceeds become payable. 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 date that proceeds become payable, the Payee may elect a settlement option.

Settlement Options

Option 1—Income for Fixed Period:

We will pay no less than the income elected from Table A. Payments will be guaranteed for the number of years chosen, not to exceed 30 years.

Option 2—Life Income with Payments Guaranteed for Ten Years:

We will pay no less than the income determined from Table B. Payments will be made while the Payee is alive. Payment will be guaranteed for ten years. If the Payee dies before payments have been made for the ten-year period, the value of the remaining guaranteed payments will be paid as a final payment and will be determined using no less than the minimum settlement option interest rate shown in the Policy Specifications.

Option 3—Income of Fixed Amount:

We will make equal payments of the amount chosen. These payments will be made until the amount left under this option, with interest, is exhausted. The rate of interest will not be less than the minimum settlement option interest rate shown in the Policy Specifications. The final payment will be for the balance only.

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. The Payee may elect this option by making application In Writing within 31 days of the date that proceeds become payable.

MATURITY AND SETTLEMENT OPTIONS TABLE

Monthly Income Per \$1,000.00 of Proceeds

Based on the Minimum Settlement Option Interest Rate shown in the Policy Specifications

TABLE A OPTION 1 Income for Fixed Period		TABLE B OPTION 2 – 10 Years Certain and Life					
		The amount of Income is based on the gender and age last birthday of the Payee on the date of the first payment.					
No. of Years	Monthly Income	Age	Men Certain Period 10 Years	Women Certain Period 10 Years	Age	Men Certain Period 10 Years	Women Certain Period 10 Years
1	\$83.71						
2	42.06						
3	28.18						
4	21.24						
5	17.07						
6	14.30						
7	12.31						
8	10.83						
9	9.67	50	\$2.95	\$2.72	68	\$4.82	\$4.40
10	8.75	51	3.02	2.78	69	4.97	4.54
11	7.99	52	3.09	2.84	70	5.13	4.70
12	7.36	53	3.16	2.91	71	5.30	4.86
13	6.83	54	3.24	2.98	72	5.46	5.03
14	6.37						
15	5.97						
16	5.63	55	3.32	3.05	73	5.64	5.21
17	5.32	56	3.40	3.12	74	5.81	5.40
18	5.05	57	3.49	3.20	75	5.99	5.59
19	4.81	58	3.59	3.28	76	6.17	5.78
20	4.59	59	3.68	3.37	77	6.35	5.98
21	4.39						
22	4.21						
23	4.05						
24	3.90	60	3.79	3.46	78	6.52	6.18
25	3.76	61	3.90	3.56	79	6.70	6.39
26	3.63	62	4.01	3.66	80	6.87	6.59
27	3.51	63	4.13	3.77	81	7.04	6.79
28	3.40	64	4.26	3.88	82	7.20	6.98
29	3.30						
30	3.21						
Annual Income is 11.787 times the monthly income.		65	4.39	4.00	83	7.36	7.16
Semiannual Income is 5.951 times the monthly income.		66	4.53	4.12	84	7.51	7.34
Quarterly Income is 2.990 times the monthly income.		67	4.67	4.26	85 and over	7.65	7.51

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

Income payments 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 ■ 513-870-2000

Flexible Premium Adjustable Universal Life Insurance Policy

Flexible Premiums Payable for the Period Shown in the Policy Specifications
or Until Prior Death of the Insured

Adjustable Death Benefit Payable at Death of the Insured Before the Maturity Date

Cash Value Payable on Maturity Date

Benefits, Values and Periods of Coverage are on an Indeterminate Basis
and May Vary According to the Policy's Terms

No War Risk Exclusion

Nonparticipating

State: Arkansas **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life
Product Name: Form CLI-154-AR (1/13), Flexible Premium Adjustable Universal Life Insurance Policy
Project Name/Number: Flexible Premium Adjustable Universal Life Insurance Policy/Flexible Premium Adjustable Universal Life Insurance Policy

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR Certification of Readability.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	The attached applications were previously approved by your Department and are submitted for informational purposes.		
Attachment(s):			
Form CLI-1030 Application for Life Insurance.pdf			
Form CLI-1019 Application for Life Insurance.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certificate of Compliance		
Comments:			
Attachment(s):			
AR Certification Of Compliance.pdf			

		Item Status:	Status Date:
Satisfied - Item:	UL Certification		
Comments:			
Attachment(s):			
AR UL Certification.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			

SERFF Tracking #:

GRJR-128746180

State Tracking #:

Company Tracking #:

CLI1540113

State: Arkansas **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life
Product Name: Form CLI-154-AR (1/13), Flexible Premium Adjustable Universal Life Insurance Policy
Project Name/Number: Flexible Premium Adjustable Universal Life Insurance Policy/Flexible Premium Adjustable Universal Life Insurance Policy

Attachment(s):

CLI-154 Statement of Variability.pdf

Item Status:

Status Date:

Satisfied - Item:

Consent to Submit Rates Certification

Comments:

Attachment(s):

AR Consent to Submit Rates.pdf

ARKANSAS CERTIFICATION

This is to certify that the attached policy Form CLI-154-AR (1/13), Flexible Premium
Adjustable Universal Life Insurance Policy

has achieved a Flesch Reading Ease Score of 50.2
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.

December 28, 2012

Date



Signature of Officer

Roger A. Brown, FSA, MAAA

Name

Vice President and Actuary

Title

THE CINCINNATI LIFE INSURANCE COMPANY

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

Application for Life Insurance

NEW

CHANGE

Please print or type all information

INSURED	1. Proposed Insured (first, middle, last)		2. Birth Date		3. Gender <input type="checkbox"/> M <input type="checkbox"/> F		4. Height		5. Soc. Sec. No.							
			6. Birthplace (state)				7. Weight		8. Phone Home _____ Work _____							
	9. Street Address			Apt. #	City		State		Zip		10. Driver's Lic. No./State					
	11. Has the Proposed Insured been a permanent resident of the United States or its territories for the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," please explain in #39)															
12. Is the Proposed Insured actively employed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," please explain in #39) Occupation _____ Employer _____ Hours Per Week _____																
BENEFIT	13. Primary Beneficiary				Relationship				14. Contingent Beneficiary				Relationship			
	15. Owner (if other than Proposed Insured)				Address				Relationship				16. Soc. Sec. No./EIN (if business)			
												17. E-mail Address				
	18. Plan				Face Amount				19. UL Death Benefit Option <input type="checkbox"/> A <input type="checkbox"/> B							
	20. Optional Benefit Riders				<input type="checkbox"/> Accidental Death Benefit \$ _____ Amount				<input type="checkbox"/> Waiver of Premium/Cost of Insurance							
	<input type="checkbox"/> Children's Term (complete #37) _____ Units				<input type="checkbox"/> Accelerated Benefit (submit disclosure if required)				Rider _____ Rider _____							
21. Premium Mode <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> List Bill <input type="checkbox"/> Bank-O-Matic (complete authorization)																
22. Amount Remitted with Application \$ _____						23. Automatic Premium Loan (if available) <input type="checkbox"/> Yes <input type="checkbox"/> No										
COND. RECEIPT	CONDITIONAL RECEIPT QUESTIONS															
	If Questions 24, 25 or 26 Are Left Blank or Answered "Yes," a Premium Payment Cannot Be Accepted and Any Conditional Receipt Will Be Void.															
											Yes	No				
	24. In the past 90 days, has the Proposed Insured been admitted to a hospital or other medical facility, been advised to be admitted, scheduled surgery or had surgery performed or recommended?.....										<input type="checkbox"/>	<input type="checkbox"/>				
25. In the past two years, has the Proposed Insured been treated by a medical professional for heart disease, stroke, cancer or Acquired Immune Deficiency Syndrome (AIDS)?										<input type="checkbox"/>	<input type="checkbox"/>					
26. Does the Proposed Insured have any intention to travel outside the United States or Canada within the next 90 days?										<input type="checkbox"/>	<input type="checkbox"/>					
PERSONAL HISTORY	GIVE FULL DETAILS TO ANY QUESTIONS ANSWERED "YES" IN #39															
	27. Has the Proposed Insured:										Yes	No				
	a. In the last three years, flown or made plans to fly as a pilot, student pilot or crew member? (If "Yes," complete Aviation Questionnaire)										<input type="checkbox"/>	<input type="checkbox"/>				
	b. Traveled or resided outside the USA or Canada in the last two years, or have any intention of traveling or residing outside the USA or Canada within the next two years?										<input type="checkbox"/>	<input type="checkbox"/>				
	c. Engaged in sky or scuba diving, hang gliding, rock climbing or any form of motorized racing in the last three years, or have any intention of engaging in any of these activities within the next two years? (If "Yes," complete Sports Questionnaire)										<input type="checkbox"/>	<input type="checkbox"/>				
	d. Ever used heroin, cocaine (including crack), LSD, PCP, amphetamines, barbiturates, marijuana, any derivative of these drugs or any controlled substance except as prescribed by a medical professional?										<input type="checkbox"/>	<input type="checkbox"/>				
	e. Ever received or been advised to seek counseling for alcohol and/or drug abuse?										<input type="checkbox"/>	<input type="checkbox"/>				
	f. Ever been rated or declined for insurance or been denied reissue or reinstatement of a policy?										<input type="checkbox"/>	<input type="checkbox"/>				
	g. Ever been convicted of a felony?										<input type="checkbox"/>	<input type="checkbox"/>				
	h. In the last three years, had two or more traffic violations, been convicted of driving while intoxicated or under the influence of a controlled substance or ever had his/her license suspended or revoked?										<input type="checkbox"/>	<input type="checkbox"/>				
28. Does the Proposed Insured belong to or intend to join the armed forces including reserves? (If "Yes," complete Military Questionnaire)										<input type="checkbox"/>	<input type="checkbox"/>					
29. Has the Proposed Insured ever filed for bankruptcy? If "Yes," date(s) discharged _____										<input type="checkbox"/>	<input type="checkbox"/>					

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

In continuation of application for life insurance

DETAILS	<p>39. DETAILS OF "YES" ANSWERS: Identify question number and include diagnosis, dates, duration, treatments and medications prescribed and names and addresses of all medical professionals and hospitals.</p> <p>_____</p>
AGREEMENT	<p>AGREEMENT: I, 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 policy issued; 2. Insurance shall become effective: a) if a policy is formally approved by The Cincinnati Life Insurance Company; and b) the full first premium has been paid while insurability of the Proposed Insured is the same as stated in this Application; OR c) according to the terms of the Conditional Receipt if: (i) it is given; and (ii) the full first premium is paid when this Application is signed; 3. No provision of this Application or the policy can be modified or waived except by an endorsement signed by an officer of The Cincinnati Life Insurance Company. I 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 policy.</p> <p>If a Conditional Receipt is given: I, 1. acknowledge receipt; 2. certify that I have read and understand it; 3. agree to its terms, conditions and limits; and 4. acknowledge that the agent has explained it to me.</p> <p>I acknowledge having received and read the Important Notice to the Proposed Insured.</p> <p>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.</p> <p>Signed at _____ On _____</p> <p style="margin-left: 100px;">City State Month Day Year</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> Signature of Proposed Insured (if signing on behalf of a minor, specify relationship) Signature of Owner (if other than Proposed Insured) </p>
AGENT	<p>For Agent: I certify, to the best of my knowledge and belief, that the answers to the questions in all parts of this application are true and correct. I further certify that to the best of my knowledge and belief, this policy <input type="checkbox"/> Will <input type="checkbox"/> Will Not replace or change any existing life insurance or annuity contract now in force.</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> Agent Signature Agent Code # Fax Number </p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> Agent Name (please print) E-mail Address </p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> Agency Name (please print) Agency Code # </p>

THE CINCINNATI LIFE INSURANCE COMPANY

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

In continuation of application for life insurance

CONDITIONAL PREMIUM RECEIPT - MAXIMUM LIABILITY \$300,000

PLEASE ANSWER CONDITIONAL RECEIPT QUESTIONS ON PAGE ONE OF APPLICATION. If any of the questions are left blank or answered "Yes," a premium payment cannot be accepted and any conditional receipt will be void.

Received from _____ Owner's Social Security or EIN # _____
Proposed Owner (please print)

On _____ the amount of \$ _____
Month Day Year Must be Full Modal Premium

which is paid subject to the conditions of this Receipt as payment of the full first premium of the life insurance policy applied for in a written application to The Cincinnati Life Insurance Company.

Section I: If the Proposed Insured dies before we, The Cincinnati Life Insurance Company, issue and deliver the policy, this Receipt may create temporary life insurance coverage. Such coverage will not exist unless each of the following conditions is fulfilled exactly:

1. The premium deposit must be a full first premium at the premium mode and plan applied for. The premium must be paid at the time the Application is signed. This Receipt must be issued at the same time.
2. We must receive the total premium deposit at our Home Office.
3. The premium check must be paid the first time it is presented.
4. We must receive the Application and all medical examinations or tests we request or which our underwriting rules require. We must receive these papers not later than 60 days from the date of this Receipt.
5. Our Underwriters must formally determine that on the latest of: a) the date of the Application; or b) the date of the latest medical examination or test that we require, the Proposed Insured was acceptable to us under our rules, limits and standards. The Proposed Insured must qualify for the exact plan and amount of insurance applied for and for all supplemental riders applied for. The Proposed Insured must be insurable at standard premium rates.
6. No temporary insurance will be effective if any incorrect, untrue or incomplete statement of material fact is made on: a) the Application; or b) any report of any examination or medical test submitted to us. Knowledge of the true facts by the agent or medical examiner shall not be imputed to us unless stated in the Application or in a medical report received in our Home Office.

Section II: Temporary insurance under this Receipt is also subject to these limitations:

1. Maximum temporary life and accidental death insurance cannot exceed \$300,000. This amount will be reduced by any other life insurance applied for or in force with us. This amount will also be reduced by any other accidental death insurance applied for or in force with us.
2. Temporary insurance may be in effect for up to 60 days from the date of this Receipt.

Temporary insurance will become effective if each of the six conditions in Section I is fulfilled exactly. This coverage is subject to the limitations in Section II. The effective date of this coverage will be either the date of the last dated Application or the date of the last required medical test, if later.

Temporary insurance shall terminate on the earliest of the following dates:

1. The date a policy becomes effective;
2. The date we determine the Proposed Insured doesn't qualify as a standard risk and elect to terminate the temporary insurance;
3. The date we formally approve a policy: a) on a different plan; b) for a different amount; or c) at a substandard premium rate;
4. The date when we formally determine not to offer any policy; or
5. 60 days from the date of this Receipt.

If we issue and physically deliver to the proposed owner a policy on the Application, we will apply the premium received with the Application to pay the first premium. We will refund the premium received with the Application if: a) we terminate the temporary insurance; b) we issue no policy; or c) the proposed owner doesn't accept the policy as provided in the Right to Examine Policy provision of the policy.

THIS IS NOT A BINDER. NO BROKER, AGENT OR MEDICAL EXAMINER CAN ACCEPT RISKS, APPRAISE INSURABILITY OR BIND US. NO SUCH PERSON IS AUTHORIZED TO WAIVE OR CHANGE ANY TERMS OF THIS RECEIPT OR ANY OTHER RIGHTS OF THE CINCINNATI LIFE INSURANCE COMPANY. WE WILL EITHER ISSUE THE AMOUNT OF INSURANCE APPLIED FOR OR REFUND THE AMOUNT OF THE PREMIUM DEPOSITED.

Signature of Agent Date _____
Month Day Year

THE CINCINNATI LIFE INSURANCE COMPANY

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

513-870-2000

In Continuation of Application for Life Insurance

CONDITIONAL PREMIUM RECEIPT - MAXIMUM LIABILITY \$300,000

Received from _____ Proposed Owner (please print) Owner's Social Security or EIN # _____

On _____ in the amount of \$ _____ Must be Full Modal Premium

which is paid subject to the conditions of this Receipt as payment of the full first premium of the life insurance policy applied for in a written application to The Cincinnati Life Insurance Company.

Section I: If the Proposed Insured dies before we issue and deliver the policy, this Receipt may create temporary life insurance coverage. Such coverage will not exist unless each of the following conditions is fulfilled exactly:

- 1. The premium paid must be a full first premium at the premium mode and plan applied for. The premium must be paid at the time the Application is signed. This Receipt must be issued at the same time.
2. We, The Cincinnati Life Insurance Company, must receive the total premium paid at our Home Office.
3. The premium check must be paid the first time it is presented.
4. We must receive the application and all medical examinations or tests we request or which our underwriting rules require. We must receive these papers not later than 60 days from the date of this Receipt.
5. Our Underwriters must formally determine that on the latest of: a) the date of the Application; b) the date of any supplemental application; or c) the date of the latest medical examination or tests that we require, the Proposed Insured was acceptable to us under our rules, limits and standards. The Proposed Insured must be insurable at standard premium rates.
6. No temporary insurance will be effective if any incorrect, untrue or incomplete statement of material fact is made on: a) the Application; b) any supplemental application; or c) any report of any examination or medical test submitted to us. Knowledge of the true facts by the agent or medical examiner shall not be imputed to us unless stated in the Application or in a medical report received in our Home Office.

Section II: Temporary insurance under this Receipt is also subject to these limitations:

- 1. Maximum temporary life and accidental death insurance cannot exceed \$300,000. This amount will be reduced by any other life insurance applied for or in force with us. This amount will also be reduced by any other accidental death insurance applied for or in force with us.
2. Temporary insurance may be in effect for up to 60 days from the date of this Receipt.

Temporary insurance will become effective if each of the six conditions precedent in Section I is fulfilled exactly. This coverage is subject to the limitations in Section II. The effective date of this coverage will be either the date of the last dated Application or the date of the last required medical test, if later.

Temporary insurance shall terminate on the earliest of the following dates:

- 1. The date a policy becomes effective;
2. The date we determine the Proposed Insured doesn't qualify as a standard risk and elect to terminate the temporary insurance;
3. The date we formally approve a policy: a) on a different plan; b) for a different amount; or c) at a substandard premium rate;
4. The date when we formally determine not to offer any policy; or
5. 60 days from the date of this Receipt.

If we issue and physically deliver to the proposed owner a policy on the Application, we will apply the premium received with the Application to pay the first premium. We will refund the premium received with the Application if: a) we terminate the temporary insurance; b) we issue no policy; or c) the proposed owner doesn't accept the policy as provided in the Right to Examine Policy provision of the policy.

THIS IS NOT A BINDER. NO BROKER, AGENT OR MEDICAL EXAMINER CAN ACCEPT THE RISKS, APPRAISE INSURABILITY OR BIND US. NO SUCH PERSON IS AUTHORIZED TO WAIVE OR CHANGE ANY TERMS OF THIS RECEIPT OR ANY OTHER RIGHTS OF THE CINCINNATI LIFE INSURANCE COMPANY. WE WILL EITHER ISSUE THE AMOUNT OF INSURANCE APPLIED FOR OR REFUND THE AMOUNT OF THE PREMIUM PAID.

Signature of Agent

Agency Name (please print)

Agent Name (please print)

Agency Phone No.

Agency Phone No.

Agency Address (please print)

THE CINCINNATI LIFE INSURANCE COMPANY

Arkansas

CERTIFICATION

Re: Form CLI-154-AR (1/13), Flexible Premium Adjustable Universal 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

December 28, 2012

Date

Vice President and Actuary

Title

THE CINCINNATI LIFE INSURANCE COMPANY

Arkansas

UNIVERSAL LIFE CERTIFICATION

Re: Form CLI-154-AR (1/13), Flexible Premium Adjustable Universal 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 Arkansas Insurance Rule and Regulation 34. Universal Life Insurance and, to the best of my knowledge and belief, are in compliance with all applicable requirements of the Arkansas Insurance Department.



Officer

December 28, 2012

Date

Vice President and Actuary

Title

THE CINCINNATI LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY

Form CLI-154 (1/13), Flexible Premium Adjustable Universal Life Insurance Policy

<u>LOCATION/ITEM</u>	<u>DESCRIPTION</u>	<u>RANGES</u>
Front Jacket		
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

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Specified Amount	Amount of coverage elected by applicant	\$50,000 minimum for Ultra Standard, Preferred Standard and Standard underwriting classes; and \$100,000 minimum for Super Select Plus, Select Plus and Select underwriting classes to \$999,999,999 maximum
Premiums payable for	Number of years for which premiums may be paid until the insured is age 121 Specifically determined by the age of the insured covered under each policy issued.	Based on the issue ages of 18-75, the range for this variable is 46 to 103 yrs
Threshold Amount	The annual Threshold Amount determines whether the Primary Accumulation Factor or the Secondary Accumulation Factor is applied to premium. These calculations are described in more detail in the policy form and the actuarial memorandum. The annual Threshold Amount varies by the specified amount, the gender, issue age and rate class of the insured	\$242.00 to \$999,999,999.99
Primary Monthly Accumulation Factor	The primary monthly accumulation factor is used to test if the accumulated premiums paid are enough to qualify the policy for Continuation of Coverage The monthly guaranteed premium for the first policy month, multiplied by 1 plus this factor, determines the accumulated monthly guaranteed premiums at the end of the first policy month The monthly guaranteed premium for the current policy month plus the accumulated monthly guaranteed premiums at the end of the preceding policy month, multiplied by 1 plus this factor, determines the accumulated monthly guaranteed premiums at the end of any other policy month The primary monthly accumulation factor is applied to the premium from the date it is received	Minimum 0.0500% to Maximum 3.0000%

THE CINCINNATI LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY

Form CLI-154 (1/13), Flexible Premium Adjustable Universal Life Insurance Policy

<u>LOCATION/ITEM</u>	<u>DESCRIPTION</u>	<u>RANGES</u>
Secondary Monthly Accumulation Factor	<p>Any premium amount in excess of the Threshold Amount is accumulated at a rate equivalent to the Secondary Monthly Accumulation Factor</p> <p>Calculations based on the primary monthly accumulation factor, the accumulated threshold amount and this factor determine the accumulation amount</p> <p>The secondary monthly accumulation factor is applied to the premium from the date it is received</p>	Minimum 0.0500% to Maximum 3.0000%
Planned Periodic Premiums	<p>The amount the applicant selects as a planned premium.</p> <p>Also includes a variable for the premium mode – in this case [ANNUAL]. Payment mode chosen by applicant.</p>	<p>Discretionary range of Minimum \$0.00 to Maximum \$999,999,999.99</p> <p>Annual, Semi-Annual, Quarterly and Monthly</p>
Maximum Monthly Fee Per \$1,000 of Specified Amount	This fee is based on the insureds age, gender and rate class as explained in the actuarial memorandum.	\$0.04 to \$1.78
Gender	Gender of the insured	Male or Female
Age	Age of the insured	Issue ages for this policy are 18-75
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 the policy matures	Date of issue plus 121 – issue age
Monthly Anniversary Date	The recurring day of the month that relates to the Policy Date	Range is based on the number of days in a month Minimum 1 to Maximum 31
Risk	<p>The standard or rated (substandard) basis of the insured</p> <p>The applicable table factor will also appear for the insured who is issued as a rated risk. This table factor reflects the amount by which the standard premium is increased</p>	<p>Standard or Rated</p> <p>Minimum 125% Factor to Maximum 500% Factor</p>
Class	The underwriting class assigned to the insured	<p>The classes are:</p> <p>Super Select Plus Select Plus Select Ultra Standard Preferred Standard Standard Uninsurable</p>
Remaining variables previously explained		

THE CINCINNATI LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY

Form CLI-154 (1/13), Flexible Premium Adjustable Universal Life Insurance Policy

<u>LOCATION/ITEM</u>	<u>DESCRIPTION</u>	<u>RANGES</u>
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Policy Year or Age of Insured	<p>Policy years 1 through 20 and ages 100 & 121 always appear</p> <p>Ages 60, 62 and 65 will each also appear unless the insured will attain such age within the first 20 policy years as listed or if issue age of the insured is greater than 60, 62 or 65, respectively</p>	<p>Each year from 1 thru 20 and ages 100 & 121 will always show</p> <p>Ages 60, 62 and 65 will each show unless already reflected within the policy years listed or if issue age of the insured is greater than 60, 62 or 65, respectively</p>
Benefit	Amount of coverage in force at the end of each policy year or at the insureds age shown, provided planned premiums are paid to that date and there is no indebtedness	Minimum \$50,000 to Maximum \$999,999,999
Year	Calendar year for each policy year or of the insureds age shown	Unlimited
Policy Value	The accumulation of gross premiums paid, at interest, less specified charges (which include the cost of insurance), and expenses, at the end of each policy year or at the insureds age shown	Based on the guaranteed cost of insurance rates and the minimum guaranteed interest rate
Cash Value	Amount of the policy value, less any surrender charges, available at the end of each policy year or at the insureds age shown, provided planned premiums are paid to that date and there is no indebtedness	Minimum \$0.00 to Maximum \$999,999,999
Remaining variables previously explained		

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Surrender Charge	<p>Charge to relinquish the policy within the first 20 policy years</p> <p>The surrender charges are specific to each policy based on the specified amount, the issue age, gender and rate class of the insured</p>	The surrender charge subtracted from the policy value determines the cash value
Remaining variables previously explained		

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Policy Year	Every year during which this policy may remain in force based on the maturity date	The duration of the policy years shown is based on the number of years until the insured attains age 121 (maturity date)
Monthly Cost of Insurance Rate	<p>The guaranteed monthly cost of insurance rate per \$1,000 of net amount at risk is one of the factors that determines the monthly deduction for a policy month</p> <p>The cost of insurance rate is based on the specified amount, the attained age, gender and rate class of the insured</p>	Minimum \$0.035833 to Maximum \$83.333333
Remaining variables previously explained		

THE CINCINNATI LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY

Form CLI-154 (1/13), Flexible Premium Adjustable Universal Life Insurance Policy

LOCATION/ITEM	DESCRIPTION	RANGES
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<p>Monthly Guaranteed Premium</p>	<p>The monthly guaranteed premium is the minimum amount necessary to be paid each month for each policy year shown to keep the policy in force</p> <p>The monthly guaranteed premium is based on the specified amount, the issue age, gender and rate class of the insured</p>	<p>Minimum \$11.28 to Maximum \$999,999,999.99</p>
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<p>Remaining variables previously explained</p>

EXHIBIT A (REVISED)

CONSENT TO SUBMIT RATES
AND/OR COST BASES FOR APPROVAL

The The Cincinnati Life Insurance Company (“Company”) of
(Company Name)

Cincinnati, Ohio 45250-5496 does hereby consent and agree
(City and State)

A) that all premium rates and/or cost bases both “maximum” and “current or projected” or used in relation to policy form number Form CLI-154-AR (1/13) must be filed with the Insurance Commissioner for the State of Arkansas (“Commissioner”) at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

or

B) that, where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and range of rates.

The Cincinnati Life Insurance Company
(Company Name)



BY:

Roger A. Brown, FSA, MAAA

Assistant Vice President
(Title or Position)