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LIFE AND ACCIDENT AND HEALTH COMPANIES —ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2002
OF THE CONDITION AND AFFAIRS OF THE

United Benefit Life Insurance Company

NAIC Group Code	1337 (Current Period)	1337 (Prior Period)	NAIC Company Code	65269	Employer's ID Number	75-2305400	
Organized under the Laws of		Ohio	State of Domicile or Port of Entry		Ohio		
Country of Domicile		United States of America					
Incorporated		06/26/1957	Commenced Business		08/13/1957		
Statutory Home Office		17800 Royalton Rd (Street and Number)			Strongsville, OH 44136 (City or Town, State and Zip Code)		
Main Administrative Office		17800 Royalton Road (Street and Number)					
		Strongsville, OH 44136 (City or Town, State and Zip Code)	440-572-2400 (Area Code) (Telephone Number)				
Mail Address		17800 Royalton Road (Street and Number or P.O. Box)	Strongsville, OH 44136 (City or Town, State and Zip Code)				
Primary Location of Books and Records		17800 Royalton Road (Street and Number)					
		Strongsville, OH 44136 (City or Town, State and Zip Code)	440-572-8843 (Area Code) (Telephone Number)				
Internet Website Address		ceresgp.com					
Statement Contact		Richard Allan Kusnic (Name)	440-572-8843 (Area Code) (Telephone Number) (Extension)				
		rkusnic@centralreserve.com (E-mail Address)	440-572-8850 (FAX Number)				
Policyowner Relations Contact		17800 Royalton Rd (Street and Number)					
		Strongsville, OH 44136 (City or Town, State and Zip Code)	440-572-2400 (Area Code) (Telephone Number) (Extension)				

OFFICERS

President Anthony John Pino Secretary Arthur Lewis Hastings
Treasurer Larry Eugene Wharton Actuary Mark Edward Billingsley

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

Andrew Anthony Boemi Michael Angelo Cavataio George Anthony Gehringer
Robert James Lunn Anthony John Pino

State of Ohio }
County of Cuyahoga } ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures Manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Anthony John Pino
President

Arthur Lewis Hastings
Secretary

Larry Eugene Wharton
Treasurer

Subscribed and sworn to before me this
day of November, 2002

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE United Benefit Life Insurance Company

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	2,868,657		2,868,657	3,107,191
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	0			
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Policy loans	0			
6. Premium notes, including \$ for first year premiums				
7. Cash (\$71,233) and short -term investments (\$)	71,233		71,233	(85,262)
8. Other invested assets				
9. Receivable for securities	225,000		225,000	
10. Aggregate write-ins for invested assets				
11. Subtotals, cash and invested assets (Lines 1 to 10)	3,164,890		3,164,890	3,021,929
12. Reinsurance ceded:				
12.1 Amounts recoverable from reinsurers				
12.2 Commissions and expense allowances due				
12.3 Experience rating and other refunds due				
12.4 Other amounts receivable under reinsurance contracts	541,503	231,158	310,345	
13. Electronic data processing equipment and software	0			
14. Federal and foreign income tax recoverable and interest thereon (including \$298 net deferred tax asset)	454,264		454,264	422,298
15. Guaranty funds receivable or on deposit	0			
16. Life insurance premiums and annuity considerations deferred and uncollected on in force business (less premiums on reinsurance ceded and less \$ loading)	0			232
17. Accident and health premiums due and unpaid	0			
18. Investment income due and accrued	68,904		68,904	85,921
19. Net adjustment in assets and liabilities due to foreign exchange rates				
20. Receivable from parent, subsidiaries and affiliates	0		0	
21. Amounts receivable relating to uninsured accident and health plans				
22. Amounts due from agents				
23. Other assets nonadmitted				
24. Aggregate write-ins for other than invested assets	285,350		285,350	253,012
25. Total assets excluding Separate Accounts business (Lines 11 to 24)	4,514,911	231,158	4,283,754	3,783,392
26. From Separate Accounts Statement				
27. Total (Lines 25 and 26)	4,514,911	231,158	4,283,754	3,783,392
DETAILS OF WRITE-INS				
1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page				
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)				
2401. Miscellaneous Receivable .....	.803		.803	.53,697
2402. Tax Receivable	284,547		284,547	199,315
2403.				
2498. Summary of remaining write-ins for Line 24 from overflow page				
2499. Totals (Lines 2401 thru 2403 plus 2498)(Line 24 above)	285,350		285,350	253,012

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE United Benefit Life Insurance Company

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Aggregate reserve for Life contracts \$ less \$ included in Line 6.3 (including \$ Modco Reserve) .....	.0	22,487
2. Aggregate reserve for accident and health contracts (including \$ Modco Reserve)		
3. Liability for deposit-type contracts (including \$ Modco Reserve)		
4. Contract claims:		
4.1 Life		51,700
4.2 Accident and health		212,816
5. Policyholders' dividends \$ and coupons \$ due and unpaid		
6. Provision for policyholders' dividends and coupons payable in following calendar year—estimated amounts:		
6.1 Dividends apportioned for payment to (including \$ Modco Reserve)		
6.2 Dividends not yet apportioned (including \$ Modco Reserve)		
6.3 Coupons and similar benefits (including \$ Modco Reserve)		
7. Amount provisionally held for deferred dividend policies not included in Line 6		
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$ discount; including \$ accident and health premiums .....	.0	2,076
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts		
9.2 Provision for experience rating refunds, including \$ accident and health experience rating refunds		
9.3 Other amounts payable on reinsurance including \$ assumed and \$ ceded .....	.0	103,690
9.4 Interest Maintenance Reserve	74,662	79,729
10. Commissions to agents due or accrued—life and annuity contracts \$ accident and health \$ and deposit-type contract funds \$		
11. Commissions and expense allowances payable on reinsurance assumed .....	.0	
12. General expenses due or accrued		
13. Transfers to Separate Accounts due or accrued (net) (Including \$ accrued for expense allowances recognized in reserves)		
14. Taxes, licenses and fees due or accrued, excluding federal income taxes .....	.0	
15. Federal and foreign income taxes, including \$ on realized capital gains (losses) (including \$ net deferred tax liability)		
16. Unearned investment income		
17. Amounts withheld or retained by company as agent or trustee		
18. Amounts held for agents' account, including \$ agents' credit balances		
19. Remittances and items not allocated		
20. Net adjustment in assets and liabilities due to foreign exchange rates		
21. Liability for benefits for employees and agents if not included above		
22. Borrowed money \$ and interest thereon \$		
23. Dividends to stockholders declared and unpaid		
24. Miscellaneous liabilities:		
24.1 Asset valuation reserve .....	.601	.601
24.2 Reinsurance in unauthorized companies		
24.3 Funds held under reinsurance treaties with unauthorized reinsurers		
24.4 Payable to parent, subsidiaries and affiliates	1,343,423	45,897
24.5 Drafts outstanding		
24.6 Liability for amounts held under uninsured accident and health plans		
24.7 Funds held under coinsurance		
24.8 Payable for securities		
24.9 Capital notes \$ and interest thereon \$	186,050	312,017
25. Aggregate write-ins for liabilities	1,656,436	779,314
26. Total Liabilities excluding Separate Accounts business (Lines 1 to 25)		
27. From Separate Accounts Statement		
28. Total Liabilities (Lines 26 and 27)	1,656,436	779,314
29. Common capital stock	2,500,000	2,500,000
30. Preferred capital stock		
31. Aggregate write-ins for other than special surplus funds		(2,952,710)
32. Surplus notes		
33. Gross paid in and contributed surplus	15,310,790	15,310,790
34. Aggregate write-ins for special surplus funds		
35. Unassigned funds (surplus)	(15,183,472)	(11,854,002)
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 29 \$)		
36.2 shares preferred (value included in Line 30 \$)		
37. Surplus (total Lines 31 + 32 + 33 + 34 + 35 - 36) (Including \$ in Separate Accounts Statement)	127,318	504,078
38. Totals of Lines 29, 30 and 37	2,627,318	3,004,078
39. Totals of Lines 28 and 38	4,283,754	3,783,392
DETAILS OF WRITE-INS		
2501. Miscellaneous Payables .....	.0	125,967
2502. Guaranty Fund Payable	186,050	186,050
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	186,050	312,017
3101. Foreclosure Agreement Adjustments		(2,952,710)
3102.		
3103.		
3198. Summary of remaining write-ins for Line 31 from overflow page		
3199. Totals (Lines 3101 thru 3103 plus 3198)(Line 31 above)		(2,952,710)
3401.		
3402.		
3403.		
3498. Summary of remaining write-ins for Line 34 from overflow page		
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)		

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE United Benefit Life Insurance Company

SUMMARY OF OPERATIONS

(Excluding Unrealized Capital Gains and Losses)

	1 Current Year To Date	2 Prior Year Year to Date	3 Prior Year Ended December 31
1. Premiums and annuity considerations for life and accident and health policies and contracts	1,410	35,730	43,188
2. Considerations for supplementary contracts with life contingencies			
3. Net investment income	139,114	180,573	252,151
4. Amortization of Interest Maintenance Reserve (IMR)	5,067	7,434	9,912
5. Separate Accounts net gain from operations excluding unrealized gains or losses			
6. Commissions and expense allowances on reinsurance ceded	441,094	8,793,236	9,950,581
7. Reserve adjustments on reinsurance ceded			
8. Miscellaneous Income:			
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts			
8.2 Charges and fees for deposit-type contracts	241,618	1	242
8.3 Aggregate write-ins for miscellaneous income			
9. Totals (Lines 1 to 8.3)	828,303	9,016,973	10,256,073
10. Death benefits	0		
11. Matured endowments (excluding guaranteed annual pure endowments)			
12. Annuity benefits	0		
13. Disability benefits and benefits under accident and health contracts	288,720	1,043,561	1,949,996
14. Coupons, guaranteed annual pure endowments and similar benefits			
15. Surrender benefits and withdrawals for life contracts			
16. Group conversions			
17. Interest and adjustments on contract or deposit-type contract funds			
18. Payments on supplementary contracts with life contingencies			
19. Increase in aggregate reserves for life and accident and health contracts	(22,487)		
20. Totals (Lines 10 to 19)	266,233	1,043,561	1,949,996
21. Commissions on premiums, annuity considerations, and deposit-type contract funds(direct business only)	225	2,964,886	3,188,067
22. Commissions and expense allowances on reinsurance assumed			
23. General insurance expenses	630,646	5,656,375	6,751,339
24. Insurance taxes, licenses and fees, excluding federal income taxes	105,985	1,077,305	1,162,319
25. Increase in loading on deferred and uncollected premiums			
26. Net transfers to or (from) Separate Accounts			
27. Aggregate write-ins for deductions	2,782	16,165	17,922
28. Totals (Lines 20 to 27)	1,005,871	10,758,293	13,069,643
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)	(177,568)	(1,741,320)	(2,813,570)
30. Dividends to policyholders			
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)	(177,568)	(1,741,320)	(2,813,570)
32. Federal and foreign income taxes incurred (excluding tax on capital gains)	(31,966)	(422,000)	(422,000)
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)	(145,602)	(1,319,320)	(2,391,570)
34. Net realized capital gains or (losses) less capital gains tax of \$ (excluding taxes of \$ transferred to the IMR)			
35. Net income (Line 33 plus Line 34)	(145,602)	(1,319,320)	(2,391,570)
CAPITAL AND SURPLUS ACCOUNT			
36. Capital and surplus, December 31, prior year	3,004,078	4,181,772	4,181,772
37. Net income (Line 35)	(145,602)	(1,319,320)	(2,391,570)
38. Change in net unrealized capital gains (losses)			
39. Change in net unrealized foreign exchange capital gain (loss)			
40. Change in net deferred income tax			
41. Change in non-admitted assets and related items	(231,158)	199,998	1,268,448
42. Change in liability for reinsurance in unauthorized companies			
43. Change in reserve on account of change in valuation basis, (increase) or decrease			
44. Change in asset valuation reserve			39,221
45. Change in treasury stock			
46. Surplus (contributed to) withdrawn from Separate Accounts during period			
47. Other changes in surplus in Separate Accounts Statement			
48. Change in surplus notes			
49. Cumulative effect of changes in accounting principles	0	(75,527)	(107,755)
50. Capital changes:			
50.1 Paid in			
50.2 Transferred from surplus (Stock Dividend)			
50.3 Transferred to surplus			
51. Surplus adjustment:			
51.1 Paid in	0		1,000,000
51.2 Transferred to capital (Stock Dividend)			
51.3 Transferred from capital			
51.4 Change in surplus as a result of reinsurance	0		
52. Dividends to stockholders			
53. Aggregate write-ins for gains and losses in surplus		15,746	(986,038)
54. Net change in capital and surplus for the year (Lines 37 through 53)	(376,760)	(1,179,103)	(1,177,694)
55. Capital and surplus, as of statement date (Lines 36 + 54)	2,627,318	3,002,669	3,004,078
DETAILS OF WRITE-INS			
08.301. Miscellaneous Income	241,618	1	242
08.302.			
08.303.			
08.398. Summary of remaining write-ins for Line 8.3 from overflow page			
08.399. TOTALS (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above)	241,618	1	242
2701. State Regulatory Authority Assessments	2,782	16,165	17,922
2702.			
2703.			
2798. Summary of remaining write-ins for Line 27 from overflow page			
2799. TOTALS (Lines 2701 thru 2703 plus 2798) (Line 27 above)	2,782	16,165	17,922
5301. Prior Year Adjustment		15,746	15,746
5302. Capital effect of non-admit write off		0	(1,001,784)
5303.			
5398. Summary of remaining write-ins for Line 53 from overflow page			
5399. TOTALS (Lines 5301 thru 5303 plus 5398) (Line 53 above)		15,746	(986,038)

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE United Benefit Life Insurance Company

CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums and annuity considerations for life and accident and health contracts	41,512	
2. Charges and fees for deposit-type contracts		
3. Considerations for supplementary contracts with life contingencies		
4. Net investment income	156,131	217,578
5. Commissions and expense allowances on reinsurance ceded	440,659	9,950,581
6. Fees associated with investment management, administration and contract guarantees from Separate Accounts		
7. Aggregate write-ins for miscellaneous income	241,618	242
8. Total (Lines 1 to 7)	838,408	10,209,913
9. Death Benefits		
10. Matured endowments		
11. Annuity Benefits	359,836	2,646,144
12. Disability benefits and benefits under accident and health contracts		
13. Coupons, guaranteed annual pure endowments and similar benefits	225	3,188,067
14. Surrender benefits and withdrawals for life contracts		
15. Group conversions	630,646	6,768,641
16. Interest and adjustments on contract or deposit-type contract funds	191,217	1,361,634
17. Payments on supplementary contracts with life contingencies		
18. Total (Lines 9 to 17)	359,836	2,646,144
19. Commissions on premiums, annuity considerations and deposit-type contract funds	225	3,188,067
20. Commissions and expense allowances on reinsurance assumed		
21. General insurance expenses	2,782	17,922
22. Insurance taxes, licenses and fees, excluding federal income taxes	1,184,706	13,982,408
23. Net transfers to or (from) Separate Accounts	0	
24. Aggregate write-ins for deductions	1,184,706	13,982,408
25. Total (Lines 18 to 24)	(346,298)	(3,772,495)
Cash from Investments		
30. Proceeds from investments sold, matured or repaid:	425,000	500,000
30.1 Bonds		
30.2 Stocks		
30.3 Mortgage loans		
30.4 Real estate		
30.5 Other invested assets		
30.6 Net gains or (losses) on cash and short-term investments	0	
30.7 Miscellaneous proceeds	425,000	500,000
30.8 Total investment proceeds (Lines 30.1 to 30.7)		
31. Net tax on capital gains (losses)	425,000	500,000
32. Total (Line 30.8 minus Line 31)	425,000	500,000
33. Cost of investments acquired (long-term only):	204,760	820,420
33.1 Bonds		
33.2 Stocks		
33.3 Mortgage loans		
33.4 Real estate		
33.5 Other invested assets		
33.6 Miscellaneous applications	204,760	820,420
33.7 Total investments acquired (Lines 33.1 to 33.6)		
34. Net increase (or decrease) in policy loans and premium notes	220,240	(320,420)
35. Net cash from investments (Line 32 minus Line 33.7 minus Line 34)		
Cash from Financing and Miscellaneous Sources		
36. Cash provided:		
36.1 Surplus notes, capital and surplus paid in		
36.2 Borrowed money \$ less amounts repaid \$		
36.3 Capital notes \$ less amounts repaid \$		
36.4 Deposits on deposit-type contract funds and other liabilities without life or disability contingencies	282,553	3,954,151
36.5 Other cash provided	282,553	3,954,151
36.6 Total (Lines 36.1 to 36.5)		
37. Cash applied:		
37.1 Dividends to stockholders paid		
37.2 Interest on indebtedness		
37.3 Withdrawals on deposit-type contract funds and other liabilities without life or disability contingencies	0	
37.4 Other applications (net)	0	
37.5 Total (Lines 37.1 to 37.4)	282,553	3,954,151
38. Net cash from financing and miscellaneous sources (Line 36.6 minus Line 37.5)		
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
39. Net change in cash and short-term investments (Line 29, plus Line 35, plus Line 38)	156,495	(138,764)
40. Cash and short-term investments:		
40.1 Beginning of year	(85,262)	53,502
40.2 End of period (Line 39 plus Line 40.1)	71,233	(85,262)
DETAILS OF WRITE-INS		
0701. Miscellaneous Income	241,618	242
0702.		
0703.		
0798. Summary of remaining write-ins for Line 7 from overflow page		
0799. TOTALS (Lines 0701 thru 0703 plus 0798) (Line 7 above)	241,618	242
2401. State regulatory authority assessments	2,782	17,922
2402.		
2403.		
2498. Summary of remaining write-ins for Line 24 from overflow page		
2499. TOTALS (Lines 2401 thru 2403 plus 2498) (Line 24 above)	2,782	17,922

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE United Benefit Life Insurance Company

EXHIBIT 1

DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
1. Industrial Life			
2. Ordinary Life Insurance			
3. Ordinary Individual Annuities			
4. Credit Life (Group & Individual)			
5. Group Life Insurance	(435)	32,332	43,188
6. Group Annuities			
7. A & H - Group	(161,670)	42,622,592	47,014,320
8. A & H - Credit (Group & Individual)			
9. A & H - Other	0		
10. Aggregate of All Other Lines of Business			
11. Subtotal	(162,105)	42,654,924	47,057,508
12. Deposit-Type Contracts			
13. Total	(162,105)	42,654,924	47,057,508
DETAILS OF WRITE-INS			
1001.			
1002.			
1003.			
1098. Summary of remaining write-ins for Line 10 from overflow page			
1099. Totals (Lines 1001 thru 1003 plus 1098)(Line 10 above)			

NOTES TO FINANCIAL STATEMENTS

10. Information Concerning Parent, Subsidiaries and Affiliates

- A.,B,
- & C. All outstanding shares of The Company are owned by Central Reserve Life Insurance Company, an insurance company domiciled in the State of Ohio.
- D. The Company paid salary and benefit expense to Ceres Administrators, an affiliate, in the amount of \$ 616,211.98 The Company paid marketing expenses to Ceres Sales, an affiliate, in the amount of \$3,977. The Company paid Managed Care and PPO expenses to Ceres Health, an affiliate, in the amount of \$42,318.95
- At September 30, The Company reports amounts due to affiliates in the amount of \$ 1,343,422.89
- F. The Company has agreements with several non-life affiliates who provide certain services to the Company and are reimbursed as described in 6-b. The Company also has a cost sharing agreement with its parent, Central Reserve for reimbursement and sharing of costs for services provided by the Company.
- G. All outstanding shares of the Company are owned by the Parent Company, Central Reserve Life Insurance Company, an insurance company domiciled in the State of Ohio.
- H. Not applicable
- I. Not applicable
- J. Not applicable

17. The company does not have any wash sales.

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE United Benefit Life Insurance Company**GENERAL INTERROGATORIES**

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

**PART 1 - COMMON INTERROGATORIES
GENERAL**

1.1 Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements? Yes [] No [X]

1.2 If yes, explain:

.....

2.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State Domicile, as required by the Model Act? Yes [] No [X]

2.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

3.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

3.2 If yes, date of change: If not previously filed, furnish herewith a certified copy of the instrument as amended.

4. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

If yes, attach an organizational chart.

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

5.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....
.....

6. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []

If yes, attach an explanation.

7.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 06/01/2000

7.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/1999

7.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 01/31/2001

7.4 By what department or departments?

Ohio Department of Insurance

.....

8.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.) Yes [X] No []

8.2 If yes, give full information:

During the first quarter of 2002, the states of Washington and Wyoming suspended the license to transact new business.

During second quarter of 2002 the states of Kansas, Missouri, New Mexico suspended the license to transact new business.

During third quarter of 2002 Arkansas suspended the license to transact new business.

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE United Benefit Life Insurance Company

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

INVESTMENT

9.1 Has there been any change in the reporting entity's own preferred or common stock? Yes [] No [X]

9.2 If yes, explain:

.....

10.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

10.2 If yes, give full and complete information relating thereto:

.....

11. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0

12. Amount of real estate and mortgages held in short-term investments: \$ 0

13.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

13.2 If yes, please complete the following:

	1 Prior Year-End Statement Value	2 Current Quarter Statement Value
13.21 Bonds	\$	\$
13.22 Preferred Stock	\$	\$
13.23 Common Stock	\$	\$
13.24 Short-term Investments	\$	\$
13.25 Mortgages, Loans or Real Estate	\$	\$
13.26 All Other	\$	\$
13.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26)	\$	\$
13.28 Total Investment in Parent included in Lines 13.21 to 13.26 above	\$	\$
13.29 Receivable from Parent not included in Lines 13.21 to 13.26 above	\$	\$

14.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

14.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

15. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV.H - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

15.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
State Department of Insurance.....	Various

15.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

15.3 Have there been any changes, including name changes in the custodian(s) identified in 15.1 during the current year? Yes [] No [X]

15.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

15.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
.....

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE United Benefit Life Insurance Company

GENERAL INTERROGATORIES (continued)

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

PART 2 - LIFE & HEALTH

1.	Report the statement value of mortgage loans at the end of this reporting period for the following categories:	1 Amount
1.1	Long-Term Mortgages In Good Standing	
1.11	Farm Mortgages	\$ 0
1.12	Residential Mortgages	\$ 0
1.13	Commercial Mortgages	\$ 0
1.14	Total Mortgages in Good Standing	\$ _____
1.2	Long-Term Mortgages In Good Standing with Restructured Terms	
1.21	Total Mortgages in Good Standing	\$ 0
1.3	Long-Term Mortgages Loans Upon which Interest is Overdue more than Three Months	
1.31	Farm Mortgages	\$ 0
1.32	Residential Mortgages	\$ 0
1.33	Commercial Mortgages	\$ 0
1.34	Total Mortgages with Interest Overdue more than Three Months.....	\$ _____
1.4	Long-Term Mortgages Loans in Process of Foreclosure	
1.41	Farm Mortgages	\$ 0
1.42	Residential Mortgages	\$ 0
1.43	Commercial Mortgages	\$ 0
1.44	Total Mortgages in Process of Foreclosure.....	\$ _____
1.5	Total Mortgage Loans (Lines 1.14 + 1.21 + 1.34 + 1.44) (Page 2, Col. 3, Lines 3.1 plus 3.2).....	\$ 0
1.6	Long-Term Mortgages Foreclosed, Properties Transferred to Real Estate in Current Quarter	
1.61	Farm Mortgages	\$ 0
1.62	Residential Mortgages	\$ 0
1.63	Commercial Mortgages	\$ 0
1.64	Total Mortgages Foreclosed and Transferred to Real Estate	\$ _____

SCHEDULE A - VERIFICATION

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period				
2. Increase (decrease) by adjustment				
3. Cost of acquired				
4. Cost of additions to and permanent improvements				
5. Total profit (loss) on sales				
6. Increase (decrease) by foreign exchange adjustment				
7. Amount received on sales				
8. Book/adjusted carrying value at end of current period				
9. Total valuation allowance				
10. Subtotal (Lines 8 plus 9)				
11. Total nonadmitted amounts				
12. Statement value, current period (Page 2, real estate lines, current period)				

SCHEDULE B - VERIFICATION

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/recorded investment excluding accrued interest on mortgages owned, beginning of period				
2. Amount loaned during period:				
2.1. Actual cost at time of acquisitions				
2.2. Additional investment made after acquisitions				
3. Accrual of discount and mortgage interest points and commitment fees				
4. Increase (decrease) by adjustment				
5. Total profit (loss) on sale				
6. Amounts paid on account or in full during the period				
7. Amortization of premium				
8. Increase (decrease) by foreign exchange adjustment				
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period				
10. Total valuation allowance				
11. Subtotal (Lines 9 plus 10)				
12. Total nonadmitted amounts				
13. Statement value of mortgages owned at end of current period				

SCHEDULE BA - VERIFICATION

Other Invested Assets Included in Schedule BA

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value of long-term invested assets owned, beginning of period				
2. Cost of acquisitions during period:				
2.1. Actual cost at time of acquisitions				
2.2. Additional investment made after acquisitions				
3. Accrual of discount				
4. Increase (decrease) by adjustment				
5. Total profit (loss) on sale				
6. Amounts paid on account or in full during the period				
7. Amortization of premium				
8. Increase (decrease) by foreign exchange adjustment				
9. Book/adjusted carrying value of long-term invested assets at end of current period				
10. Total valuation allowance				
11. Subtotal (Lines 9 plus 10)				
12. Total nonadmitted amounts				
13. Statement value of long-term invested assets at end of current period				

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE United Benefit Life Insurance Company

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Statement Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Statement Value End of First Quarter	6 Statement Value End of Second Quarter	7 Statement Value End of Third Quarter	8 Statement Value December 31 Prior Year
BONDS								
1. Class 1	3,099,991		225,000	(6,334)	3,101,202	3,099,991	2,868,657	3,107,190
2. Class 2								
3. Class 3								
4. Class 4								
5. Class 5								
6. Class 6								
7. Total Bonds	3,099,991		225,000	(6,334)	3,101,202	3,099,991	2,868,657	3,107,190
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock	3,099,991		225,000	(6,334)	3,101,202	3,099,991	2,868,657	3,107,190

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter				
	1 Book/Adjusted Carrying Value	2 Statement Value	3 Actual Cost	4 Amount of Interest Received Current Quarter
80999999 Totals		NONE XXX		

SCHEDULE DA - PART 2- Verification

Short-Term Investments Owned		1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period					1,843,000
2. Cost of short-term investments acquired					
3. Increase (decrease) by adjustment					(1,843,000)
4. Increase (decrease) by foreign exchange adjustment					
5. Total profit (loss) on disposal of short-term investments					
6. Consideration received on disposal of short-term investments					
7. Book/adjusted carrying value, current period					
8. Total valuation allowance					
9. Subtotal (Lines 7 plus 8)					
10. Total nonadmitted amounts					
11. Statement value (Lines 9 minus 10)					
12. Income collected during period					
13. Income earned during period					

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S

NONE

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE United Benefit Life Insurance Company

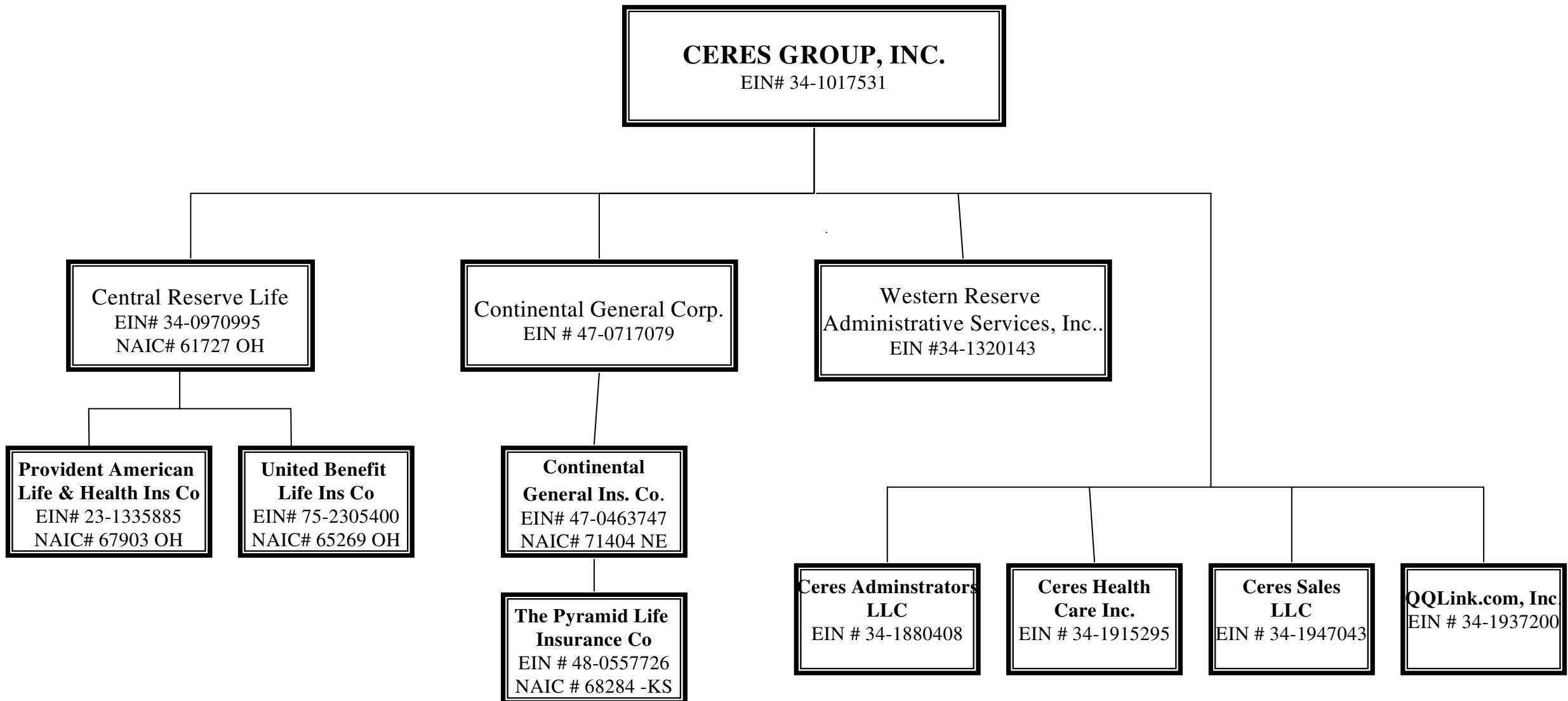
SCHEDULE T—PREMIUMS AND ANNUITY CONSIDERATIONS

During Current Year to Date - Allocated by States and Territories

States, Etc.	Is Insurer Licensed? (Yes or No)	Life Contracts		Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Direct Business Only	
		2	3		4	5
		Life Insurance Premiums	Annuity Considerations		Deposit-Type Contract Funds	Other Considerations
1. Alabama	AL	Yes	(33)		(8,545)	
2. Alaska	AK	No				
3. Arizona	AZ	Yes			(11,135)	
4. Arkansas	AR	No			590	
5. California	CA	No	(60)		(28,720)	
6. Colorado	CO	Yes			(281)	
7. Connecticut	CT	No				
8. Delaware	DE	Yes				
9. District of Columbia	DC	Yes				
10. Florida	FL	No	(231)		(33,669)	
11. Georgia	GA	Yes	(67)		(13,301)	
12. Hawaii	HI	No				
13. Idaho	ID	Yes				
14. Illinois	IL	Yes			(2,643)	
15. Indiana	IN	Yes			(264)	
16. Iowa	IA	No				
17. Kansas	KS	No				
18. Kentucky	KY	Yes				
19. Louisiana	LA	Yes			5,874	
20. Maine	ME	No				
21. Maryland	MD	Yes				
22. Massachusetts	MA	No				
23. Michigan	MI	No	16		11,077	
24. Minnesota	MN	No				
25. Mississippi	MS	No			(2,369)	
26. Missouri	MO	No			(8,219)	
27. Montana	MT	Yes				
28. Nebraska	NE	No				
29. Nevada	NV	Yes			(8,866)	
30. New Hampshire	NH	No				
31. New Jersey	NJ	No				
32. New Mexico	NM	No			(870)	
33. New York	NY	No				
34. North Carolina	NC	Yes				
35. North Dakota	ND	Yes				
36. Ohio	OH	Yes	(21)		(4,029)	
37. Oklahoma	OK	Yes	(17)		(14,826)	
38. Oregon	OR	Yes				
39. Pennsylvania	PA	Yes				
40. Rhode Island	RI	No				
41. South Carolina	SC	Yes			(1,037)	
42. South Dakota	SD	Yes				
43. Tennessee	TN	Yes	(31)		(5,189)	
44. Texas	TX	Yes	8		(32,889)	
45. Utah	UT	Yes				
46. Vermont	VT	No				
47. Virginia	VA	No			(1,992)	
48. Washington	WA	No				
49. West Virginia	WV	Yes			(368)	
50. Wisconsin	WI	No			0	
51. Wyoming	WY	No				
52. American Samoa	AS	No				
53. Guam	GU	No				
54. Puerto Rico	PR	No				
55. US Virgin Islands	VI	No				
56. Canada	CN	No				
57. Aggregate Other Alien	OT	XXX				
58. Subtotal	(a)	26	(435)		(161,670)	
90. Reporting entity contributions for employee benefit plans	XXX					
91. Dividends or refunds applied to purchase paid-up additions and annuities	XXX					
92. Dividends or refunds applied to shorten endowment or premium paying period	XXX					
93. Premium or annuity considerations waived under disability or other contract provisions	XXX					
94. Aggregate of other amounts not allocable by State	XXX					
95. Totals (Direct Business)	XXX		(435)		(161,670)	
96. Plus Reinsurance Assumed	XXX					
97. Totals (All Business)	XXX		(435)		(161,670)	
98. Less Reinsurance Ceded	XXX				(161,670)	
99. Totals (All Business) less Reinsurance Ceded	XXX		(435)		0	
DETAILS OF WRITE-INS						
5701	XXX					
5702	XXX					
5703	XXX					
5798. Summary of remaining write-ins for Line 57 from overflow page	XXX					
5799. Totals (Lines 5701 thru 5703 plus 5798)(Line 57 above)	XXX					
9401	XXX					
9402	XXX					
9403	XXX					
9498. Summary of remaining write-ins for Line 94 from overflow page	XXX					
9499. Totals (Lines 9401 thru 9403 plus 9498)(Line 94 above)	XXX					

(a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplemental is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

RESPONSES

1. Will the SVO Compliance Certification be filed with this statement? Yes.....
2. Will the Trusteed Surplus Statement be filed with the State of Domicile and the NAIC with this statement? No.....

Explanations:

Bar Codes:

Trusteed Surplus Statement (Document Identifier 490) here:



OVERFLOW PAGE FOR WRITE-INS

Schedule A - Part 2
NONE

Schedule A - Part 3
NONE

Schedule B - Part 1
NONE

Schedule B - Part 2
NONE

Schedule BA - Part 1
NONE

Schedule BA - Part 2
NONE

Schedule D - Part 3
NONE

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE United Benefit Life Insurance Company

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter

(a) For all common stock bearing the NAIC designation "U" provide: the number of such

(a) For all common stock bearing the NAFS designation "C" provide the number of such issues
.....

E
G
O

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE United Benefit Life Insurance Company

SCHEDULE E - PART 1 - CASH

Month End Depository Balances							8	
1	2	3	4	Book Balance at End of Each Month During Current Quarter				
				5	6	7		
Depository	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*	
National City Bank.....Ashland, Ohio.				1,212	10,610	71,300		
First Union National Bank - prem.....Jacksonville, FL.				101,347	(8,322)	142,461		
First Union National Bank - claims.....Jacksonville, FL.				(137,053)	(112,224)	(134,932)		
First Union National Bank - claims II.....Jacksonville, FL.				(134,835)	(104,637)	(110,595)		
Regions Bank Certificate of Deposit.....Little Rock, AR.				103,000	103,000	103,000		
0199998 Deposits in depositories which do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX						XXX	
0199999 Totals - Open Depositories	XXX			(66,329)	(111,573)	71,233	XXX	
0399999 Total Cash on Deposit	XXX			(66,329)	(111,573)	71,233	XXX	
0499999 Cash in Company's Office	XXX	XXX	XXX				XXX	
0599999 Total Cash	XXX			(66,329)	(111,573)	71,233	XXX	