



# ANNUAL STATEMENT

For the Year Ended December 31, 2002  
of the Condition and Affairs of the

## The Order Of United Commercial Travelers Of America

NAIC Group Code..... 0000, 0000 (Current Period) (Prior Period) NAIC Company Code..... 56383 Employer's ID Number..... 31-4273120

Organized under the Laws of Ohio State of Domicile or Port of Entry Ohio

Country of Domicile US

Incorporated..... October 4, 1890

Commenced Business..... January 16, 1888

Statutory Home Office	632 North Park Street..... Columbus ..... OH ..... 43215 <i>(Street and Number) (City or Town, State and Zip Code)</i>	
Main Administrative Office	632 North Park Street..... Columbus ..... OH ..... 43215 <i>(Street and Number) (City or Town, State and Zip Code)</i>	800-848-0123 <i>(Area Code) (Telephone Number)</i>
Mail Address	632 North Park Street..... Columbus ..... OH ..... 43215 <i>(Street and Number or P. O. Box) (City or Town, State and Zip Code)</i>	
Primary Location of Books and Records	632 North Park Street..... Columbus ..... OH ..... 43215 <i>(Street and Number) (City or Town, State and Zip Code)</i>	800-848-0123 <i>(Area Code) (Telephone Number)</i>
Internet Website Address	www.uct.org	
Statement Contact	Kevin C Hecker <i>(Name)</i> khecker@uct.org <i>(E-Mail Address)</i>	800-848-0123-0142 <i>(Area Code) (Telephone Number) (Extension)</i> 614-228-1898 <i>(Fax Number)</i>
Policyowner Relations Contact	632 North Park Street..... Columbus ..... OH ..... 43215 <i>(Street and Number) (City or Town, State and Zip Code)</i>	800-848-0123 <i>(Area Code) (Telephone Number) (Extension)</i>

### OFFICERS

President ..... Craig Eugene Alcorn # Treasurer ..... Theodore Elmer Metiva  
Secretary ..... Theodore Elmer Metiva Actuary ..... Douglas M Price FSA, MAAA

### VICE PRESIDENTS

Ronald Edward Hunt #	Michael John Hammontree	David Lloyd Poets	Kevin Clare Hecker
Kevin Joe Roberts	Ronald Allen Ives		

### DIRECTORS OR TRUSTEES

Craig Eugene Alcorn	John Alfred Engel	Ronald Francis Hedglin	Robert Keith Marshall
Kenneth Eugene Brown	Thomas Alan Smith	Theodore Elmer Metiva	Kent Morgan Tucker
David James Piper #			

State of..... Ohio  
County of..... Franklin

The officers of this reporting entity being duly sworn, each depose and say that they are the above described officers of the 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.

_____ (Signature) Craig Eugene Alcorn _____ (Printed Name) President	_____ (Signature) Theodore Elmer Metiva _____ (Printed Name) Secretary/Treasurer	_____ (Signature) Ronald Edward Hunt _____ (Printed Name) Executive Vice President - Operations
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Subscribed and sworn to before me this

.....day of ....., 2003

- a. Is this an original filing? Yes [ X ] No [ ]
- b. If no:
  1. State the amendment number
  2. Date filed.....
  3. Number of pages attached.....



**LIFE INSURANCE**

DIRECT BUSINESS IN Other Alien #1 DURING THE YEAR  
 NAIC Group Code.....0000 NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		359
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		359
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		0

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....		
21. Issued during year.....		
22. Other changes to in force (net).....		
23. In force December 31, current year.....	0	0

**NONE**

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	398	401			
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	208	216			
25.6 Totals (sum of Lines 25.1 to 25.5).....	606	618	0	0	0
26. Totals (Line 24 + 25.6).....	606	618	0	0	0



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		0
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		0

**NONE**

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....		
21. Issued during year.....		
22. Other changes to in force (net).....		
23. In force December 31, current year.....	0	0

**NONE**

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	896	931			
25.6 Totals (sum of Lines 25.1 to 25.5).....	896	931	0	0	0
26. Totals (Line 24 + 25.6).....	896	931	0	0	0



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		17,957
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		17,957
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		5,016
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		5,016

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	1	5,000
Settled during current year:		
18.1 By payment in full.....	1	5,000
18.2 By payment on compromised claims.....		
18.3 Total paid.....	1	5,000
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	1	5,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	60	568,468
21. Issued during year.....		
22. Other changes to in force (net).....	(3)	(19,660)
23. In force December 31, current year.....	57	548,808

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	540,350	545,390		436,435	420,434
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	24,175	25,133		15,956	13,960
25.6 Totals (sum of Lines 25.1 to 25.5).....	564,525	570,523	0	452,392	434,394
26. Totals (Line 24 + 25.6).....	564,525	570,523	0	452,392	434,394



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		2,766
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		2,766
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		0

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	10	166,120
21. Issued during year.....		
22. Other changes to in force (net).....	(1)	(20,000)
23. In force December 31, current year.....	9	146,120

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	109,626	110,649		93,625	90,193
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	72,742	75,622		17,302	15,104
25.6 Totals (sum of Lines 25.1 to 25.5).....	182,368	186,272	0	110,927	105,297
26. Totals (Line 24 + 25.6).....	182,368	186,272	0	110,927	105,297



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		14,018
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		14,018
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		10,351
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		10,351

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	18	281,550
21. Issued during year.....		
22. Other changes to in force (net).....	(1)	3,453
23. In force December 31, current year.....	17	285,003

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	107,363	108,365		86,944	83,757
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	18,345	19,072		14,479	12,640
25.6 Totals (sum of Lines 25.1 to 25.5).....	125,708	127,436	0	101,423	96,397
26. Totals (Line 24 + 25.6).....	125,708	127,436	0	101,423	96,397



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Life and Annuities
1. Life insurance.....		286,123
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		286,123
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		268,152
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		8,246
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		276,398

<b>DETAILS OF WRITE-INS</b>	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....	6	33,071
17. Incurred during current year.....	23	308,986
Settled during current year:		
18.1 By payment in full.....	27	325,057
18.2 By payment on compromised claims.....		
18.3 Total paid.....	27	325,057
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	27	325,057
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	17,000
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	502	6,274,673
21. Issued during year.....	12	214,000
22. Other changes to in force (net).....	(37)	380,134
23. In force December 31, current year.....	477	6,868,807

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	164,372	165,905		111,609	107,517
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	70,707	73,507		30,636	26,745
25.6 Totals (sum of Lines 25.1 to 25.5).....	235,079	239,413	0	142,245	134,262
26. Totals (Line 24 + 25.6).....	235,079	239,413	0	142,245	134,262



**LIFE INSURANCE**

DIRECT BUSINESS IN CANADA DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		78,052
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		78,052
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		51,502
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		3,112
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		54,614

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	16	51,346
Settled during current year:		
18.1 By payment in full.....	16	51,346
18.2 By payment on compromised claims.....		
18.3 Total paid.....	16	51,346
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	16	51,346
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	700	7,624,082
21. Issued during year.....	8	185,000
22. Other changes to in force (net).....	(25)	197,042
23. In force December 31, current year.....	683	8,006,124

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	70,351	71,007		83,498	80,436
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	405,120	421,152		150,989	131,813
25.6 Totals (sum of Lines 25.1 to 25.5).....	475,471	492,159	0	234,486	212,249
26. Totals (Line 24 + 25.6).....	475,471	492,159	0	234,486	212,249



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		6,688
2. Annuity considerations.....		2,600
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		9,288
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		0

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....			
Settled during current year:			
18.1 By payment in full.....			
18.2 By payment on compromised claims.....			
18.3 Total paid.....	0		0
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....	0		0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0		0
POLICY EXHIBIT			
20. In force December 31, prior year.....	19		287,142
21. Issued during year.....	1		10,000
22. Other changes to in force (net).....			908
23. In force December 31, current year.....	20		298,050

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	30,918	31,206		25,798	24,852
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	12,492	12,987		3,317	2,895
25.6 Totals (sum of Lines 25.1 to 25.5).....	43,410	44,193	0	29,115	27,747
26. Totals (Line 24 + 25.6).....	43,410	44,193	0	29,115	27,747



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		4,873
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		4,873
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		25,121
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		6,458
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		31,579

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....	1		25,000
Settled during current year:			
18.1 By payment in full.....	1		25,000
18.2 By payment on compromised claims.....			
18.3 Total paid.....	1		25,000
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....	1		25,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0		0
<b>POLICY EXHIBIT</b>			
20. In force December 31, prior year.....	17		260,499
21. Issued during year.....			
22. Other changes to in force (net).....	(3)		(55,577)
23. In force December 31, current year.....	14		204,922

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	37,364	37,712		40,679	39,187
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	13,074	13,591		2,230	1,947
25.6 Totals (sum of Lines 25.1 to 25.5).....	50,437	51,304	0	42,909	41,134
26. Totals (Line 24 + 25.6).....	50,437	51,304	0	42,909	41,134



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		0
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		0

**NONE**

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....			
Settled during current year:			
18.1 By payment in full.....			
18.2 By payment on compromised claims.....			
18.3 Total paid.....		0	0
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....		0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....		0	0
POLICY EXHIBIT			
20. In force December 31, prior year.....			
21. Issued during year.....			
22. Other changes to in force (net).....			
23. In force December 31, current year.....		0	0

**NONE**

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	164	170			
25.6 Totals (sum of Lines 25.1 to 25.5).....	164	170	0	0	0
26. Totals (Line 24 + 25.6).....	164	170	0	0	0



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		367
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		367
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		25,075
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		25,075

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	1	25,000
Settled during current year:		
18.1 By payment in full.....	1	25,000
18.2 By payment on compromised claims.....		
18.3 Total paid.....	1	25,000
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	1	25,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	4	14,622
21. Issued during year.....		
22. Other changes to in force (net).....	(1)	(2,000)
23. In force December 31, current year.....	3	12,622

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	1,502	1,516		1,329	1,280
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	352	366			
25.6 Totals (sum of Lines 25.1 to 25.5).....	1,854	1,882	0	1,329	1,280
26. Totals (Line 24 + 25.6).....	1,854	1,882	0	1,329	1,280



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Life and Annuities
1. Life insurance.....		275,577
2. Annuity considerations.....		109,050
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		384,627
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		496,420
10. Matured endowments.....		
11. Annuity benefits.....		1,579
12. Surrender values, and withdrawals for life contracts.....		31,920
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		529,918

<b>DETAILS OF WRITE-INS</b>	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....	7	81,791
17. Incurred during current year.....	33	420,168
Settled during current year:		
18.1 By payment in full.....	39	491,959
18.2 By payment on compromised claims.....		
18.3 Total paid.....	39	491,959
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	39	491,959
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	10,000
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	806	11,243,065
21. Issued during year.....	16	197,381
22. Other changes to in force (net).....	(65)	(674,554)
23. In force December 31, current year.....	757	10,765,892

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	10,593,932	10,692,749		8,178,752	7,878,888
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	80,896	84,099		15,324	13,378
25.6 Totals (sum of Lines 25.1 to 25.5).....	10,674,827	10,776,848	0	8,194,076	7,892,266
26. Totals (Line 24 + 25.6).....	10,674,827	10,776,848	0	8,194,076	7,892,266



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		123,958
2. Annuity considerations.....		2,250
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		126,208
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		139,590
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		16,181
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		155,771

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....	2	35,000
17. Incurred during current year.....	12	139,046
Settled during current year:		
18.1 By payment in full.....	12	139,046
18.2 By payment on compromised claims.....		
18.3 Total paid.....	12	139,046
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	12	139,046
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	35,000
POLICY EXHIBIT		
20. In force December 31, prior year.....	349	4,327,525
21. Issued during year.....	13	375,000
22. Other changes to in force (net).....	(33)	(309,966)
23. In force December 31, current year.....	329	4,392,559

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	916,166	924,711		783,270	754,552
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	13,542	14,078		382	334
25.6 Totals (sum of Lines 25.1 to 25.5).....	929,707	938,789	0	783,652	754,886
26. Totals (Line 24 + 25.6).....	929,707	938,789	0	783,652	754,886



**LIFE INSURANCE**

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		3,063,730
2. Annuity considerations.....		174,404
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		3,238,133
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		3,088,686
10. Matured endowments.....		
11. Annuity benefits.....		504,392
12. Surrender values, and withdrawals for life contracts.....		241,475
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		3,834,553

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....	41	377,201
17. Incurred during current year.....	357	3,217,420
Settled during current year:		
18.1 By payment in full.....	360	3,234,544
18.2 By payment on compromised claims.....		
18.3 Total paid.....	360	3,234,544
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	360	3,234,544
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	38	360,077
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	9,799	137,731,943
21. Issued during year.....	141	3,145,583
22. Other changes to in force (net).....	(665)	(6,010,036)
23. In force December 31, current year.....	9,275	134,867,490

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	44,433,659	44,848,122		32,252,438	31,069,941
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	2,508,857	2,608,203		900,190	785,891
25.6 Totals (sum of Lines 25.1 to 25.5).....	46,942,516	47,456,325	0	33,152,628	31,855,832
26. Totals (Line 24 + 25.6).....	46,942,516	47,456,325	0	33,152,628	31,855,832



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		0
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....	<b>NONE</b>	0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		0

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....			
Settled during current year:			
18.1 By payment in full.....			
18.2 By payment on compromised claims.....			
18.3 Total paid.....	<b>NONE</b>	0	0
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....		0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....		0	0
<b>POLICY EXHIBIT</b>			
20. In force December 31, prior year.....			
21. Issued during year.....			
22. Other changes to in force (net).....			
23. In force December 31, current year.....		0	0

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	7,801	7,874		2,576	2,481
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	724	753			
25.6 Totals (sum of Lines 25.1 to 25.5).....	8,525	8,627	0	2,576	2,481
26. Totals (Line 24 + 25.6).....	8,525	8,627	0	2,576	2,481



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		42,987
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		42,987
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		23,231
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		1,658
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		24,889

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....	1	5,000
17. Incurred during current year.....	3	18,000
Settled during current year:		
18.1 By payment in full.....	4	23,000
18.2 By payment on compromised claims.....		
18.3 Total paid.....	4	23,000
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	4	23,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	141	1,176,302
21. Issued during year.....	9	97,000
22. Other changes to in force (net).....	(9)	(78,980)
23. In force December 31, current year.....	141	1,194,322

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	439,606	443,707		296,011	285,158
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	54,804	56,975		18,531	16,178
25.6 Totals (sum of Lines 25.1 to 25.5).....	494,410	500,681	0	314,542	301,336
26. Totals (Line 24 + 25.6).....	494,410	500,681	0	314,542	301,336



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		160
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		160
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		0

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	3	33,250
21. Issued during year.....		
22. Other changes to in force (net).....		(750)
23. In force December 31, current year.....	3	32,500

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	9,588	9,678		9,898	9,535
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	5,402	5,616		5,995	5,234
25.6 Totals (sum of Lines 25.1 to 25.5).....	14,990	15,294	0	15,893	14,769
26. Totals (Line 24 + 25.6).....	14,990	15,294	0	15,893	14,769



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		184,724
2. Annuity considerations.....		6,200
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		190,924
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		194,315
10. Matured endowments.....		
11. Annuity benefits.....		275,121
12. Surrender values, and withdrawals for life contracts.....		20,587
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		490,023

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....	1	10,000
17. Incurred during current year.....	18	196,947
Settled during current year:		
18.1 By payment in full.....	18	203,447
18.2 By payment on compromised claims.....		
18.3 Total paid.....	18	203,447
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	18	203,447
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	3,500
POLICY EXHIBIT		
20. In force December 31, prior year.....	859	14,459,410
21. Issued during year.....	8	181,000
22. Other changes to in force (net).....	(61)	(1,112,416)
23. In force December 31, current year.....	806	13,527,994

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	5,323,440	5,373,095		3,464,326	3,337,311
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	154,510	160,629		55,019	48,031
25.6 Totals (sum of Lines 25.1 to 25.5).....	5,477,950	5,533,725	0	3,519,345	3,385,342
26. Totals (Line 24 + 25.6).....	5,477,950	5,533,725	0	3,519,345	3,385,342



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Life and Annuities
1. Life insurance.....		66,242
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		66,242
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		37,428
10. Matured endowments.....		
11. Annuity benefits.....		1,472
12. Surrender values, and withdrawals for life contracts.....		11,306
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		50,206

<b>DETAILS OF WRITE-INS</b>	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....	1	5,053
17. Incurred during current year.....	4	32,000
Settled during current year:		
18.1 By payment in full.....	5	37,053
18.2 By payment on compromised claims.....		
18.3 Total paid.....	5	37,053
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	5	37,053
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	249	4,013,488
21. Issued during year.....	5	184,000
22. Other changes to in force (net).....	(15)	(228,256)
23. In force December 31, current year.....	239	3,969,232

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	1,945,413	1,963,560		1,503,595	1,448,468
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	87,470	90,935		44,195	38,582
25.6 Totals (sum of Lines 25.1 to 25.5).....	2,032,884	2,054,494	0	1,547,790	1,487,050
26. Totals (Line 24 + 25.6).....	2,032,884	2,054,494	0	1,547,790	1,487,050



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		54,823
2. Annuity considerations.....		4,932
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		59,755
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		39,050
10. Matured endowments.....		
11. Annuity benefits.....		794
12. Surrender values, and withdrawals for life contracts.....		5,761
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		45,604

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	7	38,108
Settled during current year:		
18.1 By payment in full.....	7	38,108
18.2 By payment on compromised claims.....		
18.3 Total paid.....	7	38,108
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	7	38,108
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	197	2,104,161
21. Issued during year.....		
22. Other changes to in force (net).....	(18)	(57,749)
23. In force December 31, current year.....	179	2,046,412

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	1,350,092	1,362,685		942,547	907,990
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	45,844	47,660		7,789	6,799
25.6 Totals (sum of Lines 25.1 to 25.5).....	1,395,936	1,410,345	0	950,336	914,789
26. Totals (Line 24 + 25.6).....	1,395,936	1,410,345	0	950,336	914,789



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		93,248
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		93,248
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		63,925
10. Matured endowments.....		
11. Annuity benefits.....		519
12. Surrender values, and withdrawals for life contracts.....		6,757
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		71,201

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....	3	20,138
17. Incurred during current year.....	10	117,560
Settled during current year:		
18.1 By payment in full.....	10	62,698
18.2 By payment on compromised claims.....		
18.3 Total paid.....	10	62,698
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	10	62,698
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	75,000
POLICY EXHIBIT		
20. In force December 31, prior year.....	320	4,962,352
21. Issued during year.....	3	29,000
22. Other changes to in force (net).....	(19)	26,262
23. In force December 31, current year.....	304	5,017,614

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	1,378,078	1,390,933		918,716	885,032
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	25,263	26,263		11,135	9,721
25.6 Totals (sum of Lines 25.1 to 25.5).....	1,403,341	1,417,196	0	929,851	894,753
26. Totals (Line 24 + 25.6).....	1,403,341	1,417,196	0	929,851	894,753



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		60,652
2. Annuity considerations.....		19,597
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		80,249
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		40,184
10. Matured endowments.....		
11. Annuity benefits.....		2,500
12. Surrender values, and withdrawals for life contracts.....		1,938
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		44,622

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	4	40,000
Settled during current year:		
18.1 By payment in full.....	4	40,000
18.2 By payment on compromised claims.....		
18.3 Total paid.....	4	40,000
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	4	40,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	161	3,023,866
21. Issued during year.....	2	8,293
22. Other changes to in force (net).....	(10)	(175,826)
23. In force December 31, current year.....	153	2,856,333

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	261,338	263,776		156,634	150,891
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	17,290	17,975		2,062	1,800
25.6 Totals (sum of Lines 25.1 to 25.5).....	278,628	281,751	0	158,695	152,691
26. Totals (Line 24 + 25.6).....	278,628	281,751	0	158,695	152,691



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Life and Annuities
1. Life insurance.....		23,103
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		23,103
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		15,005
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		15,005

<b>DETAILS OF WRITE-INS</b>	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	2	20,000
Settled during current year:		
18.1 By payment in full.....	1	15,000
18.2 By payment on compromised claims.....		
18.3 Total paid.....	1	15,000
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	1	15,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	5,000
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	63	662,560
21. Issued during year.....		
22. Other changes to in force (net).....	(5)	(526)
23. In force December 31, current year.....	58	662,034

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	54,856	55,367		44,701	43,062
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	69,491	72,243		29,211	25,501
25.6 Totals (sum of Lines 25.1 to 25.5).....	124,347	127,611	0	73,912	68,563
26. Totals (Line 24 + 25.6).....	124,347	127,611	0	73,912	68,563



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		4,979
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		4,979
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		27,230
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		27,230

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	2	27,000
Settled during current year:		
18.1 By payment in full.....	2	27,000
18.2 By payment on compromised claims.....		
18.3 Total paid.....	2	27,000
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	2	27,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	16	192,947
21. Issued during year.....		
22. Other changes to in force (net).....	(3)	(53,783)
23. In force December 31, current year.....	13	139,164

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	31,900	32,197		20,252	19,509
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	10,238	10,643		5,610	4,897
25.6 Totals (sum of Lines 25.1 to 25.5).....	42,138	42,841	0	25,862	24,407
26. Totals (Line 24 + 25.6).....	42,138	42,841	0	25,862	24,407



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		2,886
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		2,886
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		0

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	4	11,390
21. Issued during year.....		
22. Other changes to in force (net).....		13,720
23. In force December 31, current year.....	4	25,110

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	23,932	24,155		37,764	36,379
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	10,369	10,779		5,040	4,400
25.6 Totals (sum of Lines 25.1 to 25.5).....	34,301	34,935	0	42,804	40,779
26. Totals (Line 24 + 25.6).....	34,301	34,935	0	42,804	40,779



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		424,274
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		424,274
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		293,505
10. Matured endowments.....		
11. Annuity benefits.....		571
12. Surrender values, and withdrawals for life contracts.....		17,230
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		311,307

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....	2	35,000
17. Incurred during current year.....	40	266,257
Settled during current year:		
18.1 By payment in full.....	39	290,929
18.2 By payment on compromised claims.....		
18.3 Total paid.....	39	290,929
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	39	290,929
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	10,328
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	1,203	25,583,999
21. Issued during year.....	13	569,000
22. Other changes to in force (net).....	(73)	(1,906,317)
23. In force December 31, current year.....	1,143	24,246,682

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	1,535,177	1,549,497		1,180,028	1,136,764
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	147,340	153,175		35,967	31,399
25.6 Totals (sum of Lines 25.1 to 25.5).....	1,682,518	1,702,672	0	1,215,995	1,168,163
26. Totals (Line 24 + 25.6).....	1,682,518	1,702,672	0	1,215,995	1,168,163



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		23,300
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		23,300
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		36,152
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		36,152

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	73	2,152,977
21. Issued during year.....	1	30,000
22. Other changes to in force (net).....	(4)	(146,876)
23. In force December 31, current year.....	70	2,036,101

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	38,212	38,568		25,084	24,165
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	59,968	62,343		8,431	7,360
25.6 Totals (sum of Lines 25.1 to 25.5).....	98,180	100,911	0	33,515	31,525
26. Totals (Line 24 + 25.6).....	98,180	100,911	0	33,515	31,525



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		68,236
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		68,236
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		50,228
10. Matured endowments.....		
11. Annuity benefits.....		64
12. Surrender values, and withdrawals for life contracts.....		4,055
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		54,347

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	4	59,000
Settled during current year:		
18.1 By payment in full.....	3	50,000
18.2 By payment on compromised claims.....		
18.3 Total paid.....	3	50,000
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	3	50,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	9,000
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	234	2,380,884
21. Issued during year.....	9	92,000
22. Other changes to in force (net).....	(11)	16,011
23. In force December 31, current year.....	232	2,488,895

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	2,134,329	2,154,237		1,660,170	1,599,302
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	46,362	48,198		12,283	10,723
25.6 Totals (sum of Lines 25.1 to 25.5).....	2,180,691	2,202,436	0	1,672,453	1,610,025
26. Totals (Line 24 + 25.6).....	2,180,691	2,202,436	0	1,672,453	1,610,025



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		20,089
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		20,089
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		11,878
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		4,739
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		16,617

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....	2	10,000
17. Incurred during current year.....	1	1,784
Settled during current year:		
18.1 By payment in full.....	3	11,784
18.2 By payment on compromised claims.....		
18.3 Total paid.....	3	11,784
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	3	11,784
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	78	701,165
21. Issued during year.....	5	74,000
22. Other changes to in force (net).....	(6)	(3,552)
23. In force December 31, current year.....	77	771,613

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	375,912	379,418		261,637	252,045
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	12,241	12,726		1,238	1,081
25.6 Totals (sum of Lines 25.1 to 25.5).....	388,153	392,144	0	262,876	253,126
26. Totals (Line 24 + 25.6).....	388,153	392,144	0	262,876	253,126



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		3,725
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		3,725
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		0

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	16	327,146
21. Issued during year.....		
22. Other changes to in force (net).....		(7,000)
23. In force December 31, current year.....	16	320,146

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	30,841	31,128		40,515	39,030
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	25,764	26,784		10,344	9,031
25.6 Totals (sum of Lines 25.1 to 25.5).....	56,605	57,913	0	50,859	48,060
26. Totals (Line 24 + 25.6).....	56,605	57,913	0	50,859	48,060



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		55,025
2. Annuity considerations.....		450
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		55,475
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		28,126
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		1,680
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		29,806

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	6	68,000
Settled during current year:		
18.1 By payment in full.....	5	43,000
18.2 By payment on compromised claims.....		
18.3 Total paid.....	5	43,000
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	5	43,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	25,000
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	130	1,972,119
21. Issued during year.....		
22. Other changes to in force (net).....	(7)	(77,792)
23. In force December 31, current year.....	123	1,894,327

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	868,279	876,378		699,766	674,110
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	40,202	41,795		26,025	22,720
25.6 Totals (sum of Lines 25.1 to 25.5).....	908,482	918,173	0	725,791	696,829
26. Totals (Line 24 + 25.6).....	908,482	918,173	0	725,791	696,829



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		8,849
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		8,849
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		30,612
10. Matured endowments.....		
11. Annuity benefits.....		2,377
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		32,989

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....	1	1,650
17. Incurred during current year.....	2	31,149
Settled during current year:		
18.1 By payment in full.....	3	32,799
18.2 By payment on compromised claims.....		
18.3 Total paid.....	3	32,799
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	3	32,799
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	38	358,572
21. Issued during year.....		
22. Other changes to in force (net).....	(4)	(29,475)
23. In force December 31, current year.....	34	329,097

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	574,659	580,019		360,055	346,854
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	21,225	22,065		18,059	15,765
25.6 Totals (sum of Lines 25.1 to 25.5).....	595,883	602,084	0	378,114	362,619
26. Totals (Line 24 + 25.6).....	595,883	602,084	0	378,114	362,619



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		21,584
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		21,584
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		10,076
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		8,884
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		18,961

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	3	15,000
Settled during current year:		
18.1 By payment in full.....	2	10,000
18.2 By payment on compromised claims.....		
18.3 Total paid.....	2	10,000
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	2	10,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	5,000
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	69	671,368
21. Issued during year.....		
22. Other changes to in force (net).....	(7)	(72,518)
23. In force December 31, current year.....	62	598,850

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	406,662	410,455		325,810	313,865
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	63,949	66,482		10,082	8,801
25.6 Totals (sum of Lines 25.1 to 25.5).....	470,611	476,937	0	335,892	322,666
26. Totals (Line 24 + 25.6).....	470,611	476,937	0	335,892	322,666



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		3,628
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		3,628
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		10,028
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		10,028

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	1	10,000
Settled during current year:		
18.1 By payment in full.....	1	10,000
18.2 By payment on compromised claims.....		
18.3 Total paid.....	1	10,000
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	1	10,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	17	94,574
21. Issued during year.....		
22. Other changes to in force (net).....	(1)	10,928
23. In force December 31, current year.....	16	105,502

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	26,466	26,713		13,320	12,832
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	11,393	11,844		1,087	949
25.6 Totals (sum of Lines 25.1 to 25.5).....	37,858	38,556	0	14,407	13,781
26. Totals (Line 24 + 25.6).....	37,858	38,556	0	14,407	13,781



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		82,285
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		82,285
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		106,282
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		4,111
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		110,393

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....	1	10,000
17. Incurred during current year.....	11	115,913
Settled during current year:		
18.1 By payment in full.....	10	105,913
18.2 By payment on compromised claims.....		
18.3 Total paid.....	10	105,913
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	10	105,913
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	20,000
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	201	1,671,253
21. Issued during year.....		
22. Other changes to in force (net).....	(12)	158,238
23. In force December 31, current year.....	189	1,829,491

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	30,659	30,945		31,427	30,275
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	3,502	3,641		2,028	1,770
25.6 Totals (sum of Lines 25.1 to 25.5).....	34,161	34,585	0	33,455	32,045
26. Totals (Line 24 + 25.6).....	34,161	34,585	0	33,455	32,045



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		0
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		0

**NONE**

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....		
21. Issued during year.....		
22. Other changes to in force (net).....		
23. In force December 31, current year.....	0	0

**NONE**

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	18,166	18,335		21,900	21,097
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	2,287	2,377			
25.6 Totals (sum of Lines 25.1 to 25.5).....	20,452	20,712	0	21,900	21,097
26. Totals (Line 24 + 25.6).....	20,452	20,712	0	21,900	21,097



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		6,878
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		6,878
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		3,000
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		3,000

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	1	3,000
Settled during current year:		
18.1 By payment in full.....	1	3,000
18.2 By payment on compromised claims.....		
18.3 Total paid.....	1	3,000
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	1	3,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	8	98,951
21. Issued during year.....		
22. Other changes to in force (net).....	(1)	(3,000)
23. In force December 31, current year.....	7	95,951

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	13,738	13,866		14,909	14,362
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	7,128	7,410		472	412
25.6 Totals (sum of Lines 25.1 to 25.5).....	20,866	21,277	0	15,380	14,774
26. Totals (Line 24 + 25.6).....	20,866	21,277	0	15,380	14,774



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		15,348
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		15,348
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		0

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	29	408,000
21. Issued during year.....		
22. Other changes to in force (net).....	(4)	(133,250)
23. In force December 31, current year.....	25	274,750

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	116,820	117,910		83,999	80,919
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	97,069	100,913		31,546	27,539
25.6 Totals (sum of Lines 25.1 to 25.5).....	213,890	218,823	0	115,544	108,458
26. Totals (Line 24 + 25.6).....	213,890	218,823	0	115,544	108,458



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		283,080
2. Annuity considerations.....		3,970
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		287,050
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		344,912
10. Matured endowments.....		
11. Annuity benefits.....		179,758
12. Surrender values, and withdrawals for life contracts.....		11,194
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		535,864

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....	1	7,000
17. Incurred during current year.....	44	454,585
Settled during current year:		
18.1 By payment in full.....	37	394,066
18.2 By payment on compromised claims.....		
18.3 Total paid.....	37	394,066
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	37	394,066
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	8	67,519
POLICY EXHIBIT		
20. In force December 31, prior year.....	937	12,555,746
21. Issued during year.....	15	507,909
22. Other changes to in force (net).....	(51)	(333,711)
23. In force December 31, current year.....	901	12,729,944

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	2,365,765	2,387,832		1,767,947	1,703,127
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	207,118	215,320		41,344	36,093
25.6 Totals (sum of Lines 25.1 to 25.5).....	2,572,883	2,603,152	0	1,809,291	1,739,220
26. Totals (Line 24 + 25.6).....	2,572,883	2,603,152	0	1,809,291	1,739,220



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		31,299
2. Annuity considerations.....		16,538
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		47,837
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		78,063
10. Matured endowments.....		
11. Annuity benefits.....		1,579
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		79,642

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		1	10,000
17. Incurred during current year.....		6	71,500
Settled during current year:			
18.1 By payment in full.....		6	77,500
18.2 By payment on compromised claims.....			
18.3 Total paid.....		6	77,500
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....		6	77,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....		1	4,000
POLICY EXHIBIT			
20. In force December 31, prior year.....		123	2,211,792
21. Issued during year.....		2	60,000
22. Other changes to in force (net).....		(8)	(108,697)
23. In force December 31, current year.....		117	2,163,095

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	1,317,764	1,330,056		829,462	799,051
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	40,092	41,680		14,589	12,736
25.6 Totals (sum of Lines 25.1 to 25.5).....	1,357,856	1,371,736	0	844,050	811,786
26. Totals (Line 24 + 25.6).....	1,357,856	1,371,736	0	844,050	811,786



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		7,172
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		7,172
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		0

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	22	311,250
21. Issued during year.....		
22. Other changes to in force (net).....		(10,750)
23. In force December 31, current year.....	22	300,500

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	35,632	35,964		22,192	21,378
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	28,709	29,846		48,739	42,549
25.6 Totals (sum of Lines 25.1 to 25.5).....	64,341	65,810	0	70,931	63,927
26. Totals (Line 24 + 25.6).....	64,341	65,810	0	70,931	63,927



**LIFE INSURANCE**

DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		359
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		359
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		0

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....		
21. Issued during year.....		
22. Other changes to in force (net).....		
23. In force December 31, current year.....	0	0

**NONE**

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	398	401			
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	208	216			
25.6 Totals (sum of Lines 25.1 to 25.5).....	606	618	0	0	0
26. Totals (Line 24 + 25.6).....	606	618	0	0	0



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		174,968
2. Annuity considerations.....		8,367
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		183,334
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		134,136
10. Matured endowments.....		
11. Annuity benefits.....		26,281
12. Surrender values, and withdrawals for life contracts.....		8,890
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		169,307

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....	2	8,907
17. Incurred during current year.....	26	128,955
Settled during current year:		
18.1 By payment in full.....	27	134,862
18.2 By payment on compromised claims.....		
18.3 Total paid.....	27	134,862
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	27	134,862
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	3,000
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	590	6,043,251
21. Issued during year.....	6	71,000
22. Other changes to in force (net).....	(46)	(502,742)
23. In force December 31, current year.....	550	5,611,509

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	3,676,508	3,710,801		2,515,511	2,423,283
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	99,673	103,620		17,482	15,262
25.6 Totals (sum of Lines 25.1 to 25.5).....	3,776,181	3,814,421	0	2,532,994	2,438,545
26. Totals (Line 24 + 25.6).....	3,776,181	3,814,421	0	2,532,994	2,438,545



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		20,609
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		20,609
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		0

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	44	423,592
21. Issued during year.....		
22. Other changes to in force (net).....		89,220
23. In force December 31, current year.....	44	512,812

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	12,651	12,769		6,285	6,054
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	27,878	28,982		4,867	4,249
25.6 Totals (sum of Lines 25.1 to 25.5).....	40,529	41,751	0	11,151	10,303
26. Totals (Line 24 + 25.6).....	40,529	41,751	0	11,151	10,303



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		23,988
2. Annuity considerations.....		50
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		24,038
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		15,112
10. Matured endowments.....		
11. Annuity benefits.....		1,426
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		16,538

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....	1	10,000
17. Incurred during current year.....	2	6,426
Settled during current year:		
18.1 By payment in full.....	3	16,426
18.2 By payment on compromised claims.....		
18.3 Total paid.....	3	16,426
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	3	16,426
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	65	583,505
21. Issued during year.....		
22. Other changes to in force (net).....	(3)	(8,399)
23. In force December 31, current year.....	62	575,106

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	391,238	394,887		320,278	308,535
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	10,106	10,506		1,843	1,609
25.6 Totals (sum of Lines 25.1 to 25.5).....	401,344	405,393	0	322,121	310,144
26. Totals (Line 24 + 25.6).....	401,344	405,393	0	322,121	310,144



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		12,173
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		12,173
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		0

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	35	364,871
21. Issued during year.....	5	75,000
22. Other changes to in force (net).....	(1)	30,125
23. In force December 31, current year.....	39	469,996

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	296,317	299,081		233,542	224,980
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	25,044	26,036		4,932	4,306
25.6 Totals (sum of Lines 25.1 to 25.5).....	321,361	325,117	0	238,474	229,285
26. Totals (Line 24 + 25.6).....	321,361	325,117	0	238,474	229,285



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		110,590
2. Annuity considerations.....		400
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		110,990
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		182,805
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		11,084
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		193,889

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....	2	20,000
17. Incurred during current year.....	29	189,397
Settled during current year:		
18.1 By payment in full.....	30	206,397
18.2 By payment on compromised claims.....		
18.3 Total paid.....	30	206,397
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	30	206,397
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	3,000
POLICY EXHIBIT		
20. In force December 31, prior year.....	436	4,117,552
21. Issued during year.....		
22. Other changes to in force (net).....	(42)	(340,544)
23. In force December 31, current year.....	394	3,777,008

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	1,244,534	1,256,143		876,834	844,686
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	21,302	22,145		5,417	4,729
25.6 Totals (sum of Lines 25.1 to 25.5).....	1,265,836	1,278,288	0	882,251	849,415
26. Totals (Line 24 + 25.6).....	1,265,836	1,278,288	0	882,251	849,415



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		226,114
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		226,114
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		275,222
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		12,616
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		287,838

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....	4	45,000
17. Incurred during current year.....	32	263,497
Settled during current year:		
18.1 By payment in full.....	33	275,997
18.2 By payment on compromised claims.....		
18.3 Total paid.....	33	275,997
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	33	275,997
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	32,500
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	650	9,095,744
21. Issued during year.....	4	116,000
22. Other changes to in force (net).....	(54)	(647,914)
23. In force December 31, current year.....	600	8,563,830

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	4,931,221	4,977,218		3,340,359	3,217,889
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	60,852	63,262		41,324	36,076
25.6 Totals (sum of Lines 25.1 to 25.5).....	4,992,073	5,040,480	0	3,381,683	3,253,965
26. Totals (Line 24 + 25.6).....	4,992,073	5,040,480	0	3,381,683	3,253,965



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		1,893
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		1,893
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		0

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....			
Settled during current year:			
18.1 By payment in full.....			
18.2 By payment on compromised claims.....			
18.3 Total paid.....	0	0	
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....	0	0	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	
POLICY EXHIBIT			
20. In force December 31, prior year.....	1	25,000	
21. Issued during year.....			
22. Other changes to in force (net).....			
23. In force December 31, current year.....	1	25,000	

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	17,458	17,620		11,605	11,180
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	12,134	12,614		625	546
25.6 Totals (sum of Lines 25.1 to 25.5).....	29,591	30,235	0	12,230	11,725
26. Totals (Line 24 + 25.6).....	29,591	30,235	0	12,230	11,725



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		55,689
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		55,689
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		55,218
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		5,896
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		61,114

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....	1	25,000
17. Incurred during current year.....	11	65,230
Settled during current year:		
18.1 By payment in full.....	6	55,000
18.2 By payment on compromised claims.....		
18.3 Total paid.....	6	55,000
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	6	55,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	6	35,230
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	222	2,949,065
21. Issued during year.....	3	40,000
22. Other changes to in force (net).....	(11)	(44,936)
23. In force December 31, current year.....	214	2,944,129

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	395,453	399,141		261,611	252,019
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	74,467	77,416		44,202	38,588
25.6 Totals (sum of Lines 25.1 to 25.5).....	469,920	476,557	0	305,813	290,607
26. Totals (Line 24 + 25.6).....	469,920	476,557	0	305,813	290,607



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		0
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		0

**NONE**

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....		
21. Issued during year.....		
22. Other changes to in force (net).....		
23. In force December 31, current year.....	0	0

**NONE**

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	8,727	8,808		2,775	2,674
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	2,620	2,723		50	44
25.6 Totals (sum of Lines 25.1 to 25.5).....	11,346	11,531	0	2,825	2,717
26. Totals (Line 24 + 25.6).....	11,346	11,531	0	2,825	2,717



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		1,462
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		1,462
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		0

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	4	72,000
21. Issued during year.....		
22. Other changes to in force (net).....		
23. In force December 31, current year.....	4	72,000

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	27,661	27,919		12,388	11,934
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	21,584	22,439		46,513	40,606
25.6 Totals (sum of Lines 25.1 to 25.5).....	49,245	50,358	0	58,901	52,540
26. Totals (Line 24 + 25.6).....	49,245	50,358	0	58,901	52,540



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		33,852
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		33,852
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		5,215
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		1,021
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		6,236

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....	1	1,591
17. Incurred during current year.....	1	3,566
Settled during current year:		
18.1 By payment in full.....	2	5,157
18.2 By payment on compromised claims.....		
18.3 Total paid.....	2	5,157
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	2	5,157
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	65	754,682
21. Issued during year.....	1	30,000
22. Other changes to in force (net).....	(9)	242,669
23. In force December 31, current year.....	57	1,027,351

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	99,594	100,523		63,899	61,557
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	114,978	119,531		21,988	19,195
25.6 Totals (sum of Lines 25.1 to 25.5).....	214,572	220,055	0	85,887	80,752
26. Totals (Line 24 + 25.6).....	214,572	220,055	0	85,887	80,752



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		2,842
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		2,842
<b>DIRECT REFUNDS TO MEMBERS</b>		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>		
9. Death benefits.....		3,025
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		3,025

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1	2
	Number of Certificates	Amount
16. Unpaid December 31, prior year.....	1	3,000
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....	1	3,000
18.2 By payment on compromised claims.....		
18.3 Total paid.....	1	3,000
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	1	3,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
<b>POLICY EXHIBIT</b>		
20. In force December 31, prior year.....	8	88,498
21. Issued during year.....		
22. Other changes to in force (net).....	(1)	(2,230)
23. In force December 31, current year.....	7	86,268

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	38,353	38,711		25,341	24,412
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	27,817	28,919		13,075	11,415
25.6 Totals (sum of Lines 25.1 to 25.5).....	66,170	67,630	0	38,416	35,826
26. Totals (Line 24 + 25.6).....	66,170	67,630	0	38,416	35,826



**LIFE INSURANCE**

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		234
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		234
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values, and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		0

DETAILS OF WRITE-INS	
1301. ....	
1302. ....	
1303. ....	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	3	26,915
21. Issued during year.....		
22. Other changes to in force (net).....		(9,000)
23. In force December 31, current year.....	3	17,915

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	6,479	6,540		4,829	4,652
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 All Other.....	1,935	2,012		439	383
25.6 Totals (sum of Lines 25.1 to 25.5).....	8,414	8,551	0	5,268	5,036
26. Totals (Line 24 + 25.6).....	8,414	8,551	0	5,268	5,036

# The Order Of United Commercial Travelers Of America FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

## Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	418,183
2. Current year's realized pre-tax capital gains/(losses) of \$.....111,894 transferred into the reserve net of taxes of \$.....0.....	111,894
3. Adjustment for current year's liability gains/(losses) released from the reserve.....	
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3).....	530,077
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	169,192
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	360,885

## Amortization

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released from the Reserve	4 Balance Before Reduction for the Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2002.....	144,031	25,161		169,192
2. 2003.....	88,595	36,598		125,193
3. 2004.....	64,906	19,105		84,011
4. 2005.....	46,522	14,355		60,877
5. 2006.....	32,857	9,407		42,264
6. 2007.....	20,348	4,031		24,379
7. 2008.....	9,819	1,080		10,899
8. 2009.....	2,215	821		3,036
9. 2010.....	(473)	546		73
10. 2011.....	(225)	272		47
11. 2012.....	(161)	(41)		(202)
12. 2013.....	(227)	(219)		(446)
13. 2014.....	(294)	(226)		(520)
14. 2015.....	(297)	(245)		(542)
15. 2016.....	(287)	(263)		(550)
16. 2017.....	(345)	(286)		(631)
17. 2018.....	(315)	(251)		(566)
18. 2019.....	(373)	(156)		(529)
19. 2020.....	(252)	(62)		(314)
20. 2021.....	201	39		240
21. 2022.....	682	159		841
22. 2023.....	1,223	221		1,444
23. 2024.....	1,781	238		2,019
24. 2025.....	2,189	251		2,440
25. 2026.....	2,118	274		2,392
26. 2027.....	1,667	291		1,958
27. 2028.....	1,212	274		1,486
28. 2029.....	772	221		993
29. 2030.....	289	163		452
30. 2031.....	6	101		107
31. 2032 and Later.....		35		35
32. Total (Lines 1 to 31).....	418,184	111,894	0	530,078

**ASSET VALUATION RESERVE**

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	57,472		57,472	728	40,581	41,309	98,781
2. Realized capital gains/(losses) net of taxes - General Account.....			0			0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			0	0
4. Unrealized capital gains/(losses) - general account.....			0			0	0
5. Unrealized capital gains/(losses) - Separate Accounts.....			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves.....			0			0	0
7. Basic contribution.....	10,932		10,932			0	10,932
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	68,404	0	68,404	728	40,581	41,309	109,713
9. Maximum reserve.....	61,947		61,947		38,005	38,005	99,952
10. Reserve objective.....	32,795		32,795		38,005	38,005	70,800
11. 20% of (Line 10 minus Line 8).....	(7,122)	0	(7,122)	(146)	(515)	(661)	(7,783)
12. Balance before transfers (Lines 8 + 11).....	61,282	0	61,282	582	40,066	40,648	101,930
13. Transfers.....			0			0	XXX
14. Voluntary contribution.....			0			0	0
15. Adjustment down to maximum/up to zero.....			0	(582)	(2,061)	(2,643)	(2,643)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	61,282	0	61,282	0	38,005	38,005	99,287

**ASSET VALUATION RESERVE**

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
<b>LONG-TERM BONDS</b>												
1		Exempt obligations.....	1,721,578	XXX	XXX	1,721,578	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	12,774,827	XXX	XXX	12,774,827	0.0005	6,387	0.0015	19,162	0.0030	38,324
3	2	High quality.....	1,821,730	XXX	XXX	1,821,730	0.0020	3,643	0.0060	10,930	0.0100	18,217
4	3	Medium quality.....		XXX	XXX	0	0.0105	0	0.0280	0	0.0400	0
5	4	Low quality.....		XXX	XXX	0	0.0270	0	0.0630	0	0.0900	0
6	5	Lower quality.....		XXX	XXX	0	0.0670	0	0.1200	0	0.2000	0
7	6	In or near default.....		XXX	XXX	0	0.0000	0	0.3000	0	0.3000	0
8		Total unrated multi-class securities acquired by conversion.....		XXX	XXX	0	XXX	0	XXX	0	XXX	
9		Total bonds (sum of Lines 1 through 8) (Page 2, Line 1, Net admitted asset).....	16,318,135	XXX	XXX	16,318,135	XXX	10,031	XXX	30,093	XXX	56,542
<b>PREFERRED STOCKS</b>												
10	1	Highest quality.....		XXX	XXX	0	0.0020	0	0.0060	0	0.0090	0
11	2	High quality.....		XXX	XXX	0	0.0065	0	0.0170	0	0.0250	0
12	3	Medium quality.....		XXX	XXX	0	0.0185	0	0.0400	0	0.0600	0
13	4	Low quality.....		XXX	XXX	0	0.0400	0	0.0880	0	0.1350	0
14	5	Lower quality.....		XXX	XXX	0	0.0850	0	0.1600	0	0.2500	0
15	6	In or near default.....		XXX	XXX	0	0.0000	0	0.3000	0	0.3000	0
16		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16) (Page 2, Line 2.1, Net admitted asset).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
<b>SHORT-TERM BONDS</b>												
18		Exempt obligations.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....	1,801,855	XXX	XXX	1,801,855	0.0005	901	0.0015	2,703	0.0030	5,406
20	2	High quality.....		XXX	XXX	0	0.0020	0	0.0060	0	0.0100	0
21	3	Medium quality.....		XXX	XXX	0	0.0105	0	0.0280	0	0.0400	0
22	4	Low quality.....		XXX	XXX	0	0.0270	0	0.0630	0	0.0900	0
23	5	Lower quality.....		XXX	XXX	0	0.0670	0	0.1200	0	0.2000	0
24	6	In or near default.....		XXX	XXX	0	0.0000	0	0.3000	0	0.3000	0
25		Total short-term bonds (sum of Lines 18 thru 24).....	1,801,855	XXX	XXX	1,801,855	XXX	901	XXX	2,703	XXX	5,406

**ASSET VALUATION RESERVE (continued)**

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
<b>DERIVATIVE INSTRUMENTS</b>												
26		Exchange-traded.....		XXX	XXX	0	0.0005	0	0.0015	0	0.0030	0
27	1	Highest quality.....		XXX	XXX	0	0.0005	0	0.0015	0	0.0030	0
28	2	High quality.....		XXX	XXX	0	0.0020	0	0.0060	0	0.0100	0
29	3	Medium quality.....		XXX	XXX	0	0.0105	0	0.0280	0	0.0400	0
30	4	Low quality.....		XXX	XXX	0	0.0270	0	0.0630	0	0.0900	0
31	5	Lower quality.....		XXX	XXX	0	0.0670	0	0.1200	0	0.2000	0
32	6	In or near default.....		XXX	XXX	0	0.0000	0	0.3000	0	0.3000	0
33		Total derivative instruments.....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		TOTAL (Lines 9 + 17 + 25 + 33).....	18,119,990	XXX	XXX	18,119,990	XXX	10,932	XXX	32,795	XXX	61,947
<b>MORTGAGE LOANS</b>												
In good standing:												
35		Farm mortgages.....			XXX	0	(a).....	0	(a).....	0	(a).....	0
36		Residential mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
37		Residential mortgages-all other.....			XXX	0	0.0013	0	0.0030	0	0.0050	0
38		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
39		Commercial mortgages-all other.....			XXX	0	(a).....	0	(a).....	0	(a).....	0
40		In good standing with restructured terms.....			XXX	0	(b).....	0	(b).....	0	(b).....	0
Overdue, not in process:												
41		Farm mortgages.....			XXX	0	0.0420	0	0.0915	0	0.1500	0
42		Residential mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
43		Residential mortgages-all other.....			XXX	0	0.0025	0	0.0060	0	0.0100	0
44		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
45		Commercial mortgages-all other.....			XXX	0	0.0420	0	0.0915	0	0.1500	0
In process of foreclosure:												
46		Farm mortgages.....			XXX	0	0.0000	0	0.2000	0	0.2000	0
47		Residential mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
48		Residential mortgages-all other.....			XXX	0	0.0000	0	0.0200	0	0.0200	0
49		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
50		Commercial mortgages-all other.....			XXX	0	0.0000	0	0.2000	0	0.2000	0
51		Total Schedule B mortgages (sum of Lines 35 through 50) (Page 2, Line 3, Net admitted asset).....	0	0	XXX	0	XXX	0	XXX	0	XXX	0
52		Schedule DA mortgages.....			XXX	0	(c).....	0	(c).....	0	(c).....	0
53		Total mortgage loans on real estate (Lines 51 + 52).....	0	0	XXX	0	XXX	0	XXX	0	XXX	0

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(a) Times the company's experience adjustment factor (EAF).

(b) Column 9 is the greater of 7.5% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.

(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

**ASSET VALUATION RESERVE**

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
<b>COMMON STOCK</b>												
1		Unaffiliated public.....		XXX	XXX	0	0.0000	0	(d)	0	(d)	0
2		Unaffiliated private.....		XXX	XXX	0	0.0000	0	0.2500	0	0.2500	0
3		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
Affiliated Investment Subsidiary:												
4		Fixed income exempt obligations.....				0	XXX		XXX		XXX	
5		Fixed income highest quality.....				0	XXX		XXX		XXX	
6		Fixed income high quality.....				0	XXX		XXX		XXX	
7		Fixed income medium quality.....				0	XXX		XXX		XXX	
8		Fixed income low quality.....				0	XXX		XXX		XXX	
9		Fixed income lower quality.....				0	XXX		XXX		XXX	
10		Fixed income in/near default.....				0	XXX		XXX		XXX	
11		Unaffiliated common stock public.....				0	0.0000	0	(d)	0	(d)	0
12		Unaffiliated common stock private.....				0	0.0000	0	0.2500	0	0.2500	0
13		Mortgage loans.....				0	(c)	0	(c)	0	(c)	0
14		Real estate.....				0	(e)	0	(e)	0	(e)	0
15		Affiliated - certain other (see SVO Purposes and Procedures manual).....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated - all other.....		XXX	XXX	0	0.0000	0	0.2500	0	0.2500	0
17		Total common stock (sum of Lines 1 through 16) (Page 2, Line 2.2, Net admitted asset).....	0	0	0	0	XXX	0	XXX	0	XXX	0
<b>REAL ESTATE</b>												
18		Home office property (general account only).....	506,728			506,728	0.0000	0	0.0750	38,005	0.0750	38,005
19		Investment properties.....				0	0.0000	0	0.0750	0	0.0750	0
20		Properties acquired in satisfaction of debt.....				0	0.0000	0	0.1100	0	0.1100	0
21		Total real estate (sum of Lines 18 through 20).....	506,728	0	0	506,728	XXX	0	XXX	38,005	XXX	38,005
<b>OTHER INVESTED ASSETS</b>												
<b>INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS</b>												
22		Exempt obligations.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23	1	Highest quality.....		XXX	XXX	0	0.0005	0	0.0015	0	0.0030	0
24	2	High quality.....		XXX	XXX	0	0.0020	0	0.0060	0	0.0100	0
25	3	Medium quality.....		XXX	XXX	0	0.0105	0	0.0280	0	0.0400	0
26	4	Low quality.....		XXX	XXX	0	0.0270	0	0.0630	0	0.0900	0
27	5	Lower quality.....		XXX	XXX	0	0.0670	0	0.1200	0	0.2000	0
28	6	In or near default.....		XXX	XXX	0	0.0000	0	0.3000	0	0.3000	0
29		Total with bond characteristics (sum of Lines 22 through 28).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

**ASSET VALUATION RESERVE (continued)**

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
<b>INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS</b>												
30	1	Highest quality.....		XXX	XXX	0	0.0020	0	0.0060	0	0.0090	0
31	2	High quality.....		XXX	XXX	0	0.0065	0	0.0170	0	0.0250	0
32	3	Medium quality.....		XXX	XXX	0	0.0185	0	0.0400	0	0.0600	0
33	4	Low quality.....		XXX	XXX	0	0.0400	0	0.0880	0	0.1350	0
34	5	Lower quality.....		XXX	XXX	0	0.0850	0	0.1600	0	0.2500	0
35	6	In or near default.....		XXX	XXX	0	0.0000	0	0.3000	0	0.3000	0
36		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37		Total with preferred stock characteristics (sum of Lines 30 through 36).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
<b>INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS</b>												
In Good Standing:												
38		Farm mortgages.....		<b>NONE</b>		0	(a)	0	(a)	0	(a)	0
39		Residential mortgages-insured or guaranteed.....		<b>NONE</b>		0	0.0003	0	0.0006	0	0.0010	0
40		Residential mortgages-all other.....		XXX	XXX	0	0.0013	0	0.0030	0	0.0050	0
41		Commercial mortgages-insured or guaranteed.....		<b>NONE</b>		0	0.0003	0	0.0006	0	0.0010	0
42		Commercial mortgages-all other.....		<b>NONE</b>		0	(a)	0	(a)	0	(a)	0
43		In good standing with restructured terms.....		<b>NONE</b>		0	(b)	0	(b)	0	(b)	0
Overdue, Not in Process:												
44		Farm mortgages.....		<b>NONE</b>		0	0.0420	0	0.0915	0	0.1500	0
45		Residential mortgages-insured or guaranteed.....		<b>NONE</b>		0	0.0005	0	0.0012	0	0.0020	0
46		Residential mortgages-all other.....		<b>NONE</b>		0	0.0025	0	0.0060	0	0.0100	0
47		Commercial mortgages-insured or guaranteed.....		<b>NONE</b>		0	0.0005	0	0.0012	0	0.0020	0
48		Commercial mortgages-all other.....		<b>NONE</b>		0	0.0420	0	0.0915	0	0.1500	0
In Process of foreclosure:												
49		Farm mortgages.....		<b>NONE</b>		0	0.0000	0	0.2000	0	0.2000	0
50		Residential mortgages-insured or guaranteed.....		<b>NONE</b>		0	0.0000	0	0.0040	0	0.0040	0
51		Residential mortgages-all other.....		<b>NONE</b>		0	0.0000	0	0.0200	0	0.0200	0
52		Commercial mortgages-insured or guaranteed.....		<b>NONE</b>		0	0.0000	0	0.0040	0	0.0040	0
53		Commercial mortgages-all other.....		<b>NONE</b>		0	0.0000	0	0.2000	0	0.2000	0
54		Total with mortgage loan characteristics (sum of Lines 38 through 53).....	0	0	XXX	0	XXX	0	XXX	0	XXX	0

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**ASSET VALUATION RESERVE (continued)**

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
<b>INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK</b>												
55		Unaffiliated public.....		XXX	XXX	0	0.0000	0	(d)	0	(d)	0
56		Unaffiliated private.....		XXX	XXX	0	0.0000	0	0.2500	0	0.2500	0
57		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
58		Affiliated certain other (see SVO Purposes and Procedures manual).....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
59		Affiliated other - all other.....		XXX	XXX	0	0.0000	0	0.2500	0	0.2500	0
60		Total with common stock characteristics (sum of Lines 55 through 59).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
<b>INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE</b>												
61		Home office property (general account only).....	0			0	0.0000	0	0.0750	0	0.0750	0
62		Investment properties.....	0			0	0.0000	0	0.0750	0	0.0750	0
63		Properties acquired in satisfaction of debt.....	0			0	0.0000	0	0.1100	0	0.1100	0
64		Total with real estate characteristics (Lines 61 through 63).....	0	0	0	0	XXX	0	XXX	0	XXX	0
<b>ALL OTHER INVESTMENTS</b>												
65		Other invested assets - Schedule BA.....		XXX		0	0.0000	0	0.2000	0	0.2000	0
66		Other short-term invested assets - Schedule DA.....		XXX		0	0.0000	0	0.2000	0	0.2000	0
67		Total all other (sum of Lines 65 + 66).....	0	XXX	0	0	XXX	0	XXX	0	XXX	0
68		Total other invested assets - Schedule BA & DA (Sum of Lines 29, 37, 54, 60, 64 and 67).....	0	0	0	0	XXX	0	XXX	0	XXX	0

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**NONE**

- (a) Times the company's experience adjustment factor (EAF).
- (b) Column 9 is the greater of 7.5% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.
- (c) Determined using the same factors and breakdowns used for directly owned mortgage loans.
- (d) Times the company's weighted average portfolio beta (Minimum .15, Maximum .30).
- (e) Determined using same factors and breakdowns used for directly owned real estate.

**AVR-Equity Component (Cont.)**  
**NONE**

**AVR-Equity Component (Cont.)**  
**NONE**

**AVR-Replications (Synthetic) Assets**  
**NONE**

**SCHEDULE A - VERIFICATION BETWEEN YEARS**

1. Book/adjusted carrying value, December 31, prior year (prior year statement).....	551,073
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 10.....	(55,930)
2.2 Totals, Part 3, Column 7.....	
3. Cost of acquired (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)).....	
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 13.....	11,585
4.2 Totals, Part 3, Column 9.....	
5. Total profit (loss) on sales, Part 3, Column 14.....	
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 11.....	
6.2 Totals, Part 3, Column 8.....	
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 12.....	
8. Book/adjusted carrying value at end of current period.....	506,728
9. Total valuation allowance.....	
10. Subtotal (Lines 8 plus 9).....	506,728
11. Total nonadmitted amounts.....	
12. Statement value, current period (Page 2, real estate lines, current period).....	506,728

**SCHEDULE B - VERIFICATION BETWEEN YEARS**

1. Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year.....	
2. Amount loaned during year:	
2.1 Actual cost at time of acquisitions.....	
2.2 Additional investment made after acquisitions.....	0
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 year.....	<b>NONE</b>
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.....	0
10. Total valuation allowance.....	
11. Subtotal (Lines 9 plus 10).....	0
12. Total nonadmitted amounts.....	
13. Statement value of mortgages owned at end of current period.....	0

**SCHEDULE BA - VERIFICATION BETWEEN YEARS**

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year.....	
2. Cost of acquisitions during year:	
2.1 Actual cost at time of acquisitions.....	
2.2 Additional investment made after acquisitions.....	0
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 year.....	<b>NONE</b>
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.....	0
10. Total valuation allowance.....	
11. Subtotal (Lines 9 plus 10).....	0
12. Total nonadmitted amounts.....	
13. Statement value of long-term invested assets at end of current period.....	0

**SCHEDULE D - PART 1A - SECTION 1**

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>1. U.S. Governments, Schedules D &amp; DA (Group 1)</b>											
1.1 Class 1.....	496,969	500,671	723,938			1,721,578	9.5	1,717,326	8.5	1,721,578	
1.2 Class 2.....						0	0.0				
1.3 Class 3.....						0	0.0				
1.4 Class 4.....						0	0.0				
1.5 Class 5.....						0	0.0				
1.6 Class 6.....						0	0.0				
1.7 Totals.....	496,969	500,671	723,938	0	0	1,721,578	9.5	1,717,326	8.5	1,721,578	0
<b>2. All Other Governments, Schedules D &amp; DA (Group 2)</b>											
2.1 Class 1.....	5,000		1,029,167	336,831		1,370,998	7.6	2,277,248	11.2	1,370,997	
2.2 Class 2.....						0	0.0				
2.3 Class 3.....						0	0.0				
2.4 Class 4.....						0	0.0				
2.5 Class 5.....						0	0.0				
2.6 Class 6.....						0	0.0				
2.7 Totals.....	5,000	0	1,029,167	336,831	0	1,370,998	7.6	2,277,248	11.2	1,370,997	0
<b>3. States, Territories and Possessions, etc., Guaranteed, Schedules D &amp; DA (Group 3)</b>											
3.1 Class 1.....		299,048	100,602	104,912	599,614	1,104,176	6.1	186,896	0.9	1,104,177	
3.2 Class 2.....						0	0.0				
3.3 Class 3.....						0	0.0				
3.4 Class 4.....						0	0.0				
3.5 Class 5.....						0	0.0				
3.6 Class 6.....						0	0.0				
3.7 Totals.....	0	299,048	100,602	104,912	599,614	1,104,176	6.1	186,896	0.9	1,104,177	0
<b>4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D &amp; DA (Group 4)</b>											
4.1 Class 1.....						0	0.0				
4.2 Class 2.....						0	0.0				
4.3 Class 3.....						0	0.0				
4.4 Class 4.....						0	0.0				
4.5 Class 5.....						0	0.0				
4.6 Class 6.....						0	0.0				
4.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
<b>5. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed, Schedules D &amp; DA (Group 5)</b>											
5.1 Class 1.....						0	0.0				
5.2 Class 2.....						0	0.0				
5.3 Class 3.....						0	0.0				
5.4 Class 4.....						0	0.0				
5.5 Class 5.....						0	0.0				
5.6 Class 6.....						0	0.0				
5.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0

**SCHEDULE D - PART 1A - SECTION 1 (continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusting Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>6. Public Utilities (Unaffiliated), Schedules D &amp; DA (Group 6)</b>											
6.1 Class 1.....	499,980	574,514	474,941		97,676	1,647,111	9.1	2,970,173	14.6	1,647,112	
6.2 Class 2.....			508,707			508,707	2.8			508,707	
6.3 Class 3.....						0	0.0				
6.4 Class 4.....						0	0.0				
6.5 Class 5.....						0	0.0				
6.6 Class 6.....						0	0.0				
6.7 Totals.....	499,980	574,514	983,648	0	97,676	2,155,818	11.9	2,970,173	14.6	2,155,819	0
<b>7. Industrial &amp; Miscellaneous (Unaffiliated), Schedules D &amp; DA (Group 7)</b>											
7.1 Class 1.....	1,915,784	6,171,239	2,096,232	69,600	201,541	10,454,396	57.7	11,416,510	56.3	10,454,396	
7.2 Class 2.....	228,344	501,245	476,725		106,708	1,313,022	7.2	1,722,921	8.5	1,313,023	
7.3 Class 3.....						0	0.0				
7.4 Class 4.....						0	0.0				
7.5 Class 5.....						0	0.0				
7.6 Class 6.....						0	0.0				
7.7 Totals.....	2,144,128	6,672,484	2,572,957	69,600	308,249	11,767,418	64.9	13,139,431	64.8	11,767,419	0
<b>8. Credit Tenant Loans, Schedules D &amp; DA (Group 8)</b>											
8.1 Class 1.....						0	0.0				
8.2 Class 2.....						0	0.0				
8.3 Class 3.....						0	0.0				
8.4 Class 4.....						0	0.0				
8.5 Class 5.....						0	0.0				
8.6 Class 6.....						0	0.0				
8.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
<b>9. Parent, Subsidiaries and Affiliates, Schedules D &amp; DA (Group 9)</b>											
9.1 Class 1.....						0	0.0				
9.2 Class 2.....						0	0.0				
9.3 Class 3.....						0	0.0				
9.4 Class 4.....						0	0.0				
9.5 Class 5.....						0	0.0				
9.6 Class 6.....						0	0.0				
9.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0

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**SCHEDULE D - PART 1A - SECTION 1 (continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>10. Total Bonds Current Year</b>											
10.1 Class 1.....	2,917,733	7,545,472	4,424,880	511,343	898,831	16,298,259	89.9	XXX	XXX	16,298,260	0
10.2 Class 2.....	228,344	501,245	985,432	0	106,708	1,821,729	10.1	XXX	XXX	1,821,730	0
10.3 Class 3.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Class 4.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.5 Class 5.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Class 6.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals.....	3,146,077	8,046,717	5,410,312	511,343	1,005,539	18,119,988	100.0	XXX	XXX	18,119,990	0
10.8 Line 10.7 as a % of Col. 6.....	17.4	44.4	29.9	2.8	5.5	100.0	XXX	XXX	XXX	100.0	0.0
<b>11. Total Bonds Prior Year</b>											
11.1 Class 1.....	2,464,075	10,317,232	4,629,240	773,573	384,032	XXX	XXX	18,568,152	91.5	18,568,152	0
11.2 Class 2.....		501,627	1,221,294			XXX	XXX	1,722,921	8.5	1,722,921	0
11.3 Class 3.....						XXX	XXX	0	0.0	0	0
11.4 Class 4.....						XXX	XXX	0	0.0	0	0
11.5 Class 5.....						XXX	XXX	0	0.0	0	0
11.6 Class 6.....						XXX	XXX	0	0.0	0	0
11.7 Totals.....	2,464,075	10,818,859	5,850,534	773,573	384,032	XXX	XXX	20,291,073	100.0	20,291,073	0
11.8 Line 11.7 as a % of Col. 8.....	12.1	53.3	28.8	3.8	1.9	XXX	XXX	100.0	XXX	100.0	0.0
<b>12. Total Publicly Traded Bonds</b>											
12.1 Class 1.....	2,917,733	7,545,472	4,424,880	511,342	898,831	16,298,258	89.9	18,568,152	91.5	16,298,258	XXX
12.2 Class 2.....	228,344	501,245	985,433	0	106,708	1,821,730	10.1	1,722,921	8.5	1,821,730	XXX
12.3 Class 3.....						0	0.0	0	0.0	0	XXX
12.4 Class 4.....						0	0.0	0	0.0	0	XXX
12.5 Class 5.....						0	0.0	0	0.0	0	XXX
12.6 Class 6.....						0	0.0	0	0.0	0	XXX
12.7 Totals.....	3,146,077	8,046,717	5,410,313	511,342	1,005,539	18,119,988	100.0	20,291,073	100.0	18,119,988	XXX
12.8 Line 12.7 as a % of Col. 6.....	17.4	44.4	29.9	2.8	5.5	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10.....	17.4	44.4	29.9	2.8	5.5	100.0	XXX	XXX	XXX	100.0	XXX
<b>13. Total Privately Placed Bonds</b>											
13.1 Class 1.....						0	0.0	0	0.0	XXX	0
13.2 Class 2.....						0	0.0	0	0.0	XXX	0
13.3 Class 3.....						0	0.0	0	0.0	XXX	0
13.4 Class 4.....						0	0.0	0	0.0	XXX	0
13.5 Class 5.....						0	0.0	0	0.0	XXX	0
13.6 Class 6.....						0	0.0	0	0.0	XXX	0
13.7 Totals.....	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6.....	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10.....	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes \$.....0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$.....2,301,340 current year, \$.....2,058,645 prior year of bonds with Z designations and \$.....0 current year, \$.....0 prior year of bonds with Z\* designation. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z\*" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.

(c) Includes \$.....0 current year, \$.....0 prior year of bonds with 5\* designations and \$.....0 current year, \$.....0 prior year of bonds with 6\* designation. "5\*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

**SCHEDULE D - PART 1A - SECTION 2**

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusting Carrying Values By Major Type and Subtype of Issues

Distribution by Type		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>1. U.S. Governments, Schedules D &amp; DA (Group 1)</b>												
1.1 Issuer Obligations.....	496,969	500,671	723,938			1,721,578	9.5	1,717,326	8.5	1,721,578		
1.2 Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0					
1.7 Totals.....	496,969	500,671	723,938	0	0	1,721,578	9.5	1,717,326	8.5	1,721,578	0	
<b>2. All Other Governments, Schedules D &amp; DA (Group 2)</b>												
2.1 Issuer Obligations.....	5,000		1,029,167	336,831		1,370,998	7.6	2,277,248	11.2	1,370,997		
2.2 Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0					
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:												
2.3 Defined.....						0	0.0					
2.4 Other.....						0	0.0					
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:												
2.5 Defined.....						0	0.0					
2.6 Other.....						0	0.0					
2.7 Totals.....	5,000	0	1,029,167	336,831	0	1,370,998	7.6	2,277,248	11.2	1,370,997	0	
<b>3. States, Territories and Possessions, Guaranteed, Schedules D &amp; DA (Group 3)</b>												
3.1 Issuer Obligations.....		299,048	100,602	104,912	599,614	1,104,176	6.1	186,896	0.9	1,104,177		
3.2 Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0					
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:												
3.3 Defined.....						0	0.0					
3.4 Other.....						0	0.0					
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:												
3.5 Defined.....						0	0.0					
3.6 Other.....						0	0.0					
3.7 Totals.....	0	299,048	100,602	104,912	599,614	1,104,176	6.1	186,896	0.9	1,104,177	0	
<b>4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D &amp; DA (Group 4)</b>												
4.1 Issuer Obligations.....						0	0.0					
4.2 Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0					
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:												
4.3 Defined.....						0	0.0					
4.4 Other.....						0	0.0					
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:												
4.5 Defined.....						0	0.0					
4.6 Other.....						0	0.0					
4.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0	
<b>5. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed, Schedules D &amp; DA (Group 5)</b>												
5.1 Issuer Obligations.....						0	0.0					
5.2 Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0					
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:												
5.3 Defined.....						0	0.0					
5.4 Other.....						0	0.0					
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:												
5.5 Defined.....						0	0.0					
5.6 Other.....						0	0.0					
5.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0	

**SCHEDULE D - PART 1A - SECTION 2 (continued)**

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>6. Public Utilities (Unaffiliated), Schedules D &amp; DA (Group 6)</b>											
6.1 Issuer Obligations.....	499,980	574,514	983,649		97,676	2,155,819	11.9	2,970,173	14.6	2,155,819	
6.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined.....						0	0.0				
6.4 Other.....						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
6.5 Defined.....						0	0.0				
6.6 Other.....						0	0.0				
6.7 Totals.....	499,980	574,514	983,649	0	97,676	2,155,819	11.9	2,970,173	14.6	2,155,819	0
<b>7. Industrial &amp; Miscellaneous (Unaffiliated), Schedules D &amp; DA (Group 7)</b>											
7.1 Issuer Obligations.....	342,274	6,672,484	2,572,957	69,600	308,250	9,965,565	55.0	11,178,472	55.1	9,965,564	
7.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined.....						0	0.0				
7.4 Other.....						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
7.5 Defined.....	1,801,855					1,801,855	9.9	1,960,959	9.7	1,801,855	
7.6 Other.....						0	0.0				
7.7 Totals.....	2,144,129	6,672,484	2,572,957	69,600	308,250	11,767,420	64.9	13,139,431	64.8	11,767,419	0
<b>8. Credit Tenant Loans, Schedules D &amp; DA (Group 8)</b>											
8.1 Issuer Obligations.....						0	0.0				
8.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0
<b>9. Parent, Subsidiaries and Affiliates, Schedules D &amp; DA (Group 9)</b>											
9.1 Issuer Obligations.....						0	0.0				
9.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined.....						0	0.0				
9.4 Other.....						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
9.5 Defined.....						0	0.0				
9.6 Other.....						0	0.0				
9.7 Totals.....	0	0	0	0	0	0	0.0	0		0	0

**SCHEDULE D - PART 1A - SECTION 2 (continued)**

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>10. Total Bonds Current Year</b>											
10.1 Issuer Obligations.....	1,344,223	8,046,717	5,410,313	511,343	1,005,540	16,318,136	90.1	XXX	XXX	16,318,135	0
10.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Other.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
10.5 Defined.....	1,801,855	0	0	0	0	1,801,855	9.9	XXX	XXX	1,801,855	0
10.6 Other.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals.....	3,146,078	8,046,717	5,410,313	511,343	1,005,540	18,119,991	100.0	XXX	XXX	18,119,990	0
10.8 Line 10.7 as a % of Col. 6.....	17.4	44.4	29.9	2.8	5.5	100.0	XXX	XXX	XXX	100.0	0.0
<b>11. Total Bonds Prior Year</b>											
11.1 Issuer Obligations.....	503,116	10,818,859	5,850,534	773,573	384,032	XXX	XXX	18,330,114	90.3	18,330,114	0
11.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....						XXX	XXX	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined.....						XXX	XXX	0	0.0	0	0
11.4 Other.....						XXX	XXX	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
11.5 Defined.....	1,960,959					XXX	XXX	1,960,959	9.7	1,960,959	0
11.6 Other.....						XXX	XXX	0	0.0	0	0
11.7 Totals.....	2,464,075	10,818,859	5,850,534	773,573	384,032	XXX	XXX	20,291,073	100.0	20,291,073	0
11.8 Line 11.7 as a % of Col. 8.....	12.1	53.3	28.8	3.8	1.9	XXX	XXX	100.0	XXX	100.0	0.0
<b>12. Total Publicly Traded Bonds</b>											
12.1 Issuer Obligations.....	1,344,223	8,046,717	5,410,313	511,342	1,005,540	16,318,135	90.1	18,330,114	90.3	16,318,135	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....						0	0.0	0	0.0	0	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined.....						0	0.0	0	0.0	0	XXX
12.4 Other.....						0	0.0	0	0.0	0	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
12.5 Defined.....	1,801,855					1,801,855	9.9	1,960,959	9.7	1,801,855	XXX
12.6 Other.....						0	0.0	0	0.0	0	XXX
12.7 Totals.....	3,146,078	8,046,717	5,410,313	511,342	1,005,540	18,119,990	100.0	20,291,073	100.0	18,119,990	XXX
12.8 Line 12.7 as a % of Col. 6.....	17.4	44.4	29.9	2.8	5.5	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10.....	17.4	44.4	29.9	2.8	5.5	100.0	XXX	XXX	XXX	100.0	XXX
<b>13. Total Privately Placed Bonds</b>											
13.1 Issuer Obligations.....						0	0.0	0	0.0	XXX	0
13.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....						0	0.0	0	0.0	XXX	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined.....						0	0.0	0	0.0	XXX	0
13.4 Other.....						0	0.0	0	0.0	XXX	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
13.5 Defined.....						0	0.0	0	0.0	XXX	0
13.6 Other.....						0	0.0	0	0.0	XXX	0
13.7 Totals.....	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6.....	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10.....	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

**SCHEDULE DA - PART 2**

Verification of SHORT-TERM INVESTMENTS Between Years

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Subsidiaries and Affiliates
1. Book/adjusted carrying value, prior year.....	1,960,959	1,960,959			
2. Cost of short-term investments acquired.....	12,518,147	12,518,147			
3. Increase (decrease) by adjustment.....	.0				
4. Increase (decrease) by foreign exchange adjustment.....	.0				
5. Total profit (loss) on disposal of short-term investments.....	.0				
6. Consideration received on disposal of short-term investments.....	12,677,252	12,677,252			
7. Book/adjusted carrying value, current year.....	1,801,854	1,801,854	.0	.0	.0
8. Total valuation allowance.....	.0				
9. Subtotal (Lines 7 plus 8).....	1,801,854	1,801,854	.0	.0	.0
10. Total nonadmitted amounts.....	.0				
11. Statement value (Lines 9 minus 10).....	1,801,854	1,801,854	.0	.0	.0
12. Income collected during year.....	26,536	26,536			
13. Income earned during year.....	26,097	26,097			

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(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:.....

**Sch. DB-Pt.A-Verification Between Years  
NONE**

**Sch. DB-Pt.B-Verification Between Years  
NONE**

**Sch. DB-Pt.C-Verification Between Years  
NONE**

**Sch. DB-Pt.D-Verification Between Years  
NONE**

**Sch. DB-Pt.E-Verification  
NONE**

**Sch. DB-Pt. F-Sn. 1  
NONE**

**Sch. DB-Pt. F-Sn. 2  
NONE**

**Sch. F  
NONE**

**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT**

	Total		Collectively Renewable		Other Individual Contracts									
	1 Amount	2 %	3 Amount	4 %	Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
					5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %

**PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS**

1. Premiums written.....	3,238,083	XXX		XXX		XXX	764,404	XXX		XXX	2,473,679	XXX		XXX
2. Premiums earned.....	3,350,241	XXX		XXX		XXX	775,714	XXX		XXX	2,574,527	XXX		XXX
3. Incurred claims.....	1,328,314	39.6		0.0		0.0	542,453	69.9		0.0	785,861	30.5		0.0
4. Increase in contract reserves.....	(32,889)	(1.0)		0.0		0.0	(26,448)	(3.4)		0.0	(6,441)	(0.3)		0.0
5. Commissions (a).....	(3,000,888)	(89.6)		0.0		0.0	(3,000,888)	(386.9)		0.0		0.0		0.0
6. General insurance expenses.....	5,988,966	178.8		0.0		0.0	4,284,921	552.4		0.0	1,704,045	66.2		0.0
7. Taxes, licenses and fees.....	268,769	8.0		0.0		0.0	192,295	24.8		0.0	76,474	3.0		0.0
8. Total expenses incurred.....	3,256,847	97.2	0	0.0	0	0.0	1,476,328	190.3	0	0.0	1,780,519	69.2	0	0.0
9. Aggregate write-ins for deductions.....	10	0.0	0	0.0	0	0.0	3	0.0	0	0.0	7	0.0	0	0.0
10. Gain from underwriting before dividends or refunds.....	(1,202,041)	(35.9)	0	0.0	0	0.0	(1,216,622)	(156.8)	0	0.0	14,581	0.6	0	0.0
11. Dividends or refunds.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting after dividends or refunds.....	(1,202,041)	(35.9)	0	0.0	0	0.0	(1,216,622)	(156.8)	0	0.0	14,581	0.6	0	0.0

**DETAILS OF WRITE-INS**

0901. Interest Paid.....	10	0.0		0.0		0.0	3	0.0		0.0	7	0.0		0.0
0902. ....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
0903. ....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
0999. Total (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	10	0.0	0	0.0	0	0.0	3	0.0	0	0.0	7	0.0	0	0.0

(a) Includes \$.....0 reported as "Contract, membership and other fees retained by agents."

**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)**

	1 Total	2 Collectively Renewable	Other Individual Contracts				
			3 Non-Cancelable	4 Guaranteed Renewable	5 Non-Renewable for Stated Reasons Only	6 Other Accident Only	7 All Other
<b>PART 2 - RESERVES AND LIABILITIES</b>							
A. Premium Reserves:							
1. Unearned premiums.....	.842,530			134,794		.707,736	
2. Advance premiums.....	308,772			25,861		282,911	
3. Reserve for rate credits.....	0						
4. Total premium reserves, current year.....	1,151,302	0	0	160,655	0	990,647	0
5. Total premium reserves, prior year.....	1,263,460			171,965		1,091,495	
6. Increase in total premium reserves.....	(112,158)	0	0	(11,310)	0	(100,848)	0
B. Contract Reserves:							
1. Additional reserves.....	708,432			308,051		400,381	
2. Reserve for future contingent benefits.....	0						
3. Total contract reserves, current year.....	708,432	0	0	308,051	0	400,381	0
4. Total contract reserves, prior year.....	741,321			334,499		406,822	
5. Increase in contract reserves.....	(32,889)	0	0	(26,448)	0	(6,441)	0
C. Claim Reserves and Liabilities:							
1. Total current year.....	423,456			151,893		271,563	
2. Total prior year.....	741,035			355,143		385,892	
3. Increase.....	(317,579)	0	0	(203,250)	0	(114,329)	0

**PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES**

53

1. Claims Paid During the Year:							
1.1 On claims incurred prior to current year.....	595,867			321,136		274,731	
1.2 On claims incurred during current year.....	1,050,026			424,567		625,459	
2. Claim Reserves and Liabilities, Dec. 31, Current Year:							
2.1 On claims incurred prior to current year.....	47,746			15,145		32,601	
2.2 On claims incurred during current year.....	375,710			136,748		238,962	
3. Test:							
3.1 Line 1.1 plus 2.1.....	643,613	0	0	336,281	0	307,332	0
3.2 Claim reserves and liabilities, Dec. 31, prior year.....	741,035			355,143		385,892	
3.3 Line 3.1 minus Line 3.2.....	(97,422)	0	0	(18,862)	0	(78,560)	0

**PART 4 - REINSURANCE**

A. Reinsurance Assumed:							
1. Premiums written.....	0						
2. Premiums earned.....	0						
3. Incurred claims.....	0						
4. Commissions.....	0						
B. Reinsurance Ceded:							
1. Premiums written.....	43,672,933			43,639,257		33,676	
2. Premiums earned.....	44,106,083			44,072,407		33,676	
3. Incurred claims.....	30,527,488			30,527,488			
4. Commissions.....	7,324,553			7,324,553			

## The Order Of United Commercial Travelers Of America

### SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
<b>A. Direct:</b>				
1. Incurred claims.....			31,855,802	31,855,802
2. Beginning claim reserves and liabilities.....			9,293,637	9,293,637
3. Ending claim reserves and liabilities.....			7,996,811	7,996,811
4. Claims paid.....	0	0	33,152,628	33,152,628
<b>B. Assumed Reinsurance:</b>				
5. Incurred claims.....				0
6. Beginning claim reserves and liabilities.....				0
7. Ending claim reserves and liabilities.....				0
8. Claims paid.....	0	0	0	0
<b>C. Ceded Reinsurance:</b>				
9. Incurred claims.....			30,527,488	30,527,488
10. Beginning claim reserves and liabilities.....			8,552,602	8,552,602
11. Ending claim reserves and liabilities.....			7,573,355	7,573,355
12. Claims paid.....	0	0	31,506,735	31,506,735
<b>D. Net:</b>				
13. Incurred claims.....	0	0	1,328,314	1,328,314
14. Beginning claim reserves and liabilities.....	0	0	741,035	741,035
15. Ending claim reserves and liabilities.....	0	0	423,456	423,456
16. Claims paid.....	0	0	1,645,893	1,645,893

**Sch. S-Pt. 1-Sn. 1**  
**NONE**

**Sch. S-Pt. 1-Sn. 2**  
**NONE**

**Sch. S-Pt. 2**  
**NONE**

**SCHEDULE S - PART 3 - SECTION 1**

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities

Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type of Reinsurance Ceded	7 Amount In Force at End of Year	Reserve Credit Taken		10 Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
							8 Current Year	9 Prior Year		11 Current Year	12 Prior Year		
<b>General Account, Non-Affiliates</b>													
88099	75-1608507	.01/01/1994	Optimum Re-insurance Company	Irving, TX	YRT/I	14,591,114	54,618	67,780	67,780				
88340	59-2859797	.12/31/1997	Reassurance Company of Hanover	Orlando, FL	COFW/I	103,572,718	14,161,474	12,871,025	12,871,025	3,000,000	3,000,000		5,794,756
88340	59-2859797	.12/31/1997	Reassurance Company of Hanover	Orlando, FL	ACOFW/I		2,407,712	2,575,019	2,575,019				1,033,589
0299999	Total - General Account, Non-Affiliates					118,163,832	16,623,804	15,513,824	15,513,824	3,000,000	3,000,000	0	6,828,345
0399999	Total - General Account					118,163,832	16,623,804	15,513,824	15,513,824	3,000,000	3,000,000	0	6,828,345
0799999	Totals					118,163,832	16,623,804	15,513,824	15,513,824	3,000,000	3,000,000	0	6,828,345

**The Order Of United Commercial Travelers Of America**

**SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type	7 Premiums	8 Unearned Premiums (estimated)	9 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
<b>Non-Affiliates</b>												
88099.....	75-1608507.....	01/01/1994.....	Optimum Reinsurance Company.....	Irving, TX.....	YRT/I.....	33,676.....						
67105.....	41-0451140.....	08/01/1997.....	Northwestern National Life Insurance Co.....	Minneapolis, MN.....	OTH/I.....							
86258.....	13-2572994.....	12/31/1998.....	General and Cologne Life Reinsurance Co.....	Stamford, CT.....	CO/I.....	42,601,108.....	3,882,327.....	14,321,103.....	2,500,000.....	2,500,000.....		
63541.....	35-0982487.....	12/31/2001.....	Central Benefits National Life Insurance Co.....	Columbus, OH.....	CO/I.....	1,031,270.....	130,946.....	298,763.....				
0299999	Total - Non-Affiliates.....					43,666,054.....	4,013,273.....	14,619,866.....	2,500,000.....	2,500,000.....	0.....	0.....
0399999	Totals.....					43,666,054.....	4,013,273.....	14,619,866.....	2,500,000.....	2,500,000.....	0.....	0.....

**SCHEDULE S - PART 4**

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9 + 10 + 11 + 12 + 13 But Not in Excess of Col. 8

**NONE**

## SCHEDULE S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)

	1 2002	2 2001	3 2000	4 1999	5 1998
<b>A. OPERATIONS ITEMS</b>					
1. Premiums and annuity considerations for life and accident and health contracts.....	46,568	49,777	55,014	65,607	56,004
2. Commissions and reinsurance expense allowances.....	7,782	9,801	11,865	17,559	15,788
3. Contract claims.....	34,039	37,764	45,673	53,042	47,807
4. Surrender benefits and withdrawals for life contracts.....	226	1,361	261	3,040	759
5. Refunds to members.....					
6. Reserve adjustments on reinsurance ceded.....					
7. Increase in aggregate reserves for life and accident and health contracts.....	1,625	(22)	4,207	4,160	10,279
<b>B. BALANCE SHEET ITEMS</b>					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....	1,301	1,293	1,474	1,851	2,024
9. Aggregate reserves for life and accident and health contracts.....	34,738	32,969	32,399	28,281	24,104
10. Liability for deposit-type contracts.....					
11. Contract claims unpaid.....	8,092	9,152	11,839	16,140	18,218
12. Amounts recoverable on reinsurance.....					
13. Experience rating refunds due or unpaid.....					
14. Refunds to members (not included in Line 10).....					
15. Commissions and reinsurance expense allowances unpaid.....		300			
16. Unauthorized reinsurance offset.....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Funds deposited by and withheld from (F).....					
18. Letters of credit (L).....					
19. Trust agreements (T).....					
20. Other (O).....					

## SCHEDULE S - PART 6

## Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 10).....	19,470,066		19,470,066
2. Reinsurance ceded (Line 11).....	126,172		126,172
3. Life & annuity premiums deferred & uncollected (Line 14).....	81,168	928,254	1,009,422
4. A&H premiums due and unpaid (Line 15).....	30,209	247,967	278,176
5. Net credit for ceded reinsurance.....	XXX	34,737,256	34,737,256
6. All other admitted assets (balance).....	375,910		375,910
7. Total assets excluding separate accounts (Line 22).....	20,083,525	35,913,477	55,997,002
8. Separate account assets (Line 23).....			0
9. Total assets (Line 24).....	20,083,525	35,913,477	55,997,002
<b>LIABILITIES, SURPLUS AND OTHER FUNDS (Page 3)</b>			
10. Contract reserves (Lines 1 and 2).....	3,496,544	34,738,076	38,234,620
11. Liability for deposit-type contracts (Line 3).....	10,963		10,963
12. Claim reserves (Line 4).....	455,766	8,092,222	8,547,988
13. Member refunds/reserves (Lines 5 through 6).....			0
14. Premium & annuity considerations received in advance (Line 7).....	318,365	1,000,858	1,319,223
15. Other policy & contract liabilities (Line 8).....	360,885		360,885
16. Reinsurance in unauthorized companies (Line 21.2).....			0
17. Funds held under reinsurance with unauthorized reinsurance (Line 21.3).....		XXX	0
18. All other liabilities (balance).....	11,767,815	(7,917,679)	3,850,136
19. Total liabilities excluding Separate Accounts (Line 23).....	16,410,338	35,913,477	52,323,815
20. Separate Account liabilities (Line 24).....			0
21. Total liabilities (Line 25).....	16,410,338	35,913,477	52,323,815
22. Capital & surplus (Line 30).....	3,673,187	XXX	3,673,187
23. Total liabilities, capital & surplus (Line 31).....	20,083,525	35,913,477	55,997,002
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
24. Contract reserves.....	34,738,076		
25. Claim reserves.....	8,092,222		
26. Member refunds/reserves.....	0		
27. Premium & annuity considerations received in advance.....	1,000,858		
28. Liability for premium & other deposit funds.....	0		
29. Other policy & contract liabilities.....	0		
30. Reinsurance ceded assets.....	0		
31. Other ceded reinsurance recoverables.....	0		
32. Total ceded reinsurance recoverables.....	43,831,156		
33. Life & annuity premiums deferred & uncollected.....	928,254		
34. A&H premiums due and unpaid.....	247,967		
35. Reinsurance in unauthorized companies.....	0		
36. Other ceded reinsurance payables/offsets.....	7,917,679		
37. Total ceded reinsurance payables/offsets.....	9,093,900		
38. Total net credit for ceded reinsurance.....	34,737,256		

**SCHEDULE Y (Continued)**

**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
------------------------------	------------------------------	---	-------------------------------	-------------------------------	--	--	--	--	---------	--	--------------	---

**NONE**

# The Order Of United Commercial Travelers Of America

## 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 supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

### MARCH FILING

1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
2. Will the SVO Compliance Certification be filed by March 1?
3. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?
4. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
5. Will the statement on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed by March 1?
6. Will an actuarial opinion be filed with this statement by March 1?
7. Will the Long-term Care Insurance Exhibit be filed with the state of domicile and the NAIC by March 1?

### RESPONSES

YES
YES
NO
YES
NO
YES
YES

### APRIL FILING

8. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
9. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?
10. Will Management's Discussion and Analysis be filed by April 1?
11. Will the Accident and Health Policy Experience Exhibit be filed by April 1?
12. Will the Investment Risk Interrogatories be filed by April 1?

YES
NO
YES
YES
YES

### JUNE FILING

13. Will an audited financial report be filed by June 1?
14. Will the Supplement to Valuation Report be filed by June 30?

YES
YES

**EXPLANATIONS:**

**BAR CODE:**



**Overflow Page for Write-Ins**

**Additional Write-ins for Exhibit 2:**

	Insurance			4 Investment	5 Fraternal	6 Total
	1 Life	2 Accident and Health	3 Aggregate of All Other Lines of Business			
09.304 MARKETING .....	5,366	49,950				55,315
09.305 CHARITABLE.....	193	1,798			225,818	227,809
09.397 Summary of remaining write-ins for Line 9.3.....	5,559	51,748	0	0	225,818	283,124





# LONG-TERM CARE INSURANCE EXHIBIT, SUPPLEMENT TO THE DECEMBER 31, 2002 FRATERNAL ORDER ANNUAL STATEMENT

Of the .....The Order Of United Commercial Travelers Of America.....a Fraternal Benefit Society

Address (City, State and Zip Code).....Columbus OH 43215

NAIC Group Code.....0000      NAIC Company Code.....56383

To be filed on or before March 1

	1 Total	Ordinary			5 Accident and Health	6 Other
		2 Life Insurance	3 Individual Annuities	4 Supplementary Contracts		
<b>Part A for the Current Year</b>						
1. Premiums and Annuity Considerations (Page 6, Line 1):						
1.0 Statement.....	3,498,987	218,956	8,720		3,271,311	
1.1 Long-Term Care Benefit Component.....	10,834				10,834	
2. Death Benefits (Page 6, Line 10):						
2.0 Statement.....	202,850	202,850				
2.1 Applied to Provide Long-Term Care Benefits.....	0					
3. Matured Endowments (Page 6, Line 11):						
3.0 Statement.....	0					
3.1 Applied to Provide Long-Term Care Benefits.....	0					
4. Annuity and Old-Age Benefits (Page 6, Line 12):						
4.0 Statement.....	25,220		25,220			
4.1 Applied to Provide Long-Term Care Benefits.....	0					
5. Disability Accident and Health Benefits Including Premiums Waived (Page 6, Line 13):						
5.0 Statement.....	1,438,315				1,438,315	
5.1 Long-Term Care Benefit Component.....	0					
6. Surrender Benefits (Page 6, Line 14):						
6.0 Statement.....	15,030	15,030				
6.1 Applied to Provide Long-Term Care Benefits.....	0					
<b>Part B as of December 31, Current Year</b>						
1. Aggregate Reserves for Life Certificates and Annuity Contracts (Page 7, Line 15):						
1.0 Statement.....	1,945,582	1,818,860	126,722			
1.1 Long-Term Care Benefit Component.....	0					
2. Active Life Reserves for Accident and Health Insurance Certificates (Page 15, Exhibit 9, Line 8):						
2.0 Statement.....	15,328,297				15,328,297	
2.1 Long-Term Care Benefit Component.....	40,174				40,174	
3. Deposit Funds (Page 15, Exhibit 10, Line 14):						
3.0 Statement.....	0					
3.1 Long-Term Care Benefit Component.....	0					



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Alabama

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned			
<b>Individual Policies</b>																			
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	02/03/1988	.....	01/03/1991	02/01/1992	MEDICARE SUPPL POLICY.....	.....6,698	.....6,411	.....95.7	.....4	.....	.....	.....0.0	.....	.....	.....
.....YES.....	MS(A)-91.....	A.....	.....NO.....	...346.....	02/07/1995	.....	.....	07/01/1997	MEDICARE SUPPL PLN A.....	.....4,245	.....1,282	.....30.2	.....3	.....	.....	.....0.0	.....	.....	.....
.....YES.....	MS(B)-91.....	B.....	.....NO.....	...346.....	02/07/1995	.....	.....	07/01/1997	MEDICARE SUPPL PLN B.....	.....67,306	.....49,415	.....73.4	.....37	.....	.....	.....0.0	.....	.....	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	...346.....	02/07/1995	.....	.....	07/01/1997	MEDICARE SUPPL PLN C.....	.....310,774	.....238,153	.....76.6	.....141	.....	.....	.....0.0	.....	.....	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	...346.....	02/07/1995	.....	.....	07/01/1997	MEDICARE SUPPL PLN F.....	.....140,040	.....120,417	.....86.0	.....60	.....	.....	.....0.0	.....	.....	.....
0199999.	Total Policy Experience on Individual Policies.....									.....529,063	.....415,678	.....78.6	.....245	.....0	.....0	.....0.0	.....0	.....	.....

MED360.AL

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Jose Viri 800-848-0123x177
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... 632 North Park Street Columbus OH 432158619
  - Contact person and phone number..... Mitchell Hester 800-848-0123x191
- Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Arkansas

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned			
<b>Individual Policies</b>																			
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	02/16/1988	.....	08/27/1991	02/01/1992	MEDICARE SUPPL POLICY.....	.....28,620	.....26,581	.....92.9	.....13	.....	.....	.....0.0	.....	.....	.....
.....YES.....	MS(B)-91.....	B.....	.....NO.....	...346.....	05/04/1992	.....	.....	.....	MEDICARE SUPPL PLN B.....	.....4,033	.....1,001	.....24.8	.....2	.....	.....	.....0.0	.....	.....	.....
0199999.	Total Policy Experience on Individual Policies.....									.....32,653	.....27,582	.....84.5	.....15	.....0	.....0	.....0.0	.....	.....	.....0

MED360.AR

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Jose Viri 800-848-0123x177
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Mitchell Hester 800-848-0123x191
- Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Arizona

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned			
<b>Individual Policies</b>																			
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	02/22/1988	.....	02/15/1991	04/01/1992	MEDICARE SUPPL POLICY.....	.....17,241	.....24,236	.....140.6	.....8	.....	.....	.....0.0	.....		
.....YES.....	MS(F)-91.....	F.....	.....NO.....	...346.....	03/13/1992	.....	.....	08/31/2000	MEDICARE SUPPL PLN F.....	.....1,789	.....315	.....17.6	.....1	.....	.....0.0	.....			
.....YES.....	MS(C)-00.....	C.....	.....NO.....	...346.....	08/31/2000	.....	.....	.....	MEDICARE SUPPL PLAN C.....	.....	.....	.....0.0	.....	.....1,003	.....426	.....42.5	.....2		
0199999.	Total Policy Experience on Individual Policies.....									.....19,030	.....24,551	.....129.0	.....9	.....1,003	.....426	.....42.5	.....2		

MED360.AZ

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Jose Viri 800-848-0123x177
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Mitchell Hester 800-848-0123x191
- Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 <b>NONE</b> Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

MED360.BK

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....
  
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 2.2 Contact person and phone number..... Jose Viri 800-848-0123x177
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 3.2 Contact person and phone number..... Mitchell Hester 800-848-0123x191
4. Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....California

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		17 Percent of Premiums Earned	18 Number of Covered Lives
											Amount	Amount				Amount	Amount		
<b>Individual Policies</b>																			
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	02/25/1988	.....	08/08/1991	08/01/1992	MEDICARE SUPPL POLICY.....	.....47,174	.....37,423	.....79.3	.....20	.....	.....	.....0.0	.....		
.....YES.....	MS(A)-91.....	A.....	.....NO.....	...346.....	02/24/1992	.....	.....	08/01/1997	MEDICARE SUPPL PLN A.....	.....3,112	.....3,300	.....106.0	.....2	.....	.....	.....0.0	.....		
.....YES.....	MS(B)-91.....	B.....	.....NO.....	...346.....	02/24/1992	.....	.....	08/01/1997	MEDICARE SUPPL PLN B.....	.....2,262	.....2,122	.....93.8	.....1	.....	.....	.....0.0	.....		
.....YES.....	MS(C)-91.....	C.....	.....NO.....	...346.....	05/12/1994	.....	.....	08/01/1997	MEDICARE SUPPL PLN C.....	.....10,160	.....4,840	.....47.6	.....4	.....	.....	.....0.0	.....		
.....YES.....	MS(F)-91.....	F.....	.....NO.....	...346.....	05/12/1994	.....	.....	08/01/1997	MEDICARE SUPPL PLN F.....	.....52,671	.....44,483	.....84.5	.....18	.....	.....	.....0.0	.....		
0199999.	Total Policy Experience on Individual Policies.....									.....115,379	.....92,168	.....79.9	.....45	.....0	.....0	.....0.0	.....0		

MED360.CA

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 632 North Park Strret Columbus OH 432158619

2.2 Contact person and phone number..... Jose Viri 800-848-0123x177

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 632 North Park Strret Columbus OH 432158619

3.2 Contact person and phone number..... Mitchell Hester 800-848-0123x191

4. Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Colorado

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002				
										11 Premiums Earned	14 Incurred Claims		15 Premiums Earned	18 Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned		
<b>Individual Policies</b>																	
.....YES.....	MS(F)-02.....	F.....	.....NO.....	...346.....	04/29/2002				MEDICARE SUPPL PLAN F.....	.....0.0	.....0.0	.....0.0	.....205	.....108	.....52.7	.....1	
0199999. Total Policy Experience on Individual Policies.....										.....0	.....0	.....0.0	.....0	.....205	.....108	.....52.7	.....1

MED360.CO

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....
  
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 2.2 Contact person and phone number..... Jose Viri 800-848-0123x177
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 3.2 Contact person and phone number..... Mitchell Hester 800-848-0123x191
4. Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Connecticut

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
<b>Individual Policies</b>																	
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	02/26/1991	.....	.....	07/01/1992	MEDICARE SUPPL POLICY.....	.....561	.....1,735	.....309.3	.....1	.....	.....	.....0.0	.....
0199999. Total Policy Experience on Individual Policies.....										.....561	.....1,735	.....309.3	.....1	.....0	.....0	.....0.0	.....0

MED360.CT

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....
  
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 2.2 Contact person and phone number..... Jose Viri 800-848-0123x177
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 3.2 Contact person and phone number..... Mitchell Hester 800-848-0123x191
4. Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Florida

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		17 Percent of Premiums Earned	18 Number of Covered Lives
											Amount	Amount				Amount	Amount		
<b>Individual Policies</b>																			
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	09/12/1988	.....	02/25/1991	01/01/1992	MEDICARE SUPPL POLICY.....	.....86,626	.....88,525	.....102.2	.....63	.....	.....	.....0.0	.....		
.....YES.....	MS(A)-91.....	A.....	.....NO.....	...346.....	04/17/1992	.....	.....	.....	MEDICARE SUPPL PLN A.....	.....62,960	.....48,480	.....77.0	.....50	.....83,929	.....61,368	.....73.1	.....76		
.....YES.....	MS(B)-91.....	B.....	.....NO.....	...346.....	04/08/1992	.....	.....	.....	MEDICARE SUPPL PLN B.....	.....337,592	.....271,685	.....80.5	.....185	.....317,315	.....250,223	.....78.9	.....206		
.....YES.....	MS(C)-91.....	C.....	.....NO.....	...346.....	01/27/1994	.....	.....	.....	MEDICARE SUPPL PLN C.....	.....2,940,216	.....2,229,534	.....75.8	.....1,479	.....1,578,070	.....1,356,258	.....85.9	.....900		
.....YES.....	MS(F)-91.....	F.....	.....NO.....	...346.....	04/23/1992	.....	.....	.....	MEDICARE SUPPL PLN F.....	.....5,130,783	.....3,959,117	.....77.2	.....2,410	.....613,901	.....481,188	.....78.4	.....305		
0199999.	Total Policy Experience on Individual Policies.....									.....8,558,177	.....6,597,341	.....77.1	.....4,187	.....2,593,215	.....2,149,037	.....82.9	.....1,487		

MEED360.FL

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Jose Viri 800-848-0123x177
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Mitchell Hester 800-848-0123x191
- Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Georgia

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned			
<b>Individual Policies</b>																			
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	05/24/1988	.....	05/23/1991	01/01/1992	MEDICARE SUPPL POLICY.....	.....3,966	.....2,480	.....62.5	.....4	.....	.....0.0	.....	.....	.....	.....
.....YES.....	MS(A)-91.....	A.....	.....NO.....	...346.....	02/15/1994	.....	.....	.....	MEDICARE SUPPL PLN A.....	.....4,449	.....8,973	.....201.7	.....5	.....1,785	.....345	.....19.3	.....2	.....	.....
.....YES.....	MS(B)-91.....	B.....	.....NO.....	...346.....	02/15/1994	.....	.....	.....	MEDICARE SUPPL PLN B.....	.....63,396	.....68,619	.....108.2	.....56	.....12,375	.....5,214	.....42.1	.....13	.....	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	...346.....	02/15/1994	.....	.....	.....	MEDICARE SUPPL PLN C.....	.....285,243	.....234,778	.....82.3	.....189	.....30,845	.....15,261	.....49.5	.....29	.....	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	...346.....	02/15/1994	.....	.....	.....	MEDICARE SUPPL PLN F.....	.....355,877	.....290,919	.....81.7	.....233	.....58,824	.....38,590	.....65.6	.....53	.....	.....
0199999.	Total Policy Experience on Individual Policies.....									712,931	605,769	85.0	487	103,829	59,410	57.2	97		

MED360.GA

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Jose Viri 800-848-0123x177
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Mitchell Hester 800-848-0123x191
- Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Iowa

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned			
<b>Individual Policies</b>																			
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	03/08/1988	.....	02/01/1991	01/01/1992	MEDICARE SUPPL POLICY.....	.....8,653	.....7,836	.....90.6	.....4	.....	.....	.....0.0	.....	.....	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	...346.....	03/15/1995	.....	.....	08/03/2000	MEDICARE SUPPL PLN C.....	.....57,719	.....25,051	.....43.4	.....25	.....73	.....	.....0.0	.....	.....	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	...346.....	03/15/1995	.....	.....	08/03/2000	MEDICARE SUPPL PLN F.....	.....360,559	.....236,407	.....65.6	.....171	.....11,745	.....	.....0.0	.....	.....	.....
.....YES.....	MS(F)-00.....	F.....	.....NO.....	...346.....	08/03/2000	.....	.....	.....	MEDICARE SUPPL PLAN F.....	.....	.....	.....0.0	.....	.....419	.....198	.....47.3	.....	.....	.....1
0199999.	Total Policy Experience on Individual Policies.....									.....426,931	.....269,294	.....63.1	.....200	.....12,237	.....198	.....1.6	.....	.....	.....1

MED360.IA

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....
  
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 2.2 Contact person and phone number..... Jose Viri 800-848-0123x177
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 3.2 Contact person and phone number..... Mitchell Hester 800-848-0123x191
4. Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Idaho

NAIC Group Code.....0000  
 Address (City, State and Zip Code).....Clearwater, FL 33755  
 Person Completing This Exhibit.....Wakely Actuarial  
 Title.....Actuary

NAIC Company Code.....56383  
 Telephone Number.....727-584-8128

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned			
<b>Individual Policies</b>																			
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	04/01/1988	.....	08/08/1991	07/30/1992	MEDICARE SUPPL POLICY.....	.....3,864	.....12,971	.....335.7	.....2	.....	.....	.....0.0	.....	.....	.....
0199999. Total Policy Experience on Individual Policies.....										.....3,864	.....12,971	.....335.7	.....2	.....0	.....0	.....0.0	.....	.....	.....0

MED360.ID

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....
  
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 2.2 Contact person and phone number..... Jose Viri 800-848-0123x177
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 3.2 Contact person and phone number..... Mitchell Hester 800-848-0123x191
4. Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Illinois

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		17 Percent of Premiums Earned	18 Number of Covered Lives
											Amount	Amount				Amount	Amount		
<b>Individual Policies</b>																			
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	04/04/1988	.....	01/03/1991	01/01/1992	MEDICARE SUPPL POLICY.....	.....24,186	.....17,449	.....72.1	.....11	.....	.....	.....0.0	.....		
.....YES.....	MS(A)-91.....	A.....	.....NO.....	...346.....	01/15/1992	.....	.....	02/05/2001	MEDICARE SUPPL PLN A.....	.....12,926	.....11,141	.....86.2	.....10	.....	.....0.0	.....			
.....YES.....	MS(B)-91.....	B.....	.....NO.....	...346.....	01/15/1992	.....	.....	02/05/2001	MEDICARE SUPPL PLN B.....	.....119,335	.....80,861	.....67.8	.....57	.....5,701	.....1,120	.....19.6	.....3		
.....YES.....	MS(C)-91.....	C.....	.....NO.....	...346.....	10/07/1993	.....	.....	02/05/2001	MEDICARE SUPPL PLN C.....	.....506,358	.....313,202	.....61.9	.....200	.....629	.....109	.....17.3	.....		
.....YES.....	MS(F)-91.....	F.....	.....NO.....	...346.....	01/15/1992	.....	.....	02/05/2001	MEDICARE SUPPL PLN F.....	.....4,826,321	.....3,015,839	.....62.5	.....1,750	.....81,692	.....6,815	.....8.3	.....7		
.....YES.....	MS(D)-00.....	D.....	.....NO.....	...346.....	02/05/2001	.....	.....	.....	MEDICARE SUPPL PLAN D.....	.....	.....	.....0.0	.....	.....178	.....	.....0.0	.....		
.....YES.....	MD(F)-00.....	F.....	.....NO.....	...346.....	02/05/2001	.....	.....	.....	MEDICARE SUPPL PLAN F.....	.....	.....	.....0.0	.....	.....8,714	.....3,276	.....37.6	.....16		
0199999.	Total Policy Experience on Individual Policies.....									.....5,489,126	.....3,438,492	.....62.6	.....2,028	.....96,914	.....11,320	.....11.7	.....26		

MED360.I.L

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Jose Viri 800-848-0123x177
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Mitchell Hester 800-848-0123x191
- Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Indiana

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
<b>Individual Policies</b>																		
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	06/23/1988	.....	01/18/1991	01/01/1992	MEDICARE SUPPL POLICY.....	.....	.....	.....0.0	.....6	.....	.....	.....0.0	.....	.....
.....YES.....	MS(A)-91.....	A.....	.....NO.....	...346.....	03/28/1994	.....	.....	10/16/2000	MEDICARE SUPPL PLN A.....	.....	.....	.....0.0	.....3	.....	.....	.....0.0	.....	.....
.....YES.....	MS(B)-91.....	B.....	.....NO.....	...346.....	03/28/1994	.....	.....	10/16/2000	MEDICARE SUPPL PLN B.....	.....11,976	.....9,863	.....82.4	.....29	.....1,259	.....2,132	.....169.3	.....1	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	...346.....	03/28/1994	.....	.....	10/16/2000	MEDICARE SUPPL PLN C.....	.....4,442	.....5,005	.....112.7	.....244	.....616	.....	.....0.0	.....	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	...346.....	03/28/1994	.....	.....	10/16/2000	MEDICARE SUPPL PLN F.....	.....43,216	.....20,934	.....48.4	.....613	.....130,080	.....29,602	.....22.8	.....30	.....
.....YES.....	MS(C)-00.....	C.....	.....NO.....	...346.....	10/16/2000	.....	.....	.....	MEDICARE SUPPL PLAN C.....	.....498,711	.....353,004	.....70.8	.....	.....379	.....27	.....7.1	.....1	.....
.....YES.....	MS(D)-00.....	D.....	.....NO.....	...346.....	10/16/2000	.....	.....	.....	MEDICARE SUPPL PLAN D.....	.....1,218,586	.....931,611	.....76.5	.....	.....976	.....6,937	.....710.8	.....1	.....
.....YES.....	MS(F)-00.....	F.....	.....NO.....	...346.....	10/16/2000	.....	.....	.....	MEDICARE SUPPL PLAN F.....	.....	.....	.....0.0	.....	.....25,845	.....12,401	.....48.0	.....59	.....
0199999.	Total Policy Experience on Individual Policies.....									.....1,776,931	.....1,320,417	.....74.3	.....895	.....159,155	.....51,099	.....32.1	.....92	.....

MED360.IN

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Jose Viri 800-848-0123x177
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Mitchell Hester 800-848-0123x191
- Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Kansas

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002						
										11 Premiums Earned	12 Incurred Claims		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		17 Percent of Premiums Earned	18 Number of Covered Lives	
											Amount	Amount				Amount	Amount			
<b>Individual Policies</b>																				
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	10/04/1989	.....	02/22/1991	04/01/1992	MEDICARE SUPPL POLICY.....	.....19,015	.....9,241	.....48.6	.....15	.....	.....	.....0.0	.....	.....	.....	.....
.....YES.....	MS(A)-91.....	A.....	.....NO.....	...346.....	03/25/1992	.....	.....	.....	MEDICARE SUPPL PLN A.....	.....6,468	.....9,445	.....146.0	.....8	.....	.....0.0	.....	.....	.....	.....	.....
.....YES.....	MS(B)-91.....	B.....	.....NO.....	...346.....	01/03/1995	.....	.....	.....	MEDICARE SUPPL PLN B.....	.....7,646	.....2,221	.....29.0	.....5	.....1,843	.....2,318	.....125.8	.....	.....	.....	.....1
.....YES.....	MS(C)-91.....	C.....	.....NO.....	...346.....	01/03/1995	.....	.....	.....	MEDICARE SUPPL PLN C.....	.....818,948	.....581,952	.....71.1	.....480	.....15,950	.....5,804	.....36.4	.....	.....	.....	.....11
.....YES.....	MS(F)-91.....	F.....	.....NO.....	...346.....	05/06/1992	.....	.....	.....	MEDICARE SUPPL PLN F.....	.....469,129	.....325,239	.....69.3	.....220	.....18,440	.....5,209	.....28.2	.....	.....	.....	.....5
0199999.	Total Policy Experience on Individual Policies.....									.....1,321,206	.....928,098	.....70.2	.....728	.....36,233	.....13,331	.....36.8	.....	.....	.....	.....17

MED360.KS

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Jose Viri 800-848-0123x177
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Mitchell Hester 800-848-0123x191
- Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Kentucky

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		17 Percent of Premiums Earned	18 Number of Covered Lives
											Amount	Amount				Amount	Amount		
<b>Individual Policies</b>																			
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	01/26/1988	.....	02/01/1991	01/01/1992	MEDICARE SUPPL POLICY.....	.....18,725	.....15,371	.....82.1	.....15	.....	.....	.....0.0	.....		
.....YES.....	MS(A)-91.....	A.....	.....NO.....	...346.....	03/11/1992	.....	.....	01/03/2001	MEDICARE SUPPL PLN A.....	.....12,575	.....6,013	.....47.8	.....11	.....	.....0.0	.....			
.....YES.....	MS(B)-91.....	B.....	.....NO.....	...346.....	12/02/1993	.....	.....	01/03/2001	MEDICARE SUPPL PLN B.....	.....16,836	.....8,380	.....49.8	.....9	.....	.....0.0	.....			
.....YES.....	MS(C)-91.....	C.....	.....NO.....	...346.....	12/02/1993	.....	.....	01/03/2001	MEDICARE SUPPL PLN C.....	.....697,204	.....475,022	.....68.1	.....319	.....947	.....0.0	.....			
.....YES.....	MS(F)-91.....	F.....	.....NO.....	...346.....	03/11/1992	.....	.....	01/03/2001	MEDICARE SUPPL PLN F.....	.....633,897	.....421,277	.....66.5	.....286	.....18,398	.....5,495	.....29.9	.....3		
.....YES.....	MS(C)-00.....	C.....	.....NO.....	...346.....	01/03/2001	.....	.....	.....	MEDICARE SUPPL PLAN C.....	.....	.....	.....0.0	.....	.....972	.....1,067	.....109.8	.....1		
0199999.	Total Policy Experience on Individual Policies.....									.....1,379,237	.....926,063	.....67.1	.....640	.....20,317	.....6,562	.....32.3	.....4		

MED360.KY

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....
  
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 2.2 Contact person and phone number..... Jose Viri 800-848-0123x177
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 3.2 Contact person and phone number..... Mitchell Hester 800-848-0123x191
4. Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Louisiana

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		17 Percent of Premiums Earned	18 Number of Covered Lives
											Amount	Amount				Amount	Amount		
<b>Individual Policies</b>																			
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	01/25/1988	.....	02/20/1991	03/01/1992	MEDICARE SUPPL POLICY.....	.....5,746	.....2,633	.....45.8	.....3	.....	.....	.....0.0	.....		
.....YES.....	MS(A)-91.....	A.....	.....NO.....	...346.....	08/14/1992	.....	.....	05/24/2001	MEDICARE SUPPL PLN A.....	.....2,306	.....828	.....35.9	.....1	.....	.....0.0	.....			
.....YES.....	MS(B)-91.....	B.....	.....NO.....	...346.....	11/15/1993	.....	.....	05/24/2001	MEDICARE SUPPL PLN B.....	.....13,073	.....4,142	.....31.7	.....4	.....2,143	.....1,533	.....71.5	.....1		
.....YES.....	MS(C)-91.....	C.....	.....NO.....	...346.....	11/15/1993	.....	.....	05/24/2001	MEDICARE SUPPL PLN C.....	.....109,736	.....75,813	.....69.1	.....36	.....	.....	.....0.0	.....		
.....YES.....	MS(F)-91.....	F.....	.....NO.....	...346.....	08/14/1992	.....	.....	05/24/2001	MEDICARE SUPPL PLN F.....	.....123,143	.....63,664	.....51.7	.....40	.....	.....	.....0.0	.....		
0199999.	Total Policy Experience on Individual Policies.....									.....254,004	.....147,080	.....57.9	.....84	.....2,143	.....1,533	.....71.5	.....1		

MED360.LA

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Jose Viri 800-848-0123x177
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Mitchell Hester 800-848-0123x191
- Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Massachusetts

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002						
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives			
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned				
<b>Individual Policies</b>																				
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	02/01/1988	.....	01/24/1991	01/01/1992	MEDICARE SUPPL POLICY.....	.....4,019	.....3,895	.....96.9	.....4	.....	.....	.....0.0	.....	.....	.....	
0199999. Total Policy Experience on Individual Policies.....										.....4,019	.....3,895	.....96.9	.....4	.....0	.....0	.....0.0	.....	.....	.....0	.....

MEED360.MA

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....
  
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 2.2 Contact person and phone number..... Jose Viri 800-848-0123x177
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 3.2 Contact person and phone number..... Mitchell Hester 800-848-0123x191
4. Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Maine

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
<b>Individual Policies</b>																	
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	04/26/1988	.....	02/07/1991	01/01/1992	MEDICARE SUPPL POLICY.....	.....4,013	.....8,279	.....206.3	.....2	.....	.....	.....0.0	.....
0199999. Total Policy Experience on Individual Policies.....										.....4,013	.....8,279	.....206.3	.....2	.....0	.....0	.....0.0	.....0

MED360.ME

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....
  
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 2.2 Contact person and phone number..... Jose Viri 800-848-0123x177
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 3.2 Contact person and phone number..... Mitchell Hester 800-848-0123x191
4. Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Michigan

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		17 Percent of Premiums Earned	18 Number of Covered Lives
											Amount	Amount				Amount	Amount		
<b>Individual Policies</b>																			
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	02/21/1988	.....	02/06/1991	07/01/1992	MEDICARE SUPPL POLICY.....	.....25,541	.....7,308	.....28.6	.....12	.....	.....	.....0.0	.....		
.....YES.....	MS(A)-91.....	A.....	.....NO.....	...346.....	02/11/1992	.....	.....	08/01/2000	MEDICARE SUPPL PLN A.....	.....19,604	.....15,643	.....79.8	.....15	.....227	.....	.....0.0	.....		
.....YES.....	MS(B)-91.....	B.....	.....NO.....	...346.....	02/11/1992	.....	.....	08/01/2000	MEDICARE SUPPL PLN B.....	.....32,910	.....17,950	.....54.5	.....15	.....	.....	.....0.0	.....		
.....YES.....	MS(C)-91.....	C.....	.....NO.....	...346.....	08/19/1993	.....	.....	08/01/2000	MEDICARE SUPPL PLN C.....	.....1,155,909	.....812,185	.....70.3	.....459	.....4,391	.....5,419	.....123.4	.....2		
.....YES.....	MS(F)-91.....	F.....	.....NO.....	...346.....	05/04/1992	.....	.....	08/01/2000	MEDICARE SUPPL PLN F.....	.....245,334	.....143,825	.....58.6	.....97	.....6,218	.....419	.....6.7	.....1		
.....YES.....	MS(C)-00.....	C.....	.....NO.....	...346.....	08/01/2000	.....	.....	.....	MEDICARE SUPPL PLAN C.....	.....	.....	.....0.0	.....	.....17,956	.....7,292	.....40.6	.....10		
.....YES.....	MS(F)-00.....	F.....	.....NO.....	...346.....	08/01/2000	.....	.....	.....	MEDICARE SUPPL PLAN F.....	.....	.....	.....0.0	.....	.....8,582	.....2,798	.....32.6	.....8		
0199999.	Total Policy Experience on Individual Policies.....									.....1,479,298	.....996,911	.....67.4	.....598	.....37,374	.....15,928	.....42.6	.....21		

MED360.MI

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Jose Viri 800-848-0123x177
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Mitchell Hester 800-848-0123x191
- Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF .....Missouri

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		17 Percent of Premiums Earned	18 Number of Covered Lives
											Amount	Amount				Amount	Amount		
<b>Individual Policies</b>																			
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	02/16/1998	.....	01/23/1991	07/30/1992	MEDICARE SUPPL POLICY.....	.....26,567	.....30,935	.....116.4	.....16	.....	.....	.....0.0	.....		
.....YES.....	MS(A)-91.....	A.....	.....NO.....	...346.....	01/21/1992	.....	.....	.....	MEDICARE SUPPL PLN A.....	.....3,575	.....1,612	.....45.1	.....1	.....	.....0.0	.....			
.....YES.....	MS(B)-91.....	B.....	.....NO.....	...346.....	01/14/1992	.....	.....	.....	MEDICARE SUPPL PLN B.....	.....85,344	.....37,164	.....43.5	.....37	.....647	.....0.0	.....			
.....YES.....	MS(C)-91.....	C.....	.....NO.....	...346.....	11/10/1993	.....	.....	.....	MEDICARE SUPPL PLN C.....	.....1,494,132	.....1,005,635	.....67.3	.....594	.....10,487	.....12,360	.....117.9	.....3		
.....YES.....	MS(F)-91.....	F.....	.....NO.....	...346.....	06/01/1992	.....	.....	.....	MEDICARE SUPPL PLN F.....	.....665,655	.....420,711	.....63.2	.....246	.....8,805	.....0.0	.....			
0199999.	Total Policy Experience on Individual Policies.....									.....2,275,273	.....1,496,057	.....65.8	.....894	.....19,939	.....12,360	.....62.0	.....3		

MED360.MO

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Jose Viri 800-848-0123x177
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Mitchell Hester 800-848-0123x191
- Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Mississippi

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned			
<b>Individual Policies</b>																			
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	01/22/1988	.....	12/26/1990	07/01/1992	MEDICARE SUPPL POLICY.....	.....3,592	.....8,868	.....246.9	.....2	.....	.....	.....0.0	.....	.....	.....
.....YES.....	MS(B)-91.....	B.....	.....NO.....	...346.....	08/16/1996	.....	.....	08/16/2001	MEDICARE SUPPL PLN B.....	.....18,224	.....16,489	.....90.5	.....9	.....	.....	.....0.0	.....	.....	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	...346.....	08/16/1996	.....	.....	08/16/2001	MEDICARE SUPPL PLN C.....	.....42,468	.....27,647	.....65.1	.....15	.....	.....	.....0.0	.....	.....	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	...346.....	08/16/1996	.....	.....	08/16/2001	MEDICARE SUPPL PLN F.....	.....297,729	.....209,296	.....70.3	.....128	.....9,269	.....	.....0.0	.....	.....	.....
.....YES.....	MS(F)-00.....	F.....	.....NO.....	...34.....	08/18/2000	.....	.....	12/04/2002	MEDICARE SUPPL PLAN F.....	.....	.....	.....0.0	.....	.....467	.....157	.....33.6	.....	.....	.....2
0199999.	Total Policy Experience on Individual Policies.....									.....362,013	.....262,300	.....72.5	.....154	.....9,736	.....157	.....1.6	.....	.....	.....2

MED360.MS

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Jose Viri 800-848-0123x177
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Mitchell Hester 800-848-0123x191
- Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Montana

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned			
<b>Individual Policies</b>																			
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	02/22/1988	.....	01/29/1991	07/01/1992	MEDICARE SUPPL POLICY.....	.....15,409	.....18,324	.....118.9	.....8	.....	.....	.....0.0	.....		
.....YES.....	MS(B)-91.....	B.....	.....NO.....	...346.....	06/26/1992	.....	.....	.....	MEDICARE SUPPL PLN B.....	.....1,019	.....299	.....29.3	.....1	.....	.....0.0	.....			
0199999.	Total Policy Experience on Individual Policies.....									.....16,428	.....18,623	.....113.4	.....9	.....0	.....0	.....0.0	.....0		

MED360.MT

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Jose Viri 800-848-0123x177
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Mitchell Hester 800-848-0123x191
- Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....North Carolina

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		17 Percent of Premiums Earned	18 Number of Covered Lives
											Amount	Amount				Amount	Amount		
<b>Individual Policies</b>																			
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	10/24/1989	.....	04/29/1991	01/01/1992	MEDICARE SUPPL POLICY.....	.....9,681	.....21,714	.....224.3	.....5	.....	.....	.....0.0	.....		
.....YES.....	MS(A)-91.....	A.....	.....NO.....	...346.....	09/14/1992	.....	.....	.....	MEDICARE SUPPL PLN A.....	.....2,081	.....1,335	.....64.2	.....2	.....	.....0.0	.....			
.....YES.....	MS(B)-91.....	B.....	.....NO.....	...346.....	07/22/1994	.....	.....	.....	MEDICARE SUPPL PLN B.....	.....35,790	.....36,580	.....102.2	.....21	.....	.....0.0	.....			
.....YES.....	MS(C)-91.....	C.....	.....NO.....	...346.....	07/22/1994	.....	.....	.....	MEDICARE SUPPL PLN C.....	.....191,231	.....132,294	.....69.2	.....86	.....	.....0.0	.....			
.....YES.....	MS(F)-91.....	F.....	.....NO.....	...346.....	11/16/1992	.....	.....	.....	MEDICARE SUPPL PLN F.....	.....560,936	.....417,015	.....74.3	.....258	.....911	.....0.0	.....			
.....YES.....	MS(F)-00.....	F.....	.....NO.....	...34.....	02/16/2001	.....	.....	.....	MEDICARE SUPPL PLAN F.....	.....	.....	.....0.0	.....	.....711	.....253	.....35.6	.....1		
0199999.	Total Policy Experience on Individual Policies.....									.....799,719	.....608,938	.....76.1	.....372	.....1,622	.....253	.....15.6	.....1		

MED360.NC

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....
  
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 2.2 Contact person and phone number..... Jose Viri 800-848-0123x177
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 3.2 Contact person and phone number..... Mitchell Hester 800-848-0123x191
4. Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....North Dakota

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											Amount	13 Percent of Premiums Earned			Amount	17 Percent of Premiums Earned			
<b>Individual Policies</b>																			
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	12/30/1989	.....	01/15/1991	01/01/1992	MEDICARE SUPPL POLICY.....	.....4,392	.....3,865	.....88.0	.....3	.....	.....0.0	.....	.....	.....	.....
.....YES.....	MS(A)-91.....	A.....	.....NO.....	...346.....	11/18/1992	.....	.....	08/08/2000	MEDICARE SUPPL PLN A.....	.....2,455	.....6,482	.....264.0	.....3	.....142	.....0.0	.....	.....	.....	.....
.....YES.....	MS(B)-91.....	B.....	.....NO.....	...346.....	08/09/1993	.....	.....	08/08/2000	MEDICARE SUPPL PLN B.....	.....7,259	.....3,577	.....49.3	.....6	.....3	.....0.0	.....	.....	.....	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	...346.....	08/09/1993	.....	.....	08/08/2000	MEDICARE SUPPL PLN C.....	.....240,608	.....129,843	.....54.0	.....164	.....3,827	.....446	.....11.7	.....	.....	.....2
.....YES.....	MS(F)-91.....	F.....	.....NO.....	...346.....	11/18/1992	.....	.....	08/08/2000	MEDICARE SUPPL PLN F.....	.....314,464	.....221,953	.....70.6	.....184	.....1,885	.....	.....0.0	.....	.....	.....
.....YES.....	MS(B)-00.....	B.....	.....NO.....	...346.....	08/08/2000	.....	.....	.....	MEDICARE SUPPL PLAN B.....	.....	.....	.....0.0	.....	.....1,650	.....592	.....35.9	.....	.....	.....1
.....YES.....	MS(C)-00.....	C.....	.....NO.....	...346.....	08/08/2000	.....	.....	.....	MEDICARE SUPPL PLAN F.....	.....	.....	.....0.0	.....	.....71	.....	.....0.0	.....	.....	.....1
.....YES.....	MS(F)-00.....	F.....	.....NO.....	...346.....	08/08/2000	.....	.....	.....	MEDICARE SUPPL PLAN F.....	.....	.....	.....0.0	.....	.....333	.....100	.....30.0	.....	.....	.....2
0199999.	Total Policy Experience on Individual Policies.....									.....569,178	.....365,720	.....64.3	.....360	.....7,911	.....1,138	.....14.4	.....	.....	.....6

MED360.ND

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....
  
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 2.2 Contact person and phone number..... Jose Viri 800-848-0123x177
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 3.2 Contact person and phone number..... Mitchell Hester 800-848-0123x191
4. Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Nebraska

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		17 Percent of Premiums Earned	18 Number of Covered Lives
											Amount	Amount				Amount	Amount		
<b>Individual Policies</b>																			
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	05/01/1989	.....	02/28/1991	05/01/1992	MEDICARE SUPPL POLICY.....	.....9,308	.....10,000	.....107.4	.....6	.....	.....	.....0.0	.....		
.....YES.....	MS(A)-91.....	A.....	.....NO.....	...346.....	05/22/1995	.....	.....	10/04/2000	MEDICARE SUPPL PLN A.....	.....153	.....	.....0.0	.....	.....	.....0.0	.....			
.....YES.....	MS(B)-91.....	B.....	.....NO.....	...346.....	05/22/1995	.....	.....	10/04/2000	MEDICARE SUPPL PLN B.....	.....6,407	.....1,674	.....26.1	.....4	.....	.....0.0	.....			
.....YES.....	MS(C)-91.....	C.....	.....NO.....	...346.....	05/22/1995	.....	.....	10/04/2000	MEDICARE SUPPL PLN C.....	.....38,213	.....21,505	.....56.3	.....19	.....	.....0.0	.....			
.....YES.....	MS(F)-91.....	F.....	.....NO.....	...346.....	05/22/1995	.....	.....	10/04/2000	MEDICARE SUPPL PLN F.....	.....302,017	.....251,222	.....83.2	.....150	.....10,525	.....	.....0.0			
.....YES.....	MS(C)-00.....	C.....	.....NO.....	...346.....	10/04/2000	.....	.....	.....	MEDICARE SUPPL PLAN C.....	.....	.....	.....0.0	.....	.....2,576	.....651	.....25.3	.....3		
.....YES.....	MS(F)-00.....	F.....	.....NO.....	...346.....	10/04/2000	.....	.....	.....	MEDICARE SUPPL PLAN F.....	.....	.....	.....0.0	.....	.....15,949	.....16,843	.....105.6	.....25		
0199999.	Total Policy Experience on Individual Policies.....									.....356,098	.....284,401	.....79.9	.....179	.....29,050	.....17,494	.....60.2	.....28		

MED360.NE

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Jose Viri 800-848-0123x177
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Mitchell Hester 800-848-0123x191
- Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....New Hampshire

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
<b>Individual Policies</b>																		
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	06/03/1988	.....	02/01/1991	03/01/1992	MEDICARE SUPPL POLICY.....	.....623	.....106	.....17.0	.....1	.....	.....	.....0.0	.....	.....
0199999. Total Policy Experience on Individual Policies.....										.....623	.....106	.....17.0	.....1	.....0	.....0	.....0.0	.....0	.....0

MED360.NH

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....
  
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 2.2 Contact person and phone number..... Jose Viri 800-848-0123x177
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 3.2 Contact person and phone number..... Mitchell Hester 800-848-0123x191
4. Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Nevada

NAIC Group Code.....0000  
 Address (City, State and Zip Code).....Clearwater, FL 33755  
 Person Completing This Exhibit.....Wakely Actuarial  
 Title.....Actuary

NAIC Company Code.....56383  
 Telephone Number.....727-584-8128

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002						
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives			
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned				
<b>Individual Policies</b>																				
.....N/A.....	MS-8.....	P.....	.....NO.....	...246.....	04/19/1988	.....	01/25/1991	01/01/1992	MEDICARE SUPPL POLICY.....	.....1,949	.....782	.....40.1	.....1	.....	.....	.....0.0	.....	.....	.....	
0199999. Total Policy Experience on Individual Policies.....										.....1,949	.....782	.....40.1	.....1	.....0	.....0	.....0.0	.....0	.....0.0	.....0	.....0

MED360.NV

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Jose Viri 800-848-0123x177
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Mitchell Hester 800-848-0123x191
- Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Ohio

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		17 Percent of Premiums Earned	18 Number of Covered Lives
											Amount	Amount				Amount	Amount		
<b>Individual Policies</b>																			
.....N/A.....	MS-88.....	P.....	.....NO.....	.....246.....	01/27/1988	.....	01/09/1991	01/01/1992	MEDICARE SUPPL POLICY.....	.....76,371	.....56,138	.....73.5	.....34	.....	.....	.....0.0	.....		
.....YES.....	MS(A)-91.....	A.....	.....NO.....	.....346.....	01/01/1992	.....	.....	07/14/2000	MEDICARE SUPPL PLN A.....	.....12,546	.....4,455	.....35.5	.....8	.....270	.....	.....0.0	.....		
.....YES.....	MS(B)-91.....	B.....	.....NO.....	.....346.....	01/30/1992	.....	.....	07/14/2000	MEDICARE SUPPL PLN B.....	.....144,993	.....83,038	.....57.3	.....69	.....8,972	.....3,458	.....38.5	.....4		
.....YES.....	MS(C)-91.....	C.....	.....NO.....	.....346.....	06/24/1993	.....	.....	07/14/2000	MEDICARE SUPPL PLN C.....	.....1,800,646	.....1,223,329	.....67.9	.....708	.....7,962	.....1,997	.....25.1	.....2		
.....YES.....	MS(F)-91.....	F.....	.....NO.....	.....346.....	01/30/1992	.....	.....	07/14/2000	MEDICARE SUPPL PLN F.....	.....286,220	.....179,649	.....62.8	.....109	.....9,635	.....3,419	.....35.5	.....2		
.....YES.....	MS(D)-00.....	D.....	.....NO.....	.....346.....	07/14/2000	.....	.....	.....	MEDICARE SUPPL PLAN D.....	.....	.....	.....0.0	.....	.....	.....0.0	.....			
.....YES.....	MS(F)-00.....	F.....	.....NO.....	.....346.....	07/14/2000	.....	.....	.....	MEDICARE SUPPL PLAN F.....	.....	.....	.....0.0	.....	.....414	.....186	.....44.9	.....2		
0199999.	Total Policy Experience on Individual Policies.....									.....2,320,776	.....1,546,609	.....66.6	.....928	.....27,253	.....9,060	.....33.2	.....10		

MED360.OH

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....
  
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 2.2 Contact person and phone number..... Jose Viri 800-848-0123x177
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 3.2 Contact person and phone number..... Mitchell Hester 800-848-0123x191
4. Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Oklahoma

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		17 Percent of Premiums Earned	18 Number of Covered Lives
											Amount	Amount				Amount	Amount		

**Individual Policies**

.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	03/22/1988	.....	01/21/1991	07/01/1992	MEDICARE SUPPL POLICY.....	.....16,982	.....5,204	.....30.6	.....15	.....	.....0.0	.....	.....
.....YES.....	MS(A)-91.....	A.....	.....NO.....	...346.....	01/01/1992	.....	.....	08/18/2000	MEDICARE SUPPL PLN A.....	.....13,596	.....6,687	.....49.2	.....18	.....5,566	.....4,837	.....86.9	.....7
.....YES.....	MS(B)-91.....	B.....	.....NO.....	...346.....	09/23/1993	.....	.....	08/18/2000	MEDICARE SUPPL PLN B.....	.....36,471	.....32,842	.....90.0	.....30	.....19,524	.....12,792	.....65.5	.....14
.....YES.....	MS(C)-91.....	C.....	.....NO.....	...346.....	09/23/1993	.....	.....	08/18/2000	MEDICARE SUPPL PLN C.....	.....429,033	.....302,524	.....70.5	.....310	.....124,426	.....77,438	.....62.2	.....71
.....YES.....	MS(F)-91.....	F.....	.....NO.....	...346.....	04/03/1992	.....	.....	08/18/2000	MEDICARE SUPPL PLN F.....	.....494,820	.....302,204	.....61.1	.....291	.....74,013	.....25,753	.....34.8	.....33
.....YES.....	MS(A)-00.....	A.....	.....NO.....	...34.....	08/18/2000	.....	.....	.....	MEDICARE SUPPL PLAN A.....	.....	.....	.....0.0	.....	.....1,694	.....486	.....28.7	.....4
.....YES.....	MS(B)-00.....	B.....	.....NO.....	...34.....	08/18/2000	.....	.....	.....	MEDICARE SUPPL PLAN B.....	.....	.....	.....0.0	.....	.....9,356	.....5,131	.....54.8	.....7
.....YES.....	MS(C)-00.....	C.....	.....NO.....	...34.....	08/18/2000	.....	.....	.....	MEDICARE SUPPL PLAN C.....	.....	.....	.....0.0	.....	.....9,462	.....2,289	.....24.2	.....15
.....YES.....	MS(D)-00.....	D.....	.....NO.....	...34.....	08/18/2000	.....	.....	.....	MEDICARE SUPPL PLAN D.....	.....	.....	.....0.0	.....	.....937	.....820	.....87.5	.....3
.....YES.....	MS(F)-00.....	F.....	.....NO.....	...34.....	08/18/2000	.....	.....	.....	MEDICARE SUPPL PLAN F.....	.....	.....	.....0.0	.....	.....46,257	.....12,689	.....27.4	.....52
0199999.	Total Policy Experience on Individual Policies.....									.....990,902	.....649,461	.....65.5	.....664	.....291,235	.....142,235	.....48.8	.....206

MEED360.OK

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 2.2 Contact person and phone number..... Jose Viri 800-848-0123x177
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 3.2 Contact person and phone number..... Mitchell Hester 800-848-0123x191
4. Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Oregon

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002							
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives				
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned					
<b>Individual Policies</b>																					
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	03/20/1989	.....	01/24/1991	01/01/1992	MEDICARE SUPPL POLICY.....	.....16,561	.....13,883	.....83.8	.....15	.....	.....	.....0.0	.....	.....	.....		
0199999. Total Policy Experience on Individual Policies.....										.....16,561	.....13,883	.....83.8	.....15	.....0	.....0	.....0.0	.....0	.....0	.....0.0	.....0	.....0

MEED360.OR

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....
  
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 2.2 Contact person and phone number..... Jose Viri 800-848-0123x177
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 3.2 Contact person and phone number..... Mitchell Hester 800-848-0123x191
4. Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Pennsylvania

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		17 Percent of Premiums Earned	18 Number of Covered Lives
											Amount	Amount				Amount	Amount		
<b>Individual Policies</b>																			
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	06/01/1989	.....	02/08/1991	05/01/1992	MEDICARE SUPPL POLICY.....	.....24,840	.....19,081	.....76.8	.....14	.....	.....	.....0.0	.....	.....	.....
.....YES.....	MS(A)-91.....	A.....	.....NO.....	...346.....	12/06/1993	.....	.....	10/11/2001	MEDICARE SUPPL PLN A.....	.....31,017	.....14,052	.....45.3	.....20	.....4,275	.....654	.....15.3	.....3	.....	.....
.....YES.....	MS(B)-91.....	B.....	.....NO.....	...346.....	12/06/1993	.....	.....	10/11/2001	MEDICARE SUPPL PLN B.....	.....318,164	.....218,552	.....68.7	.....130	.....5,264	.....1,873	.....35.6	.....2	.....	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	...346.....	12/06/1993	.....	.....	10/11/2001	MEDICARE SUPPL PLN C.....	.....3,389,698	.....2,108,785	.....62.2	.....1,310	.....39,433	.....19,429	.....49.3	.....14	.....	.....
.....YES.....	MS(A)-00.....	A.....	.....NO.....	...34.....	10/11/2001	.....	.....	.....	MEDICARE SUPPL PLAN A.....	.....	.....	.....0.0	.....	.....1,244	.....1,398	.....112.4	.....1	.....	.....
.....YES.....	MS(C)-00.....	C.....	.....NO.....	...34.....	10/11/2001	.....	.....	.....	MEDICARE SUPPL PLAN C.....	.....	.....	.....0.0	.....	.....1,611	.....484	.....30.0	.....1	.....	.....
.....YES.....	MS(D)-00.....	D.....	.....NO.....	...34.....	10/11/2001	.....	.....	.....	MEDICARE SUPPL PLAN D.....	.....	.....	.....0.0	.....	.....1,704	.....1,570	.....92.1	.....2	.....	.....
0199999.	Total Policy Experience on Individual Policies.....									.....3,763,719	.....2,360,470	.....62.7	.....1,474	.....53,531	.....25,408	.....47.5	.....23	.....	.....

MED360.PA

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Jose Viri 800-848-0123x177
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Mitchell Hester 800-848-0123x191
- Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....South Carolina

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		17 Percent of Premiums Earned	18 Number of Covered Lives
											Amount	Amount				Amount	Amount		
<b>Individual Policies</b>																			
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	05/19/1988	.....	02/15/1991	05/01/1992	MEDICARE SUPPL POLICY.....	.....5,238	.....8,536	.....163.0	.....3	.....	.....	.....0.0	.....		
.....YES.....	MS(A)-91.....	A.....	.....NO.....	...346.....	03/14/1995	.....	.....	09/14/2000	MEDICARE SUPPL PLN A.....	.....833	.....45	.....5.4	.....1	.....	.....0.0	.....			
.....YES.....	MS(B)-91.....	B.....	.....NO.....	...346.....	03/14/1995	.....	.....	09/14/2000	MEDICARE SUPPL PLN B.....	.....6,831	.....6,241	.....91.4	.....2	.....	.....0.0	.....			
.....YES.....	MS(C)-91.....	C.....	.....NO.....	...346.....	03/14/1995	.....	.....	09/14/2000	MEDICARE SUPPL PLN C.....	.....141,377	.....103,982	.....73.5	.....78	.....1,477	.....1,222	.....82.7	.....		
.....YES.....	MS(F)-91.....	F.....	.....NO.....	...346.....	03/14/1995	.....	.....	09/14/2000	MEDICARE SUPPL PLN F.....	.....186,051	.....129,780	.....69.8	.....90	.....8,043	.....289	.....3.6	.....1		
.....YES.....	MS(F)-00.....	F.....	.....NO.....	...346.....	09/14/2000	.....	.....	.....	MEDICARE SUPPL PLAN F.....	.....	.....	.....0.0	.....	.....1,258	.....229	.....18.2	.....1		
0199999.	Total Policy Experience on Individual Policies.....									.....340,330	.....248,584	.....73.0	.....174	.....10,778	.....1,740	.....16.1	.....2		

MED360.SC

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 632 North Park Strret Columbus OH 432158619

2.2 Contact person and phone number..... Jose Viri 800-848-0123x177

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 632 North Park Strret Columbus OH 432158619

3.2 Contact person and phone number..... Mitchell Hester 800-848-0123x191

4. Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....South Dakota

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		17 Percent of Premiums Earned	18 Number of Covered Lives
											Amount	Amount				Amount	Amount		
<b>Individual Policies</b>																			
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	02/03/1988	.....	01/03/1991	02/01/1992	MEDICARE SUPPL POLICY.....	.....11,955	.....13,372	.....111.9	.....9	.....	.....	.....0.0	.....	.....	.....
.....YES.....	MS(B)-91.....	B.....	.....NO.....	...346.....	02/07/1995	.....	.....	07/01/1997	MEDICARE SUPPL PLN B.....	.....12,558	.....8,826	.....70.3	.....8	.....1,415	.....211	.....14.9	.....1	.....	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	...346.....	02/07/1995	.....	.....	07/01/1997	MEDICARE SUPPL PLN C.....	.....7,211	.....5,987	.....83.0	.....3	.....	.....0.0	.....	.....	.....	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	...346.....	02/07/1995	.....	.....	07/01/1997	MEDICARE SUPPL PLN F.....	.....251,914	.....184,120	.....73.1	.....128	.....19,336	.....	.....0.0	.....	.....	.....
.....YES.....	MS(B)-00.....	B.....	.....NO.....	...34.....	06/27/2000	.....	.....	.....	MEDICARE SUPPL PLAN B.....	.....	.....	.....0.0	.....	.....167	.....125	.....74.9	.....2	.....	.....
.....YES.....	MS(F)-00.....	F.....	.....NO.....	...34.....	06/27/2000	.....	.....	.....	MEDICARE SUPPL PLAN F.....	.....	.....	.....0.0	.....	.....6,140	.....3,588	.....58.4	.....55	.....	.....
0199999.	Total Policy Experience on Individual Policies.....									.....283,638	.....212,305	.....74.9	.....148	.....27,058	.....3,924	.....14.5	.....58	.....	.....

MED360.SD

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Jose Viri 800-848-0123x177
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Mitchell Hester 800-848-0123x191
- Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Tennessee

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned			
<b>Individual Policies</b>																			
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	03/14/1988	.....	01/28/1991	01/01/1992	MEDICARE SUPPL POLICY.....	.....9,045	.....12,664	.....140.0	.....6	.....	.....	.....0.0	.....		
.....YES.....	MS(A)-91.....	A.....	.....NO.....	...346.....	08/02/1994	.....	.....	08/11/2000	MEDICARE SUPPL PLN A.....	.....1,145	.....494	.....43.1	.....1	.....	.....0.0	.....			
.....YES.....	MS(B)-91.....	B.....	.....NO.....	...346.....	08/02/1994	.....	.....	08/11/2000	MEDICARE SUPPL PLN B.....	.....8,308	.....4,912	.....59.1	.....7	.....	.....0.0	.....			
.....YES.....	MS(C)-91.....	C.....	.....NO.....	...346.....	08/02/1994	.....	.....	08/11/2000	MEDICARE SUPPL PLN C.....	.....381,943	.....222,298	.....58.2	.....159	.....434	.....0.0	.....			
.....YES.....	MS(F)-91.....	F.....	.....NO.....	...346.....	08/02/1994	.....	.....	08/11/2000	MEDICARE SUPPL PLN F.....	.....842,278	.....557,418	.....66.2	.....367	.....21,747	.....8,957	.....41.2	.....5		
.....YES.....	MS(F)-00.....	F.....	.....NO.....	...346.....	08/11/2000	.....	.....	.....	MEDICARE SUPPL PLAN F.....	.....	.....	.....0.0	.....	.....58	.....0.0	.....1			
0199999.	Total Policy Experience on Individual Policies.....									.....1,242,719	.....797,786	.....64.2	.....540	.....22,239	.....8,957	.....40.3	.....6		

MED360.TN

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 632 North Park Strret Columbus OH 432158619

2.2 Contact person and phone number..... Jose Viri 800-848-0123x177

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 632 North Park Strret Columbus OH 432158619

3.2 Contact person and phone number..... Mitchell Hester 800-848-0123x191

4. Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Texas

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned				16 Amount	17 Percent of Premiums Earned		
<b>Individual Policies</b>																			
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	06/01/1988	.....	06/18/1991	03/01/1992	MEDICARE SUPPL POLICY.....	.....13,087	.....9,896	.....75.6	.....7	.....	.....	.....0.0	.....		
.....N/A.....	MST-89-TX.....	P.....	.....NO.....	...346.....	02/16/1990	.....	01/14/1991	03/01/1992	MEDICARE SUPPL POLICY.....	.....765,562	.....389,443	.....50.9	.....253	.....	.....	.....0.0	.....		
.....YES.....	MS(A)-91.....	A.....	.....NO.....	...346.....	08/20/1992	.....	.....	11/14/2000	MEDICARE SUPPL PLN A.....	.....89,876	.....93,347	.....103.9	.....68	.....4,054	.....957	.....23.6	.....2		
.....YES.....	MS(B)-91.....	B.....	.....NO.....	...346.....	08/20/1992	.....	.....	11/14/2000	MEDICARE SUPPL PLN B.....	.....133,493	.....107,950	.....80.9	.....66	.....10,710	.....5,185	.....48.4	.....5		
.....YES.....	MS(C)-91.....	C.....	.....NO.....	...346.....	10/19/1993	.....	.....	11/14/2000	MEDICARE SUPPL PLN C.....	.....1,290,181	.....845,462	.....65.5	.....564	.....25,686	.....16,698	.....65.0	.....9		
.....YES.....	MS(F)-91.....	F.....	.....NO.....	...346.....	08/20/1992	.....	.....	11/14/2000	MEDICARE SUPPL PLN F.....	.....2,571,450	.....1,727,652	.....67.2	.....1,087	.....83,303	.....57,539	.....69.1	.....30		
.....YES.....	MS(A)-00.....	A.....	.....NO.....	...34.....	11/14/2000	.....	.....	.....	MEDICARE SUPPL PLAN A.....	.....	.....	.....0.0	.....	.....4,407	.....2,846	.....64.6	.....4		
.....YES.....	MS(B)-00.....	B.....	.....NO.....	...34.....	11/14/2000	.....	.....	.....	MEDICARE SUPPL PLAN B.....	.....	.....	.....0.0	.....	.....1,797	.....2,103	.....117.0	.....1		
.....YES.....	MS(C)-00.....	C.....	.....NO.....	...34.....	11/14/2000	.....	.....	.....	MEDICARE SUPPL PLAN C.....	.....	.....	.....0.0	.....	.....3,966	.....1,420	.....35.8	.....3		
.....YES.....	MS(D)-00.....	D.....	.....NO.....	...34.....	11/14/2000	.....	.....	.....	MEDICARE SUPPL PLAN D.....	.....	.....	.....0.0	.....	.....1,278	.....1,051	.....82.2	.....1		
.....YES.....	MS(F)-00.....	F.....	.....NO.....	...34.....	11/14/2000	.....	.....	.....	MEDICARE SUPPL PLAN F.....	.....	.....	.....0.0	.....	.....8,917	.....4,054	.....45.5	.....10		
0199999.	Total Policy Experience on Individual Policies.....									.....4,863,649	.....3,173,750	.....65.3	.....2,045	.....144,118	.....91,853	.....63.7	.....65		

MED360.TX

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Jose Viri 800-848-0123x177
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Mitchell Hester 800-848-0123x191
- Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Utah

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
<b>Individual Policies</b>																		
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	02/16/1988	.....	02/04/1991	07/01/1992	MEDICARE SUPPL POLICY.....	.....9,415	.....3,159	.....33.6	.....6	.....	.....	.....0.0	.....	.....
0199999. Total Policy Experience on Individual Policies.....										.....9,415	.....3,159	.....33.6	.....6	.....0	.....0	.....0.0	.....	.....0

MED360.UT

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....
  
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 2.2 Contact person and phone number..... Jose Viri 800-848-0123x177
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 3.2 Contact person and phone number..... Mitchell Hester 800-848-0123x191
4. Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Virginia

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned			
<b>Individual Policies</b>																			
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	06/17/1988	.....	02/13/1991	07/01/1992	MEDICARE SUPPL POLICY.....	.....24,273	.....17,760	.....73.2	.....15	.....	.....	.....0.0	.....	.....	.....
.....YES.....	MS(B)-91.....	B.....	.....NO.....	...346.....	04/15/1994	.....	.....	.....	MEDICARE SUPPL PLN B.....	.....28,023	.....19,360	.....69.1	.....16	.....	.....	.....0.0	.....	.....	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	...346.....	04/15/1994	.....	.....	.....	MEDICARE SUPPL PLN C.....	.....212,547	.....140,910	.....66.3	.....106	.....1,908	.....	.....0.0	.....	.....	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	...346.....	04/15/1994	.....	.....	.....	MEDICARE SUPPL PLN F.....	.....95,256	.....57,348	.....60.2	.....47	.....	.....	.....0.0	.....	.....	.....
0199999.	Total Policy Experience on Individual Policies.....									.....360,099	.....235,378	.....65.4	.....184	.....1,908	.....0	.....0.0	.....	.....	.....0

MED360.VA

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details.....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Jose Viri 800-848-0123x177
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address..... 632 North Park Strret Columbus OH 432158619
  - Contact person and phone number..... Mitchell Hester 800-848-0123x191
- Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Washington

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002				
										11 Premiums Earned	14 Incurred Claims		15 Premiums Earned	18 Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned		
<b>Individual Policies</b>																	
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	03/04/1988	.....	04/18/1991	07/01/1992	MEDICARE SUPPL POLICY.....	.....6,251	.....4,401	.....70.4	.....4	.....	.....	.....0.0	.....
0199999. Total Policy Experience on Individual Policies.....										.....6,251	.....4,401	.....70.4	.....4	.....0	.....0	.....0.0	.....0

MED360.WA

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....
  
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 2.2 Contact person and phone number..... Jose Viri 800-848-0123x177
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 3.2 Contact person and phone number..... Mitchell Hester 800-848-0123x191
4. Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Wisconsin

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
<b>Individual Policies</b>																		
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	07/25/1991	.....	.....	01/01/1992	MEDICARE SUPPL POLICY.....	.....1,928	.....343	.....17.8	.....1	.....	.....	.....0.0	.....	.....
0199999. Total Policy Experience on Individual Policies.....										.....1,928	.....343	.....17.8	.....1	.....0	.....0	.....0.0	.....0	.....0

MED360.WI

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....
  
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 2.2 Contact person and phone number..... Jose Viri 800-848-0123x177
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 3.2 Contact person and phone number..... Mitchell Hester 800-848-0123x191
4. Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....West Virginia

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002						
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives			
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned				
<b>Individual Policies</b>																				
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	01/22/1991	.....	01/10/1991	08/02/1991	MEDICARE SUPPL POLICY.....	.....15,388	.....8,151	.....53.0	.....11	.....	.....	.....0.0	.....	.....		
0199999. Total Policy Experience on Individual Policies.....										.....15,388	.....8,151	.....53.0	.....11	.....0	.....0	.....0.0	.....0	.....0	.....0.0	.....0

MED360.WV

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....
  
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 2.2 Contact person and phone number..... Jose Viri 800-848-0123x177
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 3.2 Contact person and phone number..... Mitchell Hester 800-848-0123x191
4. Explain any policies identified as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

FOR THE STATE OF.....Wyoming

NAIC Group Code.....0000

NAIC Company Code.....56383

Address (City, State and Zip Code).....Clearwater, FL 33755

Person Completing This Exhibit.....Wakely Actuarial

Telephone Number.....727-584-8128

Title.....Actuary

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
<b>Individual Policies</b>																		
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	04/07/1988	.....	01/09/1991	07/01/1992	MEDICARE SUPPL POLICY.....	.....1,367	.....242	.....17.7	.....1	.....	.....	.....0.0	.....	.....
0199999. Total Policy Experience on Individual Policies.....										.....1,367	.....242	.....17.7	.....1	.....0	.....0	.....0.0	.....0	.....0

MED360.WY

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details.....
  
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 2.2 Contact person and phone number..... Jose Viri 800-848-0123x177
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address..... 632 North Park Strret Columbus OH 432158619
  - 3.2 Contact person and phone number..... Mitchell Hester 800-848-0123x191
4. Explain any policies identified as policy type "O".