



# ANNUAL STATEMENT

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

## MOTORISTS LIFE INSURANCE COMPANY

NAIC Group Code..... 291, 291 (Current Period) (Prior Period)	NAIC Company Code..... 66311	Employer's ID Number..... 31-0717055
Organized under the Laws of Ohio		State of Domicile or Port of Entry Ohio
Country of Domicile US		
Incorporated..... October 27, 1965		Commenced Business..... January 24, 1967
Statutory Home Office	471 East Broad Street ..... Columbus ..... OH ..... 43215 <i>(Street and Number) (City or Town, State and Zip Code)</i>	
Main Administrative Office	471 East Broad Street ..... Columbus ..... OH ..... 43215 <i>(Street and Number) (City or Town, State and Zip Code)</i>	614-225-8211 <i>(Area Code) (Telephone Number)</i>
Mail Address	471 East Broad 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	471 East Broad Street ..... Columbus ..... OH ..... 43215 <i>(Street and Number) (City or Town, State and Zip Code)</i>	614-225-8211 <i>(Area Code) (Telephone Number)</i>
Internet Website Address	www.motoristsgroup.com	
Statement Contact	Peter A. Hitchcock <i>(Name)</i> pete.hitchcock@motoristsgroup.com <i>(E-Mail Address)</i>	614-225-1477 <i>(Area Code) (Telephone Number) (Extension)</i> 614-225-8365 <i>(Fax Number)</i>
Policyowner Relations Contact	471 East Broad Street ..... Columbus ..... OH ..... 43215 <i>(Street and Number) (City or Town, State and Zip Code)</i>	888-876-6542 <i>(Area Code) (Telephone Number) (Extension)</i>

### OFFICERS

President ..... John Jacob Bishop	Treasurer ..... Michael Lee Wiseman
Secretary ..... Thomas Charles Ogg	Actuary ..... Peter Alan Hitchcock

### VICE PRESIDENTS

Orville Richard Lyons II	Charles Arthur Wickert
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### DIRECTORS OR TRUSTEES

John Jacob Bishop	Thomas Charles Ogg	Michael Lee Wiseman
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State of..... Ohio  
County of..... Franklin

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

John J. Bishop President	Thomas C. Ogg Secretary	Michael L. Wiseman Treasurer
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Subscribed and sworn to before me this

....14th.....day of ....February....., 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.....



DIRECT BUSINESS IN Other Alien #1 DURING THE YEAR  
 NAIC Group Code....291 NAIC Company Code....66311

**LIFE INSURANCE**

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

**NONE**

**DETAILS OF WRITE-INS**

	1	2	3	4	5
1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	1	3,000	(a)						1	3,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	1	3,000	0 (a)	0	0	0	0	0	1	3,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN Other Alien #2 DURING THE YEAR  
 NAIC Group Code....291 NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	166				166
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	166	0	0	0	166
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	63				63
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	63	0	0	0	63

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. ....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....				(a)					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a)	0	0	0	0	0	0

**NONE**

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
<b>24. Group policies.....</b>					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN Other Alien #3 DURING THE YEAR  
 NAIC Group Code....291 NAIC Company Code....66311

**LIFE INSURANCE**

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

**NONE**

**DETAILS OF WRITE-INS**

	1	2	3	4	5
1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	1	26,296	(a)						1	26,296
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	1	5,054							1	5,054
23. In force December 31 of current year.....	2	31,350	(a)	0	0	0	0	0	2	31,350

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN Other Alien #4 DURING THE YEAR  
 NAIC Group Code....291 NAIC Company Code....66311

**LIFE INSURANCE**

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

**NONE**

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. ....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....				(a)	No. of Pol.				0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a)	0	0	0	0	0	0

**NONE**

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF **ALASKA** DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	1,008				1,008
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,008	0	0	0	1,008
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	8	219,960	(a)						8	219,960
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	1	225,000							1	225,000
23. In force December 31 of current year.....	9	444,960	0 (a)	0	0	0	0	0	9	444,960

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	8,282				8,282
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	8,282	0	0	0	8,282
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	193				193
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	193	0	0	0	193

**DETAILS OF WRITE-INS**

	1	2	3	4	5
1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	22	2,766,532	(a)						22	2,766,532
21. Issued during year.....	1	102,500							1	102,500
22. Other changes to in force (Net).....		(105,507)							0	(105,507)
23. In force December 31 of current year.....	23	2,763,525	0 (a)	0	0	0	0	0	23	2,763,525

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF **ARKANSAS** DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	2,866				2,866
2. Annuity considerations.....	2,015				2,015
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,881	0	0	0	4,881
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	7,542				7,542
12. Surrender values and withdrawals for life contracts.....	6,564				6,564
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....	277				277
15. Totals.....	14,382	0	0	0	14,382

**DETAILS OF WRITE-INS**

	1	2	3	4	5
1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	11	204,942	(a)						11	204,942
21. Issued during year.....	20	347,000							20	347,000
22. Other changes to in force (Net).....		134,500							0	134,500
23. In force December 31 of current year.....	31	686,442	0 (a)	0	0	0	0	0	31	686,442

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	15,611				15,611
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	15,611	0	0	0	15,611
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	17,637				17,637
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	17,637	0	0	0	17,637

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. ....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	61	3,099,331	(a)						61	3,099,331
21. Issued during year.....	2	140,000							2	140,000
22. Other changes to in force (Net).....	11	428,539							11	428,539
23. In force December 31 of current year.....	74	3,667,870	0 (a)	0	0	0	0	0	74	3,667,870

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	44,157				44,157
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	44,157	0	0	0	44,157
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	1,147				1,147
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	1,147	0	0	0	1,147
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	1,147	0	0	0	1,147
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	1,060				1,060
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,060	0	0	0	1,060

**DETAILS OF WRITE-INS**

	1	2	3	4	5
1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	102	3,642,180	(a)						102	3,642,180
21. Issued during year.....	5	436,036							5	436,036
22. Other changes to in force (Net).....	2	214,322							2	214,322
23. In force December 31 of current year.....	109	4,292,537	0	(a)	0	0	0	0	109	4,292,537

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF CANADA DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	1,225				1,225
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,225	0	0	0	1,225
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	6	273,000	(a)						6	273,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(3,000)							(1)	(3,000)
23. In force December 31 of current year.....	5	270,000	(a)	0	0	0	0	0	5	270,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF **COLORADO** DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	9,400				9,400
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	9,400	0	0	0	9,400
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	50				50
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	50	0	0	0	50
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	50	0	0	0	50
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	44	2,463,808	(a)						44	2,463,808
21. Issued during year.....	1	15,000							1	15,000
22. Other changes to in force (Net).....	2	(71,316)							2	(71,316)
23. In force December 31 of current year.....	47	2,407,492	0 (a)	0	0	0	0	0	47	2,407,492

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	13,948				13,948
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	13,948	0	0	0	13,948
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	315				315
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	315	0	0	0	315
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	315	0	0	0	315
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

**DETAILS OF WRITE-INS**

	1	2	3	4	5
1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	19	3,317,535	(a)						19	3,317,535
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	2	683,039							2	683,039
23. In force December 31 of current year.....	21	4,000,574	0 (a)	0	0	0	0	0	21	4,000,574

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



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

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	1,027				1,027
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,027	0	0	0	1,027
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

**DETAILS OF WRITE-INS**

	1	2	3	4	5
1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	7	110,000	(a)						7	110,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(50,000)							(1)	(50,000)
23. In force December 31 of current year.....	6	60,000	(a)	0	0	0	0	0	6	60,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF **DELAWARE** DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	.866				.866
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	.866	0	0	0	.866
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

**DETAILS OF WRITE-INS**

	1	2	3	4	5
1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	4	202,000	(a)						4	202,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	4	202,000	0 (a)	0	0	0	0	0	4	202,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF **FLORIDA** DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	118,429				118,429
2. Annuity considerations.....	347,327				347,327
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	465,756	0	0	0	465,756
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	3,358				3,358
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	3,358	0	0	0	3,358
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	3,358	0	0	0	3,358
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	40,000				40,000
10. Matured endowments.....					0
11. Annuity benefits.....	5,797				5,797
12. Surrender values and withdrawals for life contracts.....	46,376				46,376
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....	216				216
15. Totals.....	92,390	0	0	0	92,390

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	3	40,000							3	40,000
<b>Settled during current year:</b>										
18.1 By payment in full.....	3	40,000							3	40,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	40,000	0	0	0	0	0	0	3	40,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	40,000	0	0	0	0	0	0	3	40,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	391	18,223,250		(a)					391	18,223,250
21. Issued during year.....	8	675,001							8	675,001
22. Other changes to in force (Net).....	4	(1,516,275)							4	(1,516,275)
23. In force December 31 of current year.....	403	17,381,976	0	(a)	0	0	0	0	403	17,381,976

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF **GEORGIA** DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	46,028				46,028
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	46,028	0	0	0	46,028
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	297				297
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	297	0	0	0	297
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	297	0	0	0	297
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	5,000				5,000
10. Matured endowments.....					0
11. Annuity benefits.....	2,910				2,910
12. Surrender values and withdrawals for life contracts.....	2,712				2,712
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	10,622	0	0	0	10,622

**DETAILS OF WRITE-INS**

	1	2	3	4	5
1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	5,000							1	5,000
<b>Settled during current year:</b>										
18.1 By payment in full.....	1	5,000							1	5,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	5,000	0	0	0	0	0	0	1	5,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	5,000	0	0	0	0	0	0	1	5,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	105	5,739,590	(a)						105	5,739,590
21. Issued during year.....	31	1,967,600							31	1,967,600
22. Other changes to in force (Net).....	2	(35,850)							2	(35,850)
23. In force December 31 of current year.....	138	7,671,340	0	0	0	0	0	0	138	7,671,340

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR  
 NAIC Group Code....291 NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	24,493,837			285,947	24,779,784
2. Annuity considerations.....	18,981,285				18,981,285
3. Deposit-type contract funds.....	421,781	XXX		XXX	421,781
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	43,896,903	0	0	285,947	44,182,850
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	3,898				3,898
6.2 Applied to pay renewal premiums.....	1,418				1,418
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	248,619				248,619
6.4 Other.....	2,186				2,186
6.5 Totals (Sum of Lines 6.1 to 6.4).....	256,122	0	0	0	256,122
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	256,122	0	0	0	256,122
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	6,421,631		31,000		6,452,631
10. Matured endowments.....	14,000				14,000
11. Annuity benefits.....	2,161,972				2,161,972
12. Surrender values and withdrawals for life contracts.....	4,832,712				4,832,712
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....	36,317		3,295		39,612
15. Totals.....	13,466,632	0	34,295	0	13,500,927

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	65	1,474,064							65	1,474,064
17. Incurred during current year.....	485	7,389,350			5	36,209			490	7,425,559
<b>Settled during current year:</b>										
18.1 By payment in full.....	378	6,435,631			4	31,000			382	6,466,631
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	378	6,435,631	0	0	4	31,000	0	0	382	6,466,631
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	68	769,750							68	769,750
18.6 Total settlements.....	446	7,205,381	0	0	4	31,000	0	0	450	7,236,381
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	104	1,658,033	0	0	1	5,209	0	0	105	1,663,242
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	49,757	3,386,788,909	(a)		7	94,896,000			49,764	3,481,684,909
21. Issued during year.....	14,780	740,679,974							14,780	740,679,974
22. Other changes to in force (Net).....	(5,951)	(396,761,626)				6,466,000			(5,951)	(390,295,626)
23. In force December 31 of current year.....	58,586	3,730,707,258	0	0	7	101,362,000	0	0	58,593	3,832,069,258

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	1,380				1,380
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,380	0	0	0	1,380
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	16				16
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	16	0	0	0	16
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	16	0	0	0	16
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	8	221,850	(a)						8	221,850
21. Issued during year.....									0	0
22. Other changes to in force (Net).....		(24,778)							0	(24,778)
23. In force December 31 of current year.....	8	197,072	0 (a)	0	0	0	0	0	8	197,072

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	4,050				4,050
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,050	0	0	0	4,050
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	6,530				6,530
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	6,530	0	0	0	6,530

**DETAILS OF WRITE-INS**

	1	2	3	4	5
1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	11	247,959	(a)						11	247,959
21. Issued during year.....	1	15,000							1	15,000
22. Other changes to in force (Net).....	(2)	25,000							(2)	25,000
23. In force December 31 of current year.....	10	287,959	0 (a)	0	0	0	0	0	10	287,959

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	1,339				1,339
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,339	0	0	0	1,339
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

**DETAILS OF WRITE-INS**

	1	2	3	4	5
1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	5	166,032	(a)						5	166,032
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	2	50,271							2	50,271
23. In force December 31 of current year.....	7	216,304	0 (a)	0	0	0	0	0	7	216,304

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	41,909				41,909
2. Annuity considerations.....	600				600
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	42,509	0	0	0	42,509
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	248				248
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	248	0	0	0	248
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	248	0	0	0	248
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	8,142				8,142
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	8,142	0	0	0	8,142

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	92	9,864,220	(a)						92	9,864,220
21. Issued during year.....	14	503,451							14	503,451
22. Other changes to in force (Net).....	(4)	(36,718)							(4)	(36,718)
23. In force December 31 of current year.....	102	10,330,953	(a)	0	0	0	0	0	102	10,330,953

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	1,636,169				1,636,169
2. Annuity considerations.....	1,003,958				1,003,958
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,640,127	0	0	0	2,640,127
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	15				15
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	9,425				9,425
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	9,440	0	0	0	9,440
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	9,440	0	0	0	9,440
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	410,600				410,600
10. Matured endowments.....					0
11. Annuity benefits.....	57,055				57,055
12. Surrender values and withdrawals for life contracts.....	334,258				334,258
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....	598				598
15. Totals.....	802,511	0	0	0	802,511

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	2	8,000							2	8,000
17. Incurred during current year.....	37	491,600							37	491,600
<b>Settled during current year:</b>										
18.1 By payment in full.....	27	410,600							27	410,600
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	27	410,600	0	0	0	0	0	0	27	410,600
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	4	25,000							4	25,000
18.6 Total settlements.....	31	435,600	0	0	0	0	0	0	31	435,600
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	8	64,000	0	0	0	0	0	0	8	64,000
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	3,363	238,904,597	(a)						3,363	238,904,597
21. Issued during year.....	1,660	58,034,181							1,660	58,034,181
22. Other changes to in force (Net).....	(384)	(24,726,051)							(384)	(24,726,051)
23. In force December 31 of current year.....	4,639	272,212,728	0	0	0	0	0	0	4,639	272,212,728

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF **KANSAS** DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	4,002				4,002
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,002	0	0	0	4,002
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	16	1,874,734	(a)						16	1,874,734
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	1	119,913							1	119,913
23. In force December 31 of current year.....	17	1,994,648	0 (a)	0	0	0	0	0	17	1,994,648

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF **KENTUCKY** DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	2,165,439				2,165,439
2. Annuity considerations.....	932,568				932,568
3. Deposit-type contract funds.....	11,410	XXX		XXX	11,410
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	3,109,417	0	0	0	3,109,417
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	336				336
6.2 Applied to pay renewal premiums.....	377				377
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	16,911				16,911
6.4 Other.....	22				22
6.5 Totals (Sum of Lines 6.1 to 6.4).....	17,646	0	0	0	17,646
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	17,646	0	0	0	17,646
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	815,453				815,453
10. Matured endowments.....					0
11. Annuity benefits.....	57,087				57,087
12. Surrender values and withdrawals for life contracts.....	472,771				472,771
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....	1,743				1,743
15. Totals.....	1,347,054	0	0	0	1,347,054

**DETAILS OF WRITE-INS**

	1	2	3	4	5
1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	8	475,456							8	475,456
17. Incurred during current year.....	48	558,647							48	558,647
<b>Settled during current year:</b>										
18.1 By payment in full.....	41	815,453							41	815,453
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	41	815,453	0	0	0	0	0	0	41	815,453
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	4	45,000							4	45,000
18.6 Total settlements.....	45	860,453	0	0	0	0	0	0	45	860,453
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	11	173,650	0	0	0	0	0	0	11	173,650
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	4,919	332,619,246		(a)					4,919	332,619,246
21. Issued during year.....	1,736	78,564,944							1,736	78,564,944
22. Other changes to in force (Net).....	(569)	(34,589,308)							(569)	(34,589,308)
23. In force December 31 of current year.....	6,086	376,594,882	0	(a)	0	0	0	0	6,086	376,594,882

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF **LOUISIANA** DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	1,024				1,024
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,024	0	0	0	1,024
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	5	255,026	(a)						5	255,026
21. Issued during year.....	1	75,000							1	75,000
22. Other changes to in force (Net).....	(1)	(44,984)							(1)	(44,984)
23. In force December 31 of current year.....	5	285,042	0 (a)	0	0	0	0	0	5	285,042

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	9,333				9,333
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	9,333	0	0	0	9,333
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	3,211				3,211
12. Surrender values and withdrawals for life contracts.....	1,606				1,606
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	4,817	0	0	0	4,817

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	26	2,337,352	(a)						26	2,337,352
21. Issued during year.....	1	750,000							1	750,000
22. Other changes to in force (Net).....	(3)	(746,474)							(3)	(746,474)
23. In force December 31 of current year.....	24	2,340,878	0 (a)	0	0	0	0	0	24	2,340,878

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF **MARYLAND** DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	15,831				15,831
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	15,831	0	0	0	15,831
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....	1,000				1,000
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,000	0	0	0	1,000

**DETAILS OF WRITE-INS**

	1	2	3	4	5
1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	1,000							1	1,000
<b>Settled during current year:</b>										
18.1 By payment in full.....	1	1,000							1	1,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	1,000	0	0	0	0	0	0	1	1,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	1,000	0	0	0	0	0	0	1	1,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	50	4,142,406	(a)						50	4,142,406
21. Issued during year.....	10	210,000							10	210,000
22. Other changes to in force (Net).....	(8)	(565,753)							(8)	(565,753)
23. In force December 31 of current year.....	52	3,786,653	0 (a)	0	0	0	0	0	52	3,786,653

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	2,324				2,324
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,324	0	0	0	2,324
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	25				25
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	25	0	0	0	25
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	25	0	0	0	25
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	413				413
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	413	0	0	0	413

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	7	423,430	(a)						7	423,430
21. Issued during year.....		222							0	222
22. Other changes to in force (Net).....	2	1,003,670							2	1,003,670
23. In force December 31 of current year.....	9	1,427,323	0 (a)	0	0	0	0	0	9	1,427,323

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	1,354,300				1,354,300
2. Annuity considerations.....	236,670				236,670
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,590,970	0	0	0	1,590,970
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	10				10
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	10	0	0	0	10
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	10	0	0	0	10
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	216,337				216,337
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	21,326				21,326
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....	86				86
15. Totals.....	237,749	0	0	0	237,749

**DETAILS OF WRITE-INS**

	1	2	3	4	5
1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	7	76,000							7	76,000
17. Incurred during current year.....	81	470,062							81	470,062
<b>Settled during current year:</b>										
18.1 By payment in full.....	48	216,337							48	216,337
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	48	216,337	0	0	0	0	0	0	48	216,337
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	14	134,250							14	134,250
18.6 Total settlements.....	62	350,587	0	0	0	0	0	0	62	350,587
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	26	195,475	0	0	0	0	0	0	26	195,475
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	2,011	65,902,525	(a)						2,011	65,902,525
21. Issued during year.....	2,421	40,101,173							2,421	40,101,173
22. Other changes to in force (Net).....	(687)	(15,412,611)							(687)	(15,412,611)
23. In force December 31 of current year.....	3,745	90,591,088	0	0	0	0	0	0	3,745	90,591,088

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	20,555				20,555
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	20,555	0	0	0	20,555
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	464				464
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	464	0	0	0	464

**DETAILS OF WRITE-INS**

	1	2	3	4	5
1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	33	2,471,969	(a)						33	2,471,969
21. Issued during year.....	4	450,000							4	450,000
22. Other changes to in force (Net).....	1	154,078							1	154,078
23. In force December 31 of current year.....	38	3,076,047	0 (a)	0	0	0	0	0	38	3,076,047

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	8,828				8,828
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	8,828	0	0	0	8,828
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	42				42
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	42	0	0	0	42

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	32	3,035,025	(a)						32	3,035,025
21. Issued during year.....	4	780,251							4	780,251
22. Other changes to in force (Net).....	1	(92,670)							1	(92,670)
23. In force December 31 of current year.....	37	3,722,606	(a)	0	0	0	0	0	37	3,722,606

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF **MISSISSIPPI** DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	5,871				5,871
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	5,871	0	0	0	5,871
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	9	445,986	(a)						9	445,986
21. Issued during year.....	7	1,311,250							7	1,311,250
22. Other changes to in force (Net).....	1	(41,174)							1	(41,174)
23. In force December 31 of current year.....	17	1,716,062	0 (a)	0	0	0	0	0	17	1,716,062

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	3,588				3,588
2. Annuity considerations.....	750				750
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,338	0	0	0	4,338
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	6	252,539	(a)						6	252,539
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	2	277,914							2	277,914
23. In force December 31 of current year.....	8	530,452	0 (a)	0	0	0	0	0	8	530,452

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF **NORTH CAROLINA** DURING THE YEAR

NAIC Group Code.....291

NAIC Company Code.....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	33,127				33,127
2. Annuity considerations.....	71,674				71,674
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	104,801	0	0	0	104,801
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	684				684
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	684	0	0	0	684
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	684	0	0	0	684
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	6,309				6,309
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	6,309	0	0	0	6,309

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	98	6,110,942	(a)						98	6,110,942
21. Issued during year.....	5	642,960							5	642,960
22. Other changes to in force (Net).....	(13)	(652,130)							(13)	(652,130)
23. In force December 31 of current year.....	90	6,101,773	(a)	0	0	0	0	0	90	6,101,773

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF **NORTH DAKOTA** DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	1,676				1,676
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,676	0	0	0	1,676
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

**DETAILS OF WRITE-INS**

	1	2	3	4	5
1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	3	61,000	(a)						3	61,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	3	61,000	0 (a)	0	0	0	0	0	3	61,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF **NEBRASKA** DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	386				386
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	386	0	0	0	386
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

**DETAILS OF WRITE-INS**

	1	2	3	4	5
1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	3	124,500	(a)						3	124,500
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	1	3,000							1	3,000
23. In force December 31 of current year.....	4	127,500	0 (a)	0	0	0	0	0	4	127,500

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF **NEW HAMPSHIRE** DURING THE YEAR

NAIC Group Code.....291

NAIC Company Code.....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	1,599				1,599
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,599	0	0	0	1,599
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	11	211,680	(a)						11	211,680
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	2	179,156							2	179,156
23. In force December 31 of current year.....	13	390,836	0 (a)	0	0	0	0	0	13	390,836

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF **NEW JERSEY** DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	15,743				15,743
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	15,743	0	0	0	15,743
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	613				613
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	613	0	0	0	613
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	613	0	0	0	613
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	658				658
12. Surrender values and withdrawals for life contracts.....	1,644				1,644
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	2,302	0	0	0	2,302

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. ....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	44	4,079,000	(a)						44	4,079,000
21. Issued during year.....	6	180,250							6	180,250
22. Other changes to in force (Net).....		(1,127,272)							0	(1,127,272)
23. In force December 31 of current year.....	50	3,131,978	0 (a)	0	0	0	0	0	50	3,131,978

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF **NEW MEXICO** DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	3,470				3,470
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	3,470	0	0	0	3,470
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	6,581				6,581
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	6,581	0	0	0	6,581

**DETAILS OF WRITE-INS**

	1	2	3	4	5
1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	9	330,170	(a)						9	330,170
21. Issued during year.....									0	0
22. Other changes to in force (Net).....		109							0	109
23. In force December 31 of current year.....	9	330,279	0 (a)	0	0	0	0	0	9	330,279

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	4,176				4,176
2. Annuity considerations.....	1,273				1,273
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	5,449	0	0	0	5,449
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	978				978
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	978	0	0	0	978

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	17	676,906	(a)						17	676,906
21. Issued during year.....									0	0
22. Other changes to in force (Net).....		(69,015)							0	(69,015)
23. In force December 31 of current year.....	17	607,891	0 (a)	0	0	0	0	0	17	607,891

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF **NEW YORK** DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	19,272				19,272
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	19,272	0	0	0	19,272
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	3,520				3,520
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	3,520	0	0	0	3,520
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	3,520	0	0	0	3,520
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	4,624				4,624
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	4,624	0	0	0	4,624

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. ....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	42	2,338,826	(a)						42	2,338,826
21. Issued during year.....	4	71,466							4	71,466
22. Other changes to in force (Net).....	1	(110,962)							1	(110,962)
23. In force December 31 of current year.....	47	2,299,330	0 (a)	0	0	0	0	0	47	2,299,330

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	13,580,228			284,937	13,865,166
2. Annuity considerations.....	10,905,569				10,905,569
3. Deposit-type contract funds.....	159,641	XXX		XXX	159,641
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	24,645,439	0	0	284,937	24,930,376
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	2,977				2,977
6.2 Applied to pay renewal premiums.....	415				415
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	165,212				165,212
6.4 Other.....	2,144				2,144
6.5 Totals (Sum of Lines 6.1 to 6.4).....	170,748	0	0	0	170,748
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	170,748	0	0	0	170,748
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	3,671,133		31,000		3,702,133
10. Matured endowments.....	7,000				7,000
11. Annuity benefits.....	1,533,950				1,533,950
12. Surrender values and withdrawals for life contracts.....	2,709,411				2,709,411
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....	15,934		3,295		19,229
15. Totals.....	7,937,427	0	34,295	0	7,971,722

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	39	662,324							39	662,324
17. Incurred during current year.....	203	4,304,917			5	36,209			208	4,341,126
<b>Settled during current year:</b>										
18.1 By payment in full.....	172	3,678,133			4	31,000			176	3,709,133
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	172	3,678,133	0	0	4	31,000	0	0	176	3,709,133
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	29	391,500							29	391,500
18.6 Total settlements.....	201	4,069,633	0	0	4	31,000	0	0	205	4,100,633
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	41	897,608	0	0	1	5,209	0	0	42	902,817
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	27,682	1,948,234,718		(a)	6	94,726,000			27,688	2,042,960,718
21. Issued during year.....	5,517	384,302,213							5,517	384,302,213
22. Other changes to in force (Net).....	(2,997)	(232,608,828)				6,496,000			(2,997)	(226,112,828)
23. In force December 31 of current year.....	30,202	2,099,928,104	0	(a)	6	101,222,000	0	0	30,208	2,201,150,104

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF **OKLAHOMA** DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	2,088				2,088
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,088	0	0	0	2,088
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	7	458,700	(a)						7	458,700
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(30,000)							(1)	(30,000)
23. In force December 31 of current year.....	6	428,700	(a)	0	0	0	0	0	6	428,700

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	4,565				4,565
2. Annuity considerations.....	5,956				5,956
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	10,521	0	0	0	10,521
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	7	836,550	(a)						7	836,550
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	3	247,600							3	247,600
23. In force December 31 of current year.....	10	1,084,150	0	(a)	0	0	0	0	10	1,084,150

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



**DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR**

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	166				166
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	166	0	0	0	166
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	63				63
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	63	0	0	0	63

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	2	29,296	(a)						2	29,296
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	1	5,054							1	5,054
23. In force December 31 of current year.....	3	34,350	0 (a)	0	0	0	0	0	3	34,350

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	3,283,074			1,009	3,284,083
2. Annuity considerations.....	1,307,527				1,307,527
3. Deposit-type contract funds.....	250,729	XXX		XXX	250,729
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,841,330	0	0	1,009	4,842,340
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	545				545
6.2 Applied to pay renewal premiums.....	626				626
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	43,094				43,094
6.4 Other.....	20				20
6.5 Totals (Sum of Lines 6.1 to 6.4).....	44,285	0	0	0	44,285
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	44,285	0	0	0	44,285
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	747,527				747,527
10. Matured endowments.....	1,000				1,000
11. Annuity benefits.....	221,599				221,599
12. Surrender values and withdrawals for life contracts.....	868,989				868,989
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....	10,750				10,750
15. Totals.....	1,849,865	0	0	0	1,849,865

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	4	176,284							4	176,284
17. Incurred during current year.....	51	869,143							51	869,143
<b>Settled during current year:</b>										
18.1 By payment in full.....	40	748,527							40	748,527
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	40	748,527	0	0	0	0	0	0	40	748,527
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	4	41,500							4	41,500
18.6 Total settlements.....	44	790,027	0	0	0	0	0	0	44	790,027
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	11	255,400	0	0	0	0	0	0	11	255,400
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	7,189	527,609,021	(a)		1	170,000			7,190	527,779,021
21. Issued during year.....	1,294	93,001,862							1,294	93,001,862
22. Other changes to in force (Net).....	(750)	(63,175,737)				(30,000)			(750)	(63,205,737)
23. In force December 31 of current year.....	7,733	557,435,146	0 (a)	0	1	140,000	0	0	7,734	557,575,146

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR  
 NAIC Group Code....291 NAIC Company Code....66311

**LIFE INSURANCE**

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

**NONE**

**DETAILS OF WRITE-INS**

	1	2	3	4	5
1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....				(a)	No. of Pol.				0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	1	15,000							1	15,000
23. In force December 31 of current year.....	1	15,000	0	(a)	0	0	0	0	1	15,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	513				513
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	513	0	0	0	513
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

**DETAILS OF WRITE-INS**

	1	2	3	4	5
1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	2	35,000	(a)						2	35,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	2	30,000							2	30,000
23. In force December 31 of current year.....	4	65,000	0 (a)	0	0	0	0	0	4	65,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF **SOUTH CAROLINA** DURING THE YEAR

NAIC Group Code.....291

NAIC Company Code.....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	21,071				21,071
2. Annuity considerations.....	16,000				16,000
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	37,071	0	0	0	37,071
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	37,069				37,069
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....	583				583
15. Totals.....	37,652	0	0	0	37,652

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	53	3,284,715	(a)						53	3,284,715
21. Issued during year.....	3	255,000							3	255,000
22. Other changes to in force (Net).....	12	1,729,835							12	1,729,835
23. In force December 31 of current year.....	68	5,269,549	0 (a)	0	0	0	0	0	68	5,269,549

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF **SOUTH DAKOTA** DURING THE YEAR

NAIC Group Code.....291

NAIC Company Code.....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	1,606				1,606
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,606	0	0	0	1,606
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	2	189,675	(a)						2	189,675
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	3	102,641							3	102,641
23. In force December 31 of current year.....	5	292,316	0 (a)	0	0	0	0	0	5	292,316

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF **TENNESSEE** DURING THE YEAR

NAIC Group Code.....291

NAIC Company Code.....66311

**LIFE INSURANCE**

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	420,763				420,763
2. Annuity considerations.....	219,414				219,414
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	640,177	0	0	0	640,177
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	171				171
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	171	0	0	0	171
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	171	0	0	0	171
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	166,302				166,302
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	15,506				15,506
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	181,809	0	0	0	181,809

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	1	6,000							1	6,000
17. Incurred during current year.....	25	235,202							25	235,202
<b>Settled during current year:</b>										
18.1 By payment in full.....	16	166,302							16	166,302
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	16	166,302	0	0	0	0	0	0	16	166,302
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	5	35,000							5	35,000
18.6 Total settlements.....	21	201,302	0	0	0	0	0	0	21	201,302
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	5	39,900	0	0	0	0	0	0	5	39,900
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	351	12,617,301		(a)					351	12,617,301
21. Issued during year.....	1,359	39,655,663							1,359	39,655,663
22. Other changes to in force (Net).....	(239)	(4,040,149)							(239)	(4,040,149)
23. In force December 31 of current year.....	1,471	48,232,816	0	(a)	0	0	0	0	1,471	48,232,816

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF **TEXAS** DURING THE YEAR

NAIC Group Code.....291

NAIC Company Code.....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	12,156				12,156
2. Annuity considerations.....	15				15
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	12,171	0	0	0	12,171
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	27				27
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	27	0	0	0	27
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	27	0	0	0	27
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	10,000				10,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	2,109				2,109
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....	308				308
15. Totals.....	12,417	0	0	0	12,417

**DETAILS OF WRITE-INS**

	1	2	3	4	5
1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	10,000							1	10,000
<b>Settled during current year:</b>										
18.1 By payment in full.....	1	10,000							1	10,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	10,000	0	0	0	0	0	0	1	10,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	10,000	0	0	0	0	0	0	1	10,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	84	2,567,947	(a)						84	2,567,947
21. Issued during year.....	5	77,000							5	77,000
22. Other changes to in force (Net).....	(7)	171,259							(7)	171,259
23. In force December 31 of current year.....	82	2,816,207	0	0	0	0	0	0	82	2,816,207

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF **UTAH** DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	2,457				2,457
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,457	0	0	0	2,457
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

**DETAILS OF WRITE-INS**

	1	2	3	4	5
1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	8	492,379	(a)						8	492,379
21. Issued during year.....		150,000							0	150,000
22. Other changes to in force (Net).....	(3)	(426,638)							(3)	(426,638)
23. In force December 31 of current year.....	5	215,741	0 (a)	0	0	0	0	0	5	215,741

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	33,413				33,413
2. Annuity considerations.....	8,500				8,500
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	41,913	0	0	0	41,913
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	24				24
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	61				61
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	85	0	0	0	85
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	85	0	0	0	85
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	1,488				1,488
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,488	0	0	0	1,488

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	101	7,379,668	(a)						101	7,379,668
21. Issued during year.....	11	1,035,000							11	1,035,000
22. Other changes to in force (Net).....		(156,897)							0	(156,897)
23. In force December 31 of current year.....	112	8,257,771	0 (a)	0	0	0	0	0	112	8,257,771

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	1,835				1,835
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,835	0	0	0	1,835
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	9	409,600	(a)						9	409,600
21. Issued during year.....									0	0
22. Other changes to in force (Net).....		(2,800)							0	(2,800)
23. In force December 31 of current year.....	9	406,800	0 (a)	0	0	0	0	0	9	406,800

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	3,361				3,361
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	3,361	0	0	0	3,361
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	5,814				5,814
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	5,814	0	0	0	5,814

**DETAILS OF WRITE-INS**

	1	2	3	4	5
1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	20	1,305,799	(a)						20	1,305,799
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(8)	(764,926)							(8)	(764,926)
23. In force December 31 of current year.....	12	540,873	(a)	0	0	0	0	0	12	540,873

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	504,510				504,510
2. Annuity considerations.....	20,000				20,000
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	524,510	0	0	0	524,510
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	929				929
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	929	0	0	0	929
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	929	0	0	0	929
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	116,552				116,552
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	1,558				1,558
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	118,110	0	0	0	118,110

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	1	10,000							1	10,000
17. Incurred during current year.....	14	156,552							14	156,552
<b>Settled during current year:</b>										
18.1 By payment in full.....	11	116,552							11	116,552
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	11	116,552	0	0	0	0	0	0	11	116,552
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	4	50,000							4	50,000
18.6 Total settlements.....	15	166,552	0	0	0	0	0	0	15	166,552
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	627	36,994,872	(a)						627	36,994,872
21. Issued during year.....	282	9,566,275							282	9,566,275
22. Other changes to in force (Net).....	(113)	(5,881,581)							(113)	(5,881,581)
23. In force December 31 of current year.....	796	40,679,566	0 (a)	0	0	0	0	0	796	40,679,566

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	1,003,544				1,003,544
2. Annuity considerations.....	3,901,469				3,901,469
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,905,013	0	0	0	4,905,013
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	2,507				2,507
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	2,507	0	0	0	2,507
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	2,507	0	0	0	2,507
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	222,726				222,726
10. Matured endowments.....	5,000				5,000
11. Annuity benefits.....	266,348				266,348
12. Surrender values and withdrawals for life contracts.....	256,286				256,286
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....	5,824				5,824
15. Totals.....	756,184	0	0	0	756,184

**DETAILS OF WRITE-INS**

1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	3	60,000							3	60,000
17. Incurred during current year.....	20	247,226							20	247,226
<b>Settled during current year:</b>										
18.1 By payment in full.....	17	227,726							17	227,726
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	17	227,726	0	0	0	0	0	0	17	227,726
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	4	47,500							4	47,500
18.6 Total settlements.....	21	275,226	0	0	0	0	0	0	21	275,226
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	32,000	0	0	0	0	0	0	2	32,000
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	2,012	126,973,618		(a)					2,012	126,973,618
21. Issued during year.....	367	27,263,674							367	27,263,674
22. Other changes to in force (Net).....	(220)	(15,452,122)							(220)	(15,452,122)
23. In force December 31 of current year.....	2,159	138,785,170	0	(a)	0	0	0	0	2,159	138,785,170

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**



DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Group Code....291

NAIC Company Code....66311

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	250				250
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	250	0	0	0	250
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

**DETAILS OF WRITE-INS**

	1	2	3	4	5
1301. ....					0
1302. ....					0
1303. ....					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	1	10,000	(a)						1	10,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	1	10,000	0 (a)	0	0	0	0	0	1	10,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies.....					
24.1 Federal Employee Health Benefits Program premium.....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies.....					
<b>Other Individual Policies:</b>					
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.....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 25.6).....	0	0	0	0	0

**NONE**

Annual Statement for the year 2002 of the **MOTORISTS LIFE INSURANCE COMPANY**  
**FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE**

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	.619,981
2. Current year's realized pre-tax capital gains/(losses) of \$.....2,487,958 transferred into the reserve net of taxes of \$.....672,893.....	1,815,065
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).....	2,435,045
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	171,288
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	2,263,757

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.....	100,126	71,161		171,288
2. 2003.....	71,760	149,671		221,432
3. 2004.....	39,958	153,759		193,717
4. 2005.....	15,247	154,608		169,854
5. 2006.....	(1,628)	156,593		154,966
6. 2007.....	(11,591)	159,266		147,675
7. 2008.....	(14,031)	149,655		135,624
8. 2009.....	(14,006)	127,740		113,734
9. 2010.....	(8,412)	105,007		96,594
10. 2011.....	483	81,497		81,980
11. 2012.....	6,517	55,474		61,992
12. 2013.....	10,008	38,526		48,534
13. 2014.....	13,331	33,929		47,260
14. 2015.....	15,803	28,017		43,820
15. 2016.....	19,327	22,128		41,455
16. 2017.....	23,087	15,678		38,764
17. 2018.....	26,524	14,363		40,887
18. 2019.....	31,444	18,593		50,037
19. 2020.....	34,368	23,436		57,805
20. 2021.....	36,553	28,012		64,565
21. 2022.....	37,641	33,796		71,437
22. 2023.....	39,942	34,900		74,842
23. 2024.....	41,692	32,063		73,755
24. 2025.....	38,431	28,632		67,062
25. 2026.....	30,115	25,468		55,583
26. 2027.....	21,699	21,404		43,103
27. 2028.....	13,044	17,803		30,847
28. 2029.....	3,774	14,357		18,131
29. 2030.....	(899)	10,624		9,725
30. 2031.....	(324)	6,604		6,281
31. 2032 and Later.....		2,297		2,297
32. Total (Lines 1 to 31).....	619,981	1,815,065	0	2,435,046

**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.....	263,433		263,433	1,763,826	5,940	1,769,766	2,033,199
2. Realized capital gains/(losses) net of taxes - General Account.....	(1,204,962)		(1,204,962)	(823,524)		(823,524)	(2,028,486)
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			0	0
4. Unrealized capital gains/(losses) - general account.....			0	(2,196,161)	(117,940)	(2,314,101)	(2,314,101)
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.....	234,779		234,779			0	234,779
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	(706,750)	0	(706,750)	(1,255,859)	(112,000)	(1,367,859)	(2,074,610)
9. Maximum reserve.....	1,384,286		1,384,286	2,574,813	26,112	2,600,925	3,985,211
10. Reserve objective.....	1,008,335		1,008,335	2,574,813	26,112	2,600,925	3,609,261
11. 20% of (Line 10 minus Line 8).....	343,017	0	343,017	766,135	27,622	793,757	1,136,774
12. Balance before transfers (Lines 8 + 11).....	(363,733)	0	(363,733)	(489,725)	(84,378)	(574,102)	(937,836)
13. Transfers.....			0			0	XXX
14. Voluntary contribution.....			0			0	0
15. Adjustment down to maximum/up to zero.....	363,734		363,734	489,725	84,378	574,102	937,836
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	0	0	0	(0)	(0)	(0)	0

## 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.....	104,048,865	XXX	XXX	104,048,865	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	66,610,669	XXX	XXX	66,610,669	0.0005	33,305	0.0015	99,916	0.0030	199,832
3	2	High quality.....	29,658,461	XXX	XXX	29,658,461	0.0020	59,317	0.0060	177,951	0.0100	296,585
4	3	Medium quality.....	8,812,480	XXX	XXX	8,812,480	0.0105	92,531	0.0280	246,749	0.0400	352,499
5	4	Low quality.....	1,687,983	XXX	XXX	1,687,983	0.0270	45,576	0.0630	106,343	0.0900	151,918
6	5	Lower quality.....		XXX	XXX	0	0.0670	0	0.1200	0	0.2000	0
7	6	In or near default.....	1,217,420	XXX	XXX	1,217,420	0.0000	0	0.3000	365,226	0.3000	365,226
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).....	212,035,878	XXX	XXX	212,035,878	XXX	230,729	XXX	996,185	XXX	1,366,060
<b>PREFERRED STOCKS</b>												
10	1	Highest quality.....	2,025,040	XXX	XXX	2,025,040	0.0020	4,050	0.0060	12,150	0.0090	18,225
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).....	2,025,040	XXX	XXX	2,025,040	XXX	4,050	XXX	12,150	XXX	18,225
<b>SHORT-TERM BONDS</b>												
18		Exempt obligations.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....		XXX	XXX	0	0.0005	0	0.0015	0	0.0030	0
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).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

**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).....	214,060,918	XXX	XXX	214,060,918	XXX	234,779	XXX	1,008,335	XXX	1,384,286
<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.....	10,173,742	XXX	XXX	10,173,742	0.0000	0	(d) 0.2201	2,238,946	(d) 0.2201	2,238,946
2		Unaffiliated private.....	1,343,471	XXX	XXX	1,343,471	0.0000	0	0.2500	335,868	0.2500	335,868
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		0	XXX		XXX		XXX	
5		Fixed income highest quality.....	0	XXX		0	XXX		XXX		XXX	
6		Fixed income high quality.....	0	XXX		0	XXX		XXX		XXX	
7		Fixed income medium quality.....	0	XXX		0	XXX		XXX		XXX	
8		Fixed income low quality.....	0	XXX		0	XXX		XXX		XXX	
9		Fixed income lower quality.....	0	XXX		0	XXX		XXX		XXX	
10		Fixed income in/near default.....	0	XXX		0	XXX		XXX		XXX	
11		Unaffiliated common stock public.....	0			0	0.0000	0	(d)	0	(d)	0
12		Unaffiliated common stock private.....	0			0	0.0000	0	0.2500	0	0.2500	0
13		Mortgage loans.....	0			0	(c)	0	(c)	0	(c)	0
14		Real estate.....	0			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).....	11,517,213	0	0	11,517,213	XXX	0	XXX	2,574,813	XXX	2,574,813
<b>REAL ESTATE</b>												
18		Home office property (general account only).....	0			0	0.0000	0	0.0750	0	0.0750	0
19		Investment properties.....	0			0	0.0000	0	0.0750	0	0.0750	0
20		Properties acquired in satisfaction of debt.....	0			0	0.0000	0	0.1100	0	0.1100	0
21		Total real estate (sum of Lines 18 through 20).....	0	0	0	0	XXX	0	XXX	0	XXX	0
<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

**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	0.0000	0	0.0750	0	0.0750	0
62		Investment properties.....				0	0.0000	0	0.0750	0	0.0750	0
63		Properties acquired in satisfaction of debt.....				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.....	130,559	XXX		130,559	0.0000	0	0.2000	26,112	0.2000	26,112
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).....	130,559	XXX	0	130,559	XXX	0	XXX	26,112	XXX	26,112
68		Total other invested assets - Schedule BA & DA (Sum of Lines 29, 37, 54, 60, 64 and 67).....	130,559	0	0	130,559	XXX	0	XXX	26,112	XXX	26,112

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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.

(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.

**ASSET VALUATION RESERVE (continued)**

Basic Contributions, Reserve Objective and Maximum Reserve Calculations

Replications (Synthetic) Assets

1 RSAT Number	2 Type	3 CUSIP	4 Description of Asset(s)	5 NAIC Designation or Other Description of Asset	6 Value of Asset	7 AVR Basic Contribution	8 AVR Reserve Objective	9 AVR Maximum Reserve
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**NONE**

Annual Statement for the year 2002 of the **MOTORISTS LIFE INSURANCE COMPANY**  
**SCHEDULE A - VERIFICATION BETWEEN YEARS**

1. Book/adjusted carrying value, December 31, prior year (prior year statement).....	_____
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 10.....	_____
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.....	_____
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.....	0
9. Total valuation allowance.....	_____
10. Subtotal (Lines 8 plus 9).....	0
11. Total nonadmitted amounts.....	_____
12. Statement value, current period (Page 2, real estate lines, current period).....	0

**NONE**

**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.....	_____
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

**NONE**

**SCHEDULE BA - VERIFICATION BETWEEN YEARS**

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year.....	_____	148,499
2. Cost of acquisitions during year:		
2.1 Actual cost at time of acquisitions.....	_____	
2.2 Additional investment made after acquisitions.....	100,000	100,000
3. Accrual of discount.....	_____	
4. Increase (decrease) by adjustment.....	_____	(117,940)
5. Total profit (loss) on sale.....	_____	
6. Amounts paid on account or in full during the year.....	_____	
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.....	_____	130,559
10. Total valuation allowance.....	_____	
11. Subtotal (Lines 9 plus 10).....	_____	130,559
12. Total nonadmitted amounts.....	_____	
13. Statement value of long-term invested assets at end of current period.....	_____	130,559

**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.....	10,229,444	59,388,105	11,864,116	5,683,410	16,883,789	104,048,864	49.1	33,768,934	18.0	104,048,865	
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.....	10,229,444	59,388,105	11,864,116	5,683,410	16,883,789	104,048,864	49.1	33,768,934	18.0	104,048,865	0
<b>2. All Other Governments, Schedules D &amp; DA (Group 2)</b>											
2.1 Class 1.....						0	0.0				
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.....	0	0	0	0	0	0	0.0	0		0	0
<b>3. States, Territories and Possessions, etc., Guaranteed, Schedules D &amp; DA (Group 3)</b>											
3.1 Class 1.....	11,884	68,331	130,720	537,734	1,191,332	1,940,001	0.9	1,955,000	1.0	1,940,000	
3.2 Class 2.....	25,911	138,199	241,839	923,446		1,329,395	0.6	1,357,285	0.7		1,329,396
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.....	37,795	206,530	372,559	1,461,180	1,191,332	3,269,396	1.5	3,312,285	1.8	1,940,000	1,329,396
<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.....	1,093,636	4,894,878	2,945,740	4,273,908		13,208,162	6.2	8,543,777	4.6	13,208,162	
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.....	1,093,636	4,894,878	2,945,740	4,273,908	0	13,208,162	6.2	8,543,777	4.6	13,208,162	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.....		2,015,136	3,140,251			5,155,387	2.4	12,392,243	6.6	5,155,387	
6.2 Class 2.....		1,037,654		3,081,122		4,118,776	1.9	1,039,752	0.6	4,118,775	
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.....	0	3,052,790	3,140,251	3,081,122	0	9,274,163	4.4	13,431,995	7.2	9,274,162	0
<b>7. Industrial &amp; Miscellaneous (Unaffiliated), Schedules D &amp; DA (Group 7)</b>											
7.1 Class 1.....	3,075,167	20,230,788	13,024,752	6,274,239	3,702,176	46,307,122	21.8	81,906,738	43.7	38,080,522	8,226,600
7.2 Class 2.....	2,001,871	8,753,234	4,680,971	8,274,280	499,933	24,210,289	11.4	38,390,055	20.5	19,389,494	4,820,796
7.3 Class 3.....			3,668,569	5,143,911		8,812,480	4.2	8,142,687	4.3	8,812,480	
7.4 Class 4.....	78,848	408,488	807,171	393,476		1,687,983	0.8			1,687,983	
7.5 Class 5.....						0	0.0				
7.6 Class 6.....	33,276	160,545	23,600		1,000,000	1,217,421	0.6	80,000	0.0	217,420	1,000,000
7.7 Totals.....	5,189,162	29,553,055	22,205,063	20,085,906	5,202,109	82,235,295	38.8	128,519,480	68.5	68,187,899	14,047,396
<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

**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.....	14,410,131	86,597,238	31,105,579	16,769,291	21,777,297	170,659,536	80.5	XXX	XXX	162,432,936	8,226,600
10.2 Class 2.....	2,027,782	9,929,087	4,922,810	12,278,848	499,933	29,658,460	14.0	XXX	XXX	23,508,269	6,150,192
10.3 Class 3.....	0	0	3,668,569	5,143,911	0	8,812,480	4.2	XXX	XXX	8,812,480	0
10.4 Class 4.....	78,848	408,488	807,171	393,476	0	1,687,983	0.8	XXX	XXX	1,687,983	0
10.5 Class 5.....	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
10.6 Class 6.....	33,276	160,545	23,600	0	1,000,000	(c) 1,217,421	0.6	XXX	XXX	217,420	1,000,000
10.7 Totals.....	16,550,037	97,095,358	40,527,729	34,585,526	23,277,230	(b) 212,035,880	100.0	XXX	XXX	196,659,088	15,376,792
10.8 Line 10.7 as a % of Col. 6.....	7.8	45.8	19.1	16.3	11.0	100.0	XXX	XXX	XXX	92.7	7.3
<b>11. Total Bonds Prior Year</b>											
11.1 Class 1.....	8,347,117	26,051,994	41,884,909	32,989,177	29,293,494	XXX	XXX	138,566,691	73.9	117,366,455	21,200,237
11.2 Class 2.....	214,356	7,970,469	12,511,466	13,486,639	6,604,162	XXX	XXX	40,787,092	21.7	37,581,618	3,205,474
11.3 Class 3.....	0	0	2,993,086	5,149,600	0	XXX	XXX	8,142,686	4.3	8,142,687	0
11.4 Class 4.....	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.5 Class 5.....	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
11.6 Class 6.....	0	0	0	0	80,000	XXX	XXX	(c) 80,000	0.0	80,000	0
11.7 Totals.....	8,561,473	34,022,463	57,389,461	51,625,416	35,977,656	XXX	XXX	(b) 187,576,469	100.0	163,170,760	24,405,711
11.8 Line 11.7 as a % of Col. 8.....	4.6	18.1	30.6	27.5	19.2	XXX	XXX	100.0	XXX	87.0	13.0
<b>12. Total Publicly Traded Bonds</b>											
12.1 Class 1.....	13,634,253	86,485,876	27,586,772	16,195,854	18,530,179	162,432,934	76.6	117,366,455	62.6	162,432,934	XXX
12.2 Class 2.....	2,001,871	5,585,143	4,065,919	11,355,402	499,933	23,508,268	11.1	37,581,618	20.0	23,508,268	XXX
12.3 Class 3.....	0	0	3,668,569	5,143,911	0	8,812,480	4.2	8,142,687	4.3	8,812,480	XXX
12.4 Class 4.....	78,848	408,488	807,171	393,476	0	1,687,983	0.8	0	0.0	1,687,983	XXX
12.5 Class 5.....	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.6 Class 6.....	33,276	160,545	23,600	0	1,000,000	217,421	0.1	80,000	0.0	217,421	XXX
12.7 Totals.....	15,748,248	92,640,052	36,152,031	33,088,643	19,030,112	196,659,086	92.7	163,170,760	87.0	196,659,086	XXX
12.8 Line 12.7 as a % of Col. 6.....	8.0	47.1	18.4	16.8	9.7	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10.....	7.4	43.7	17.0	15.6	9.0	92.7	XXX	XXX	XXX	92.7	XXX
<b>13. Total Privately Placed Bonds</b>											
13.1 Class 1.....	775,879	111,361	3,518,806	573,436	3,247,117	8,226,599	3.9	21,200,237	11.3	XXX	8,226,599
13.2 Class 2.....	25,911	4,343,943	856,891	923,446	0	6,150,191	2.9	3,205,474	1.7	XXX	6,150,191
13.3 Class 3.....	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.4 Class 4.....	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.5 Class 5.....	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.6 Class 6.....	0	0	0	0	1,000,000	1,000,000	0.5	0	0.0	XXX	1,000,000
13.7 Totals.....	801,790	4,455,304	4,375,697	1,496,882	4,247,117	15,376,790	7.3	24,405,711	13.0	XXX	15,376,790
13.8 Line 13.7 as a % of Col. 6.....	5.2	29.0	28.5	9.7	27.6	100.0	XXX	XXX	XXX	XXX	100.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10.....	0.4	2.1	2.1	0.7	2.0	7.3	XXX	XXX	XXX	XXX	7.3

(a) Includes \$.....5,562,356 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$.....1,000,000 current year, \$.....0 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	2	3	4	5	6	7	8	9	10	11
		1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Column 6 as a % of Line 10.7	Total from Column 6 Prior Year	% from Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed
<b>1.</b>	<b>U.S. Governments, Schedules D &amp; DA (Group 1)</b>											
1.1	Issuer Obligations.....	9,110,754	56,342,676	8,759,080			74,212,510	35.0	4,515,924	2.4	74,212,511	
1.2	Single Class Mortgage-Backed/Asset-Backed Securities.....	1,118,690	3,045,429	3,105,036	5,683,410	16,883,789	29,836,354	14.1	29,253,010	15.6	29,836,354	
1.7	Totals.....	10,229,444	59,388,105	11,864,116	5,683,410	16,883,789	104,048,864	49.1	33,768,934	18.0	104,048,865	0
<b>2.</b>	<b>All Other Governments, Schedules D &amp; DA (Group 2)</b>											
2.1	Issuer Obligations.....						0	0.0				
2.2	Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0				
2.3	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: Defined.....						0	0.0				
2.4	Other.....						0	0.0				
2.5	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: Defined.....						0	0.0				
2.6	Other.....						0	0.0				
2.7	Totals.....	0	0	0	0	0	0	0.0	0		0	0
<b>3.</b>	<b>States, Territories and Possessions, Guaranteed, Schedules D &amp; DA (Group 3)</b>											
3.1	Issuer Obligations.....	37,795	206,529	372,559	1,461,180	1,191,332	3,269,395	1.5	3,312,285	1.8	1,940,000	1,329,396
3.2	Single Class Mortgage-Backed/Asset-Backed Securities.....						0	0.0				
3.3	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: Defined.....						0	0.0				
3.4	Other.....						0	0.0				
3.5	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: Defined.....						0	0.0				
3.6	Other.....						0	0.0				
3.7	Totals.....	37,795	206,529	372,559	1,461,180	1,191,332	3,269,395	1.5	3,312,285	1.8	1,940,000	1,329,396
<b>4.</b>	<b>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				
4.3	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: Defined.....						0	0.0				
4.4	Other.....						0	0.0				
4.5	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: 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.</b>	<b>Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed, Schedules D &amp; DA (Group 5)</b>											
5.1	Issuer Obligations.....		1,735,388	325,000	1,905,000		3,965,388	1.9	4,113,732	2.2	3,965,388	
5.2	Single Class Mortgage-Backed/Asset-Backed Securities.....	1,093,636	3,159,489	2,620,740	2,368,908		9,242,773	4.4	4,430,044	2.4	9,242,773	
5.3	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: Defined.....						0	0.0				
5.4	Other.....						0	0.0				
5.5	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES: Defined.....						0	0.0				
5.6	Other.....						0	0.0				
5.7	Totals.....	1,093,636	4,894,877	2,945,740	4,273,908	0	13,208,161	6.2	8,543,776	4.6	13,208,161	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.....		3,052,789	3,140,251	3,081,122		9,274,162	4.4	13,431,995	7.2	9,274,162	
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.....	0	3,052,789	3,140,251	3,081,122	0	9,274,162	4.4	13,431,995	7.2	9,274,162	0
<b>7. Industrial &amp; Miscellaneous (Unaffiliated), Schedules D &amp; DA (Group 7)</b>											
7.1 Issuer Obligations.....	5,110,314	26,842,010	19,834,699	19,692,430	4,202,109	75,681,562	35.7	120,778,913	64.4	66,499,916	9,181,647
7.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....	78,848	2,711,045	1,422,223	393,476		4,605,592	2.2	4,795,343	2.6	1,687,983	2,917,608
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.....						0	0.0				
7.6 Other.....			948,141		1,000,000	1,948,141	0.9	2,945,224	1.6		1,948,141
7.7 Totals.....	5,189,162	29,553,055	22,205,063	20,085,906	5,202,109	82,235,295	38.8	128,519,480	68.5	68,187,899	14,047,396
<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.....	14,258,863	88,179,392	32,431,589	26,139,732	5,393,441	166,403,017	78.5	XXX	XXX	155,891,977	10,511,043
10.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....	2,291,174	8,915,963	7,147,999	8,445,794	16,883,789	43,684,719	20.6	XXX	XXX	40,767,110	2,917,608
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.....	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Other.....	0	0	948,141	0	1,000,000	1,948,141	0.9	XXX	XXX	0	1,948,141
10.7 Totals.....	16,550,037	97,095,355	40,527,729	34,585,526	23,277,230	212,035,877	100.0	XXX	XXX	196,659,087	15,376,792
10.8 Line 10.7 as a % of Col. 6.....	7.8	45.8	19.1	16.3	11.0	100.0	XXX	XXX	XXX	92.7	7.3
<b>11. Total Bonds Prior Year</b>											
11.1 Issuer Obligations.....	7,628,745	29,122,835	49,693,514	42,834,798	16,872,957	XXX	XXX	146,152,849	77.9	127,593,298	18,559,551
11.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....	932,728	4,899,628	6,752,061	8,790,618	17,103,363	XXX	XXX	38,478,398	20.5	35,577,461	2,900,936
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined.....						XXX	XXX	0	0.0		
11.4 Other.....						XXX	XXX	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
11.5 Defined.....						XXX	XXX	0	0.0		
11.6 Other.....			943,887		2,001,337	XXX	XXX	2,945,224	1.6		2,945,224
11.7 Totals.....	8,561,473	34,022,463	57,389,462	51,625,416	35,977,657	XXX	XXX	187,576,471	100.0	163,170,759	24,405,711
11.8 Line 11.7 as a % of Col. 8.....	4.6	18.1	30.6	27.5	19.2	XXX	XXX	100.0	XXX	87.0	13.0
<b>12. Total Publicly Traded Bonds</b>											
12.1 Issuer Obligations.....	13,457,074	86,026,645	29,619,084	24,642,849	2,146,324	155,891,976	73.5	127,593,298	68.0	155,891,976	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....	2,291,174	6,613,406	6,532,947	8,445,794	16,883,789	40,767,110	19.2	35,577,461	19.0	40,767,110	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.....						0	0.0	0	0.0	0	XXX
12.6 Other.....						0	0.0	0	0.0	0	XXX
12.7 Totals.....	15,748,248	92,640,051	36,152,031	33,088,643	19,030,113	196,659,086	92.7	163,170,759	87.0	196,659,086	XXX
12.8 Line 12.7 as a % of Col. 6.....	8.0	47.1	18.4	16.8	9.7	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10.....	7.4	43.7	17.0	15.6	9.0	92.7	XXX	XXX	XXX	92.7	XXX
<b>13. Total Privately Placed Bonds</b>											
13.1 Issuer Obligations.....	801,790	2,152,748	2,812,505	1,496,883	3,247,117	10,511,043	5.0	18,559,551	9.9	XXX	10,511,043
13.2 Single Class Mortgage-Backed/Asset-Backed Bonds.....		2,302,557	615,052			2,917,609	1.4	2,900,936	1.5	XXX	2,917,609
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.....			948,141		1,000,000	1,948,141	0.9	2,945,224	1.6	XXX	1,948,141
13.7 Totals.....	801,790	4,455,305	4,375,698	1,496,883	4,247,117	15,376,793	7.3	24,405,711	13.0	XXX	15,376,793
13.8 Line 13.7 as a % of Col. 6.....	5.2	29.0	28.5	9.7	27.6	100.0	XXX	XXX	XXX	XXX	100.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10.....	0.4	2.1	2.1	0.7	2.0	7.3	XXX	XXX	XXX	XXX	7.3

**Sch. DA-Pt. 2-Verification Between Years  
NONE**

**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**

Annual Statement for the year 2002 of the **MOTORISTS LIFE INSURANCE COMPANY**  
**SCHEDULE F**

Showing all claims for death losses and all other contract claims resisted or compromised during the year,  
and all claims for death losses and all other contract claims resisted December 31 of current year

1	2	3	4	5	6	7	8
Contract Numbers	Claim Numbers	State of Residence of Claimant	Year of Claim for Death or Disability	Amount Claimed	Amount Paid During the Year	Amount Resisted Dec. 31 of Current Year	Why Compromised or Resisted
<b>CLAIMS DISPOSED OF DURING CURRENT YEAR</b>							
<b>Death Claims - Ordinary</b>							
91.038055-90	1958	OH	2000	8,000	567		Beneficiary requested refund of all premiums paid with interest
91.048796-20	2018	OH	2000	25,000	54		Misrepresentation on the application; refunded premiums plus interest
91.049672-00	2121	OH	2001	5,000	277		Misrepresentation on the application; refunded premiums plus interest
91.052946-40	2136	OH	2001	5,000	54		Misrepresentation on the application; refunded premiums plus interest
91.051529-00	2180	MI	2001	10,000	5,000		Negotiated Settlement
91.045233-00	2199	OH	2001	7,000	796		Misrepresentation on the application; refunded premiums plus interest
91.058936-00	2238	OH	2001	12,000	111		Misrepresentation on the application; refunded premiums plus interest
91.055042-30	2239	MI	2001	10,000	320		Misrepresentation on the application; refunded premiums plus interest
91.057882-10	2254	OH	2001	10,000	134		Misrepresentation on the application; refunded premiums plus interest
91.060154-20	2259	WI	2001	10,000	316		Misrepresentation on the application; refunded premiums plus interest
91.047337-60	2272A	OH	2001	5,000	699		Misrepresentation on the application; refunded premiums plus interest
91.060899-80	2278	MI	2001	5,000	71		Misrepresentation on the application; refunded premiums plus interest
91.059907-50	2282	OH	2001	10,000	73		Misrepresentation on the application; refunded premiums plus interest
91.058255-60	2285	OH	2001	10,000	564		Beneficiary requested refund of all premiums paid with interest
91.063398-20	2287	TN	2001	6,000	137		Misrepresentation on the application; refunded premiums plus interest
91.052707-10	2288	OH	2001	10,000	365		Misrepresentation on the application; refunded premiums plus interest
91.049666-60	2295	OH	2001	5,000	225		Misrepresentation on the application; refunded premiums plus interest
91.055081-00	2299	IN	2001	10,000	211		Suicide; refund premiums plus interest
91.042840-10	2306	OH	2001	5,000	496		Misrepresentation on the application; refunded premiums plus interest
91.060626-30	2315	MI	2002	5,000	362		Misrepresentation on the application; refunded premiums plus interest
91.062853-40	2317	PA	2002	5,000	117		Misrepresentation on the application; refunded premiums plus interest
91.050280-00	2324	OH	2002	20,000	630		Misrepresentation on the application; refunded premiums plus interest
91.045173-20	2326	OH	2002	5,000	728		Misrepresentation on the application; refunded premiums plus interest
91.060640-70	2330	OH	2002	8,000	74		Misrepresentation on the application; refunded premiums plus interest
91.053843-20	2337	MI	2002	6,000	391		Beneficiary requested refund of all premiums paid with interest
91.063645-40	2353A	TN	2002	3,500	107		Misrepresentation on the application; refunded premiums plus interest
91.063732-60	2353B	TN	2002	5,250	159		Misrepresentation on the application; refunded premiums plus interest
91.056070-10	2365	PA	2002	6,500	548		Misrepresentation on the application; refunded premiums plus interest
91.050333-60	2368	WV	2002	5,000	830		Misrepresentation on the application; refunded premiums plus interest
91.067595-50	2371	TN	2002	5,250	58		Misrepresentation on the application; refunded premiums plus interest
91.049407-00	2372	WV	2002	25,000	466		Misrepresentation on the application; refunded premiums plus interest
91.050527-80	2377	WV	2002	10,000	638		Misrepresentation on the application; refunded premiums plus interest
91.052380-40	2381	MI	2002	15,000	965		Misrepresentation on the application; refunded premiums plus interest
91.058035-80	2385	OH	2002	15,000	178		Misrepresentation on the application; refunded premiums plus interest
91.052102-40	2386	KY	2002	5,000	1,102		Misrepresentation on the application; refunded premiums plus interest
91.061026-20	2392	MI	2002	5,000	398		Misrepresentation on the application; refunded premiums plus interest
91.049976-00	2398	OH	2002	15,000	2,796		Misrepresentation on the application; refunded premiums plus interest
91.065547-90	2414	OH	2002	10,000	125		Misrepresentation on the application; refunded premiums plus interest
91.049982-40	2444	OH	2002	50,000	926		Suicide; refund premiums plus interest
91.065318-20	2445	MI	2002	5,250	265		Misrepresentation on the application; refunded premiums plus interest
91.064542-20	2449	OH	2002	10,000	154		Misrepresentation on the application; refunded premiums plus interest
91.063080-20	2461	MI	2002	10,000	261		Misrepresentation on the application; refunded premiums plus interest
91.056206-10	2499	WV	2002	7,500	393		Misrepresentation on the application; refunded premiums plus interest
91.051269-70	2501	MI	2002	10,000	897		Misrepresentation on the application; refunded premiums plus interest
91.071797-50	2502	MI	2002	23,000	302		Misrepresentation on the application; refunded premiums plus interest
91.063288-30	2503	OH	2002	12,000	346		Misrepresentation on the application; refunded premiums plus interest

Annual Statement for the year 2002 of the **MOTORISTS LIFE INSURANCE COMPANY**  
**SCHEDULE F**

Showing all claims for death losses and all other contract claims resisted or compromised during the year,  
and all claims for death losses and all other contract claims resisted December 31 of current year

1	2	3	4	5	6	7	8
Contract Numbers	Claim Numbers	State of Residence of Claimant	Year of Claim for Death or Disability	Amount Claimed	Amount Paid During the Year	Amount Resisted Dec. 31 of Current Year	Why Compromised or Resisted
91.072238-70.....	2507.....	IN.....	2002	5,000	72		Misrepresentation on the application; refunded premiums... plus interest.....
91.072396-10.....	2515.....	WI.....	2002	20,000	117		Misrepresentation on the application; refunded premiums... plus interest.....
91.061822-10.....	2518.....	WI.....	2002	7,500	695		Misrepresentation on the application; refunded premiums... plus interest.....
91.067158-30.....	2521.....	KY.....	2002	5,000	104		Misrepresentation on the application; refunded premiums... plus interest.....
91.062512-20.....	2522.....	PA.....	2002	5,000	76		Misrepresentation on the application; refunded premiums... plus interest.....
91.051951-40.....	2529.....	OH.....	2002	10,000	872		Misrepresentation on the application; refunded premiums... plus interest.....
91.075839-80.....	2544.....	IN.....	2002	5,000	74		Misrepresentation on the application; refunded premiums... plus interest.....
91.067147-90.....	2551.....	MI.....	2002	5,000	199		Misrepresentation on the application; refunded premiums... plus interest.....
91.077063-70.....	2562.....	TN.....	2002	15,000	105		Misrepresentation on the application; refunded premiums... plus interest.....
91.049422-20.....	2568.....	OH.....	2002	5,000	694		Misrepresentation on the application; refunded premiums... plus interest.....
91.068602-10.....	2573.....	KY.....	2002	10,000	255		Misrepresentation on the application; refunded premiums... plus interest.....
91.062330-30.....	2574.....	OH.....	2002	3,500	372		Misrepresentation on the application; refunded premiums... plus interest.....
91.032474-10.....	2579.....	OH.....	2002	5,000	307		Misrepresentation on the application; refunded premiums... plus interest.....
91.070107-60.....	2590.....	MI.....	2002	15,000	336		Misrepresentation on the application; refunded premiums... plus interest.....
91.045277-50.....	2594.....	KY.....	2002	25,000	453		Misrepresentation on the application; refunded premiums... plus interest.....
91.053927-50.....	2596.....	OH.....	2002	100,000	415		Suicide; refund premiums plus interest.....
91.054465-60.....	2599.....	IN.....	2002	5,000	903		Misrepresentation on the application; refunded premiums... plus interest.....
91.070069-80.....	2601.....	MI.....	2002	10,000	472		Misrepresentation on the application; refunded premiums... plus interest.....
91.070827-80.....	2613.....	OH.....	2002	5,000	148		Misrepresentation on the application; refunded premiums... plus interest.....
91.062206-00.....	2619.....	PA.....	2002	25,000	897		Misrepresentation on the application; refunded premiums... plus interest.....
91.037267-10.....	2652.....	OH.....	2002	1,000	54		Misrepresentation on the application; refunded premiums... plus interest.....
91.067907-50.....	2654.....	WI.....	2002	12,500	557		Misrepresentation on the application; refunded premiums... plus interest.....
0199999	Death Claims - Ordinary.....			769,750	32,864	0	XXX
0599999	Subtotal - Disposed-Death Claims.....			769,750	32,864	0	XXX
2699999	Subtotal - Claims Disposed of During Current Year.....			769,750	32,864	0	XXX
5399999	Totals.....			769,750	32,864	0	XXX

**Sch. H-Pt. 1  
NONE**

**Sch. H-Pt. 2  
NONE**

**Sch. H-Pt. 3  
NONE**

**Sch. H-Pt. 4  
NONE**

**Sch. H-Pt. 5  
NONE**

**Sch. O-Pt. 1-Sn. A  
NONE**

**Sch. O-Pt. 1-Sn. B  
NONE**

**Sch. O-Pt. 1-Sn. C  
NONE**

Annual Statement for the year 2002 of the **MOTORISTS LIFE INSURANCE COMPANY**  
**SCHEDULE O - PART 2**

Development of Incurred Losses

**Section A - Group Accident and Health**

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 1998	2 1999	3 2000	4 2001	5 2002
1. 1998.....			<b>NONE</b>	XXX	XXX
2. 1999.....	XXX				XXX
3. 2000.....	XXX	XXX			
4. 2001.....	XXX	XXX	XXX		
5. 2002.....	XXX	XXX	XXX	XXX	

**Section B - Other Accident and Health**

1. 1998.....				XXX	XXX
2. 1999.....	XXX		<b>NONE</b>		XXX
3. 2000.....	XXX	XXX			
4. 2001.....	XXX	XXX	XXX		
5. 2002.....	XXX	XXX	XXX	XXX	

**Section C - Credit Accident and Health**

1. 1998.....				XXX	XXX
2. 1999.....	XXX		<b>NONE</b>		XXX
3. 2000.....	XXX	XXX			
4. 2001.....	XXX	XXX	XXX		
5. 2002.....	XXX	XXX	XXX	XXX	

**SCHEDULE O - PART 3**

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life.....		
2. Ordinary life.....	Other.....	1,343,042
3. Individual annuity.....	Other.....	
4. Supplementary contracts.....	Other.....	
5. Credit life.....		
6. Group life.....	Other.....	
7. Group accident and health.....		
8. Credit accident and health.....		
9. Other accident and health.....		
10. Total.....		1,343,042

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

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

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Location	6 Type of Reinsurance Assumed	7 Amount of Inforce at End of Year	8 Reserve	9 Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
<b>General Account, Non-Affiliates</b>											
90948	41-1372113	10/02/1996	American Merchants Life Insurance Company	Jacksonville, Florida	YRT/I	92,000	1,484	147			
90948	41-1372113	10/02/1996	American Merchants Life Insurance Company	Jacksonville, Florida	CO/G	16,500	6,386				
0299999	Total - General Account, Non-Affiliates										
						108,500	7,870	147	0	0	0
0399999	Total - General Account										
						108,500	7,870	147	0	0	0
0799999	Totals										
						108,500	7,870	147	0	0	0

**SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance

**NONE**

Annual Statement for the year 2002 of the **MOTORISTS LIFE INSURANCE COMPANY**  
**SCHEDULE S - PART 2**

Reinsurance Recoverable on Paid and Unpaid Losses 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 Paid Losses	7 Unpaid Losses
<b>Life and Annuity - Non-Affiliates</b>						
60895.....	35-0145825.....	.....08/13/1984	American United Life Insurance Company.....	Indianapolis, Indiana.....	.....8,668	.....13,500
66346.....	58-0828824.....	.....11/01/1999	Munich American Reassurance Company.....	Atlants, Georgia.....	.....50,000	.....25,000
88099.....	75-1608507.....	.....10/01/1984	Optimum Re Insurance Company.....	Dallas, Texas.....	.....14,934	.....
82627.....	06-0839705.....	.....06/15/2000	Swiss Re Life & Health America.....	Armonk, New York.....	.....136,000	.....281,700
82627.....	06-0839705.....	.....03/15/1996	Swiss Re Life & Health America.....	Armonk, New York.....	.....11,721	.....
67121.....	95-1060502.....	.....10/01/1984	Transamerica Occidental Life Insurance Co.....	Los Angeles, California.....	.....2,457	.....
0299999.	Total - Non-Affiliates.....				.....223,779	.....320,200
0399999.	Total - Life and Annuity.....				.....223,779	.....320,200
0799999.	Totals - Life, Annuity and Accident and Health.....				.....223,779	.....320,200

**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>													
60895	35-0145825	.08/13/1984	American United Life Insurance Company	Indianapolis, Indiana	YRT/I	971,550	3,899	4,081	22,782				
60895	35-0145825	.08/13/1984	American United Life Insurance Company	Indianapolis, Indiana	CO/I	86,127,207	178,160	187,857	208,913				
60895	35-0145825	.08/13/1984	American United Life Insurance Company	Indianapolis, Indiana	DIS/I		30	41	35				
60895	35-0145825	.12/01/1990	American United Life Insurance Company	Indianapolis, Indiana	YRT/I	57,526,445	109,694	82,465	117,204				
60895	35-0145825	.06/15/2000	American United Life Insurance Company	Indianapolis, Indiana	ADB/I		27,710	17,401	61,330				
66346	58-0828824	.10/01/1997	Munich American Reassurance Company	Atlanta, Georgia	YRT/I	635,377	611	639	5,210				
66346	58-0828824	.11/01/1999	Munich American Reassurance Company	Atlanta, Georgia	CO/I	260,989,221	896,074	481,363	477,871				
66346	58-0828824	.01/01/2002	Munich American Reassurance Company	Atlanta, Georgia	YRT/I	4,454,036	4,938		2,340				
67121	95-1060502	.05/01/1972	Transamerica Occidental Life Insurance Co	Los Angeles, California	YRT/I	27,561	235	273	184				
67121	95-1060502	.05/01/1972	Transamerica Occidental Life Insurance Co	Los Angeles, California	DIS/I		14	14	2				
67121	95-1060502	.10/01/1984	Transamerica Occidental Life Insurance Co	Los Angeles, California	YRT/I	3,781,994	20,233	25,967	54,039				
67121	95-1060502	.10/01/1984	Transamerica Occidental Life Insurance Co	Los Angeles, California	CO/I	30,904,305	78,222	92,343	46,357				
67121	95-1060502	.10/01/1984	Transamerica Occidental Life Insurance Co	Los Angeles, California	DIS/I		201	184	149				
67121	95-1060502	.01/01/1986	Transamerica Occidental Life Insurance Co	Los Angeles, California	YRT/I	44,310,594	19,720	19,890	190,312				
67121	95-1060502	.01/01/1986	Transamerica Occidental Life Insurance Co	Los Angeles, California	DIS/I		8	8	99				
82627	06-0839705	.01/01/1986	Swiss Re Life & Health America	Armonk, New York	YRT/I	1,212,138	631	603	7,536				
82627	06-0839705	.01/01/1987	Swiss Re Life & Health America	Armonk, New York	YRT/G	73,802,000	309,217	278,289	199,798				
82627	06-0839705	.01/01/1987	Swiss Re Life & Health America	Armonk, New York	ADB/G				24,823				
82627	06-0839705	.01/01/1987	Swiss Re Life & Health America	Armonk, New York	YRT/I	610,340	2,920	2,773	9,767				
82627	06-0839705	.01/01/1996	Swiss Re Life & Health America	Armonk, New York	CAT/I				21,217				
82627	06-0839705	.04/15/1994	Swiss Re Life & Health America	Armonk, New York	YRT/I	15,296,907	31,860	23,754	31,574				
82627	06-0839705	.03/15/1996	Swiss Re Life & Health America	Armonk, New York	YRT/I	9,077,993	47,519	41,523	25,671				
82627	06-0839705	.03/15/1996	Swiss Re Life & Health America	Armonk, New York	CO/I	74,318,854	148,521	150,113	184,429				
82627	06-0839705	.11/01/1999	Swiss Re Life & Health America	Armonk, New York	CO/I	271,168,475	973,869	525,542	522,324				
82627	06-0839705	.06/15/2000	Swiss Re Life & Health America	Armonk, New York	CO/I	53,584,388	960,156	246,510	2,428,609				
82627	06-0839705	.06/15/2000	Swiss Re Life & Health America	Armonk, New York	ADB/I		1,201	228	1,050				
86258	13-2572994	.04/01/1994	Cologne Life Reinsurance Company	Stamford, Connecticut	YRT/I	14,933,318	31,373	22,694	30,082				
86258	13-2572994	.04/01/1994	Cologne Life Reinsurance Company	Stamford, Connecticut	DIS/I								
88099	75-1608507	.06/01/1966	Optimum Re Insurance Company	Dallas, Texas	YRT/I	876,163	5,683	7,042	14,713				
88099	75-1608507	.06/01/1966	Optimum Re Insurance Company	Dallas, Texas	DIS/I		294	342	89				
88099	75-1608507	.06/01/1966	Optimum Re Insurance Company	Dallas, Texas	ADB/I		31,176	33,086	25,930				
88099	75-1608507	.06/01/1966	Optimum Re Insurance Company	Dallas, Texas	YRT/G	19,000	9,386	9,424					
88099	75-1608507	.09/01/1980	Optimum Re Insurance Company	Dallas, Texas	CO/I	262,000	1,402	1,327	1,634				
88099	75-1608507	.10/01/1984	Optimum Re Insurance Company	Dallas, Texas	CO/I	473,000	3,574	3,386	5,501				
	AA-1126807	.01/01/2001	Lloyd's	London, England	OTH/I				23,183				
	AA-1126570	.01/01/2001	Lloyd's	London, England	OTH/I				18,837				
0299999	Total - General Account, Non-Affiliates					1,005,362,866	3,898,532	2,259,161	4,763,599	0	0	0	0
0399999	Total - General Account					1,005,362,866	3,898,532	2,259,161	4,763,599	0	0	0	0
0799999	Totals					1,005,362,866	3,898,532	2,259,161	4,763,599	0	0	0	0

**Sch. S-Pt. 3-Sn. 2**  
**NONE**

**Sch. S-Pt. 4**  
**NONE**

Annual Statement for the year 2002 of the **MOTORISTS LIFE INSURANCE COMPANY**  
**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.....	4,764	3,213	1,743	1,271	1,207
2. Commissions and reinsurance expense allowances.....	2,431	1,691	750	274	215
3. Contract claims.....	1,133	151	441	728	297
4. Surrender benefits and withdrawals for life contracts.....					
5. Dividends to policyholders.....					
6. Reserve adjustments on reinsurance ceded.....					
7. Increase in aggregate reserves for life and accident and health contracts.....	1,639	845	446	19	75
<b>B. BALANCE SHEET ITEMS</b>					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....	472	332	222	174	147
9. Aggregate reserves for life and accident and health contracts.....	3,899	2,259	1,415	969	950
10. Liability for deposit-type contracts.....					
11. Contract claims unpaid.....	320	116	241	358	
12. Amounts recoverable on reinsurance.....	224	26			18
13. Experience rating refunds due or unpaid.....	83	43	62	178	108
14. Policyholders' dividends (not included in Line 10).....					
15. Commissions and reinsurance expense allowances unpaid.....	211	156	81	26	17
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).....					

Annual Statement for the year 2002 of the **MOTORISTS LIFE INSURANCE COMPANY**  
**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 11).....	237,986,588		237,986,588
2. Reinsurance ceded (Line 12).....	517,727	(517,727)	0
3. Life & annuity premiums deferred & uncollected (Line 16).....	6,357,832	471,765	6,829,596
4. A&H premiums due and unpaid (Line 17).....			0
5. Net credit for ceded reinsurance.....	XXX	4,264,695	4,264,695
6. All other admitted assets (balance).....	4,448,343		4,448,343
7. Total assets excluding Separate Accounts (Line 25).....	249,310,490	4,218,732	253,529,222
8. Separate Account Assets (Line 26).....			0
9. Total assets (Line 27).....	249,310,490	4,218,732	253,529,222
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
10. Contract reserves (Lines 1 and 2).....	190,912,598	3,898,532	194,811,130
11. Liability for deposit-type contracts (Line 3).....	914,039		914,039
12. Claim reserves (Line 4).....	1,343,042	320,200	1,663,242
13. Policyholder dividends/reserves (Lines 5 through 7).....	343,980		343,980
14. Premium & annuity considerations received in advance (Line 8).....	88,531		88,531
15. Other contract liabilities (Line 9).....	2,263,758		2,263,758
16. Reinsurance in unauthorized companies (Line 24.2).....			0
17. Funds held under reinsurance with unauthorized reinsurers (Line 24.3).....		XXX	0
18. All other liabilities (balance).....	3,329,419		3,329,419
19. Total liabilities excluding Separate Accounts (Line 26).....	199,195,366	4,218,732	203,414,098
20. Separate Account liabilities (Line 27).....			0
21. Total liabilities (Line 28).....	199,195,366	4,218,732	203,414,098
22. Capital & surplus (Line 38).....	50,115,124	XXX	50,115,124
23. Total liabilities, capital & surplus (Line 39).....	249,310,490	4,218,732	253,529,222
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
24. Contract reserves.....	3,898,532		
25. Claim reserves.....	320,200		
26. Policyholder dividends/reserves.....	0		
27. Premium & annuity considerations received in advance.....	0		
28. Liability for premium & other deposit funds.....	0		
29. Other contract liabilities.....	0		
30. Reinsurance ceded assets.....	517,727		
31. Other ceded reinsurance recoverables.....	0		
32. Total ceded reinsurance recoverables.....	4,736,460		
33. Life & annuity premiums deferred & uncollected.....	471,765		
34. A&H premiums due and unpaid.....	0		
35. Reinsurance in unauthorized companies.....	0		
36. Other ceded reinsurance payables/offsets.....	0		
37. Total ceded reinsurance payables/offsets.....	471,765		
38. Total net credit for ceded reinsurance.....	4,264,695		

**SCHEDULE Y (Continued)**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
<b>Affiliated Transactions</b>												
.....	41-1563134.....	AHM Insurance Agency, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	0	.....
13331.....	41-0299900.....	American Hardware Mutual Insurance Company.....	.....	(264,000)	.....	.....	(86,957)	.....	*	.....	(350,957)	27,934,368
43630.....	41-1563136.....	American Merchants Casualty Company.....	.....	.....	.....	.....	(13,043)	.....	*	.....	(13,043)	(14,757,013)
40932.....	31-1022150.....	MICO Insurance Company.....	(2,660,175)	.....	.....	.....	.....	1,169	.....	.....	(2,659,006)	119,278
14621.....	31-4259550.....	Motorists Mutual Insurance Company.....	2,660,175	(264,000)	.....	.....	4,000	(1,169)	*	.....	2,399,006	(16,248,603)
.....	43-1991815.....	Motorists Reinsurance Corporation.....	.....	550,000	.....	.....	.....	.....	.....	.....	550,000	.....
.....	31-0851906.....	Motorists Service Corporation.....	.....	.....	.....	.....	96,000	.....	.....	.....	96,000	.....
19950.....	39-0739760.....	Wilson Mutual Insurance Company.....	.....	(22,000)	.....	.....	.....	.....	*	.....	(22,000)	2,951,970
9999999.....	Control Totals.....	.....	0	0	0	0	0	0	XXX	0	0	0

\*The following affiliated companies participate in a reinsurance pooling arrangement at the percentage shown:

Motorists Mutual Insurance Company	75%
American Hardware Mutual Insurance Company	19%
Wilson Mutual Insurance Company	3%
American Merchants Casualty Company	3%

Annual Statement for the year 2002 of the **MOTORISTS LIFE INSURANCE COMPANY**  
**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 Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
2. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
3. Will the SVO Compliance Certification be filed by March 1?
4. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?
5. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
6. Will the Risk-Based Capital Report be filed with the NAIC by March 1?
7. Will the Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?
8. Will the statement on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed by March 1?
9. Will an actuarial opinion be filed with this statement by March 1?
10. Will the Workers' Compensation Carve-Out Supplement be filed by March 1?
11. Will the Long-term Care Insurance Exhibit be filed with the state of domicile and the NAIC by March 1?

**RESPONSES**

NO
NO
YES
NO
YES
YES
YES
YES
YES
NO
NO

**APRIL FILING**

12. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
13. Will Management's Discussion and Analysis be filed by April 1?
14. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?
15. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?
16. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?
17. Will the Adjustment Form (if required) be filed with state of domicile and the NAIC by April 1?
18. Will the Accident and Health Policy Experience Exhibit be filed by April 1?
19. Will the Investment Risk Interrogatories be filed by April 1?

NO
YES
YES
NO
YES
YES
NO
YES

**JUNE FILING**

20. Will an audited financial report be filed by June 1?

YES
-----

**EXPLANATIONS:**

**BAR CODE:**



**Overflow Page (Portrait)  
NONE**

**Overflow Page (Landscape)  
NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Alaska

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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 Incurring Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims Amount		17 Percent of Premiums Earned

MED.AK

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Alabama

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

MEDICAL

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Arkansas

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

MED.AR

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Arizona

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

MED.AZ

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....California

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

MED.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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Colorado

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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 Incurring Claims Amount		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims Amount	
											13 Percent of Premiums Earned					17 Percent of Premiums Earned

MED.CO

### 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.....
  - Contact person and phone number.....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address.....
  - Contact person and phone number.....
- Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Connecticut

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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>				11 Policies Issued Through 1999			12 Policies Issued in 2000, 2001 & 2002		
									10 Policy Marketing Trade Name	11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	13 Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		

MED. 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....District of Columbia

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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 Incurring Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Incurring Claims Amount		16 Percent of Premiums Earned

MED.DC

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Delaware

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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 Incurring Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Incurring Claims Amount		16 Percent of Premiums Earned

MED.DE

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Florida

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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 Incurring Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims Amount		17 Percent of Premiums Earned

MED.FL

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Georgia

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

MED.GA

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**





## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Iowa

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

MEDIA

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Idaho

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

MED.ID

### 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.....
  - Contact person and phone number.....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address.....
  - Contact person and phone number.....
- Explain any policies identified as policy type "O".

NONE



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Illinois

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

MED.LL

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Indiana

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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>				11 Policies Issued Through 1999			12 Policies Issued in 2000, 2001 & 2002		
									10 Policy Marketing Trade Name	11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	13 Incurred Claims		18 Number of Covered Lives	
12 Amount	13 Percent of Premiums Earned	16 Amount	17 Percent of Premiums Earned															

MED.IN

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Kansas

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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 Incurring Claims Amount		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims Amount	
											13 Percent of Premiums Earned					17 Percent of Premiums Earned

MED.KS

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Kentucky

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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 Incurring Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Incurring Claims Amount		16 Percent of Premiums Earned

MED.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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Louisiana

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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 Incurring Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Incurring Claims Amount		16 Percent of Premiums Earned

MED.LA

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Massachusetts

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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 Incurring Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims Amount		17 Percent of Premiums Earned

MED.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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Maryland

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

MED.MD

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Maine

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

MED.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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Michigan

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

MED.MI

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Minnesota

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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>				11 Policies Issued Through 1999			12 Policies Issued in 2000, 2001 & 2002		
									10 Policy Marketing Trade Name	11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	13 Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		

MED.MN

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Missouri

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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 Incurring Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		17 Percent of Premiums Earned

MED.MO

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Mississippi

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

MED.MS

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Montana

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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>				11 Policies Issued Through 1999			12 Policies Issued in 2000, 2001 & 2002		
									10 Policy Marketing Trade Name	11 Premiums Earned	12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives	
12 Amount	13 Percent of Premiums Earned	16 Amount	17 Percent of Premiums Earned															

MED.MT

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....North Carolina

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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>	11 Policy Marketing Trade Name	Policies Issued Through 1999			Policies Issued in 2000, 2001 & 2002			
											12 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
Amount	13 Percent of Premiums Earned	Amount	17 Percent of Premiums Earned														

MED.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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....North Dakota

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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 Incurring Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Incurring Claims Amount		16 Percent of Premiums Earned

MED.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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Nebraska

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

**MED.NE**

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....New Hampshire

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

MED.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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....New Jersey

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

MED.NJ

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....New Mexico

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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 Incurring Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Incurring Claims Amount		16 Percent of Premiums Earned

MED.NM

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Nevada

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

MED.NV

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....New York

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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 Incurring Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		17 Percent of Premiums Earned

MED.NY

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Ohio

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

MED.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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Oklahoma

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

MED.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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Oregon

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

MED.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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Pennsylvania

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

MED.PA

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Rhode Island

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

**MED.RI**

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....South Carolina

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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 Incurring Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurring Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
<b>NONE</b>																	

MED.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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....South Dakota

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

MED.SD

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Tennessee

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

MED.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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Texas

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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 Incurring Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Incurring Claims Amount		16 Percent of Premiums Earned

MED.TX

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Utah

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

MED.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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Virginia

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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	Policies Issued Through 1999				Policies Issued in 2000, 2001 & 2002				
									10 Policy Marketing Trade Name	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>NONE</b>																	

MED.VA

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Vermont

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

MED.VT

### 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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Washington

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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 Incurring Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Incurring Claims Amount		16 Percent of Premiums Earned

MED.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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Wisconsin

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

MED.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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....West Virginia

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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

MED.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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE



## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

FOR THE STATE OF.....Wyoming

NAIC Group Code.....291  
 Address (City, State and Zip Code).....  
 Person Completing This Exhibit.....  
 Title.....

NAIC Company Code.....66311

Telephone Number.....

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 Incurring Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Incurring Claims Amount		16 Percent of Premiums Earned

MED.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.....
  - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address.....
  - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

**NONE**